

Constructions of Trust, Credibility and  
Authority: Trade Associations,  
Advertising Standards and the Regulation  
of 'Non-Ethical' Medicines and  
Treatments, 1902 – 1971

Sarah Ingrid Margaret Murphy-Young

Submitted in accordance with the requirements for the degree of  
Doctor of Philosophy

The University of Leeds  
School of Philosophy, Religion and the History of Science

May 2021

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

This copy has been supplied on the understanding that it is copyright material and that no quotation from the thesis may be published without proper acknowledgement.

The right of Sarah Murphy-Young to be identified as Author of this work has been asserted by her in accordance with the Copyright, Designs and Patents Act 1988.

© 2021 The University of Leeds and Sarah Murphy-Young

## **Acknowledgements**

This work was supported by the Arts & Humanities Research Council (AH/R062665/1) under a Collaborative Doctoral Partnership (CDP) Scheme with the School of Philosophy, Religion and History of Science (PRHS) at the University of Leeds and the Science Museum. I would like to extend my most sincere thanks to my supervisors James Stark and Adrian Wilson at the University of Leeds. They have provided me with invaluable guidance, encouragement and advice throughout the project. I gratefully acknowledge Natasha McEnroe at the Science Museum who has also provided a great deal of support and assistance. I am indebted to my fellow students at PRHS and the CDP Consortium. I extend a special thanks to Sarah McEvoy and JD Hill who have provided so many superb opportunities to connect and collaborate with other students. I sincerely thank Libby Whittaker for generously allowing me to consult the early records of the Proprietary Association of Great Britain. I thank the British Society for the History of Science for providing me with a grant to conduct research at the History of Advertising Trust (HAT). I also extend thanks to the archivists at HAT, particularly Eve Read, for supporting me in accessing relevant documents. I was fortunate to conduct research at the Smithsonian Institution in Washington DC in 2019 and 2020 as part of the UK Research Institute's International Placement Scheme. I thank Alexandra Lord and all the staff at the National Museum of American History for their support during the placement. I extend additional and sincere thanks to Phyllis David at the Consumer Healthcare Products Association for allowing me to consult the early records of the Association (then called the Proprietary Association of America). I also acknowledge the help and assistance of the staff at the National Library of Medicine in Bethesda, Maryland. I thank Tawny Whitfield at the St. Helens Archive Service for her help in accessing the Beecham's records between lockdowns. Finally, I would like to thank my family, friends and housemates for support during the PhD. I would like to express particular thanks to my brothers Tom and Myles, and to my partner Martyn.

## **Abstract**

Between 1919 and the late 1960s, prominent manufacturers of proprietary articles represented by the Proprietary Association of Great Britain (PAGB) developed a code of advertising standards in relation to proprietary medicines and allied articles. The commitment to minimum standards of conduct was intended by associated manufacturers to generate a level of trust and credibility in their industry capable of protecting it from the possibility of unprecedented government intervention. Such an intervention was premised on a perception amongst some government ministers, medical professionals and social justice advocates that 'patent', 'secret' and 'proprietary' medicines constituted a network of fraud and deliberate crime against the wellbeing of the public. The code of advertising standards satisfied the PAGB's objective by providing an instrument with which to variously block, delay and reshape external constraints in ways congruent with members' commercial interests. Importantly, it provided the association with a means to negotiate with a multitude of interest groups – trade associations, professional societies, media groups and government departments – who, similarly, were involved in the regulation of medicine advertising. The development and enforcement of advertising standards as related to medicines was a site of intense negotiation, as interest groups pressed claims against one another with a view to satisfy their own distinct objectives. However, despite instances of discord and dispute, the thesis argues that there was a significant degree of mutual interchange and cooperation between these groups in the formulation of a system of regulation. In bringing such interactions to the fore, the thesis is able to provide an account of the long-term public-private partnerships that sustained and authorised a marketplace for 'non-ethical' medicines in Britain from 1902, when the anonymous Manufacturers Association was established, to 1971, when the provisions of the Medicines Act (1968) became operational.

## **COVID-19 Impact Statement**

The following research was disrupted by the effects of COVID-19. A series of national and regional lockdowns in 2020 and 2021 meant that I was unable to carry out some planned research activity at the Boots Co. Archive, the British Library, the Wellcome Library and the Science Museum. During 2020, I managed two visits to The National Archives but, because of visitor restrictions, I was unable to consult the full breadth of documents that I would have liked. In these circumstances, the thesis has depended heavily on archival research conducted in 2018 and 2019. It is difficult to evaluate the extent to which the restrictions related to COVID-19 have impacted my work but I have no doubt that the research would have been thoroughly enriched by access to the above archives.

## Table of Contents

<i>Acknowledgements</i> .....	<i>iii</i>
<i>Abstract</i> .....	<i>iv</i>
<i>COVID-19 Impact Statement</i> .....	<i>v</i>
<i>Table of Contents</i> .....	<i>vi</i>
<i>List of Figures</i> .....	<i>xi</i>
<i>List of Abbreviations</i> .....	<i>xiii</i>
<i>Chapter 1 – Introduction: The Proprietary Association of Great Britain, Codes of Advertising Practice and the Regulation of Proprietary Medicines</i> .....	<i>1</i>
1.1 Introduction .....	1
1.2 Historiography.....	4
1.2.1 Associated Manufacturers, Proprietary Medicines and the Twentieth-Century Medical Marketplace .....	4
1.2.2 Regulating Advertising in the Medical Marketplace .....	13
1.2.3 Trust, Credibility and Authority.....	17
1.2.4 Ways of Regulating Drugs.....	21
1.3 Contribution.....	26
1.4 Methodology, Direction and Sources .....	29
1.5 Thesis Structure .....	34
<i>Chapter 2 – Associated Manufacturers, Compulsory Formula Disclosure and Anglo-America Relations: The Origins of the Association of Manufacturers of British Proprietaries, 1902 – 1926</i> .....	<i>39</i>
2.1 Introduction .....	39
2.2 The Manufacturers’ Association.....	44
2.3 The Proprietary Articles Section of London Chamber of Commerce .....	49
2.3 The Problem of Formula Disclosure in the UK Context.....	53

2.4 The Select Committee on Patent Medicines .....	55
2.5 The Great War and Medico-Fiscal Policy .....	59
2.6 The Establishment of the Association of Manufacturers of British Proprietaries .....	61
2.7 The Proprietary Medicines Bill (1920) .....	64
2.8 An Independent Footing .....	67
2.9 The Origins of the Proprietary Association of America and the Adoption of Minimum Standards of Practice.....	70
2.10 The Strategic Mobilisation of Advertising Standards.....	75
2.11 Anglo-America Relations .....	78
2.12 Conclusion .....	82
<i>Chapter 3 – Medicine Stamp Duty, Formula Disclosure and ‘Branding and Destamping’: The Passage of the Pharmacy and Medicines Act, 1925-1941 .....</i>	<i>87</i>
3.1 Introduction .....	87
3.2 Substitution: ‘A Severe Menace’ .....	91
3.3 Phosferine Brand Tonic: A Case Study in Branding and Destamping.....	98
3.4 Walfox Brand Products .....	101
3.5 A Successful Legal Campaign Against Walfox Ltd.....	106
3.6 Yeast-Vite v. Horsenail: An Injunction for Trade Mark Infringement Dismissed.....	111
3.7 The Extension of the Rights of Owners of Registered Trade Marks .....	114
3.8 The Select Committee on Medicine Stamp Duty .....	118
3.9 A Pharmacy and Medicines Bill .....	122
3.10 Bismag Ltd. v. Amblins (Chemists) Ltd.....	124
3.11 The Passage of the Pharmacy and Medicines Act (1941).....	128
3.12 Conclusion .....	134

<i>Chapter 4 – Menopausal Treatments, Toothpaste and Testimonials: The Development of a British Code of Advertising Standards, 1919 – 1962 .....</i>	<i>137</i>
4.1. Introduction .....	137
4.2. The Suspension of Clement & Johnson Ltd.....	142
4.3 The AMBP Makes a Public Pledge to ‘Clean Up’ Advertising.....	148
4.4 The Establishment of the National Vigilance Committee .....	150
4.5 The AMBP Joins the National Vigilance Committee.....	154
4.6 The PAGB Adopts a Code of Standards.....	157
4.7 The Appropriateness of Menopausal Treatments Subject to Dispute ....	163
4.8 The Advertising Association Establishes a Joint Code of Advertising Standards .....	169
4.9 ‘Negatived and Nullified’? The Uncertain Position of the AID in the British Code of Standards Sub-Committee .....	176
4.10 The Campaign to Extend the British Code of Standards .....	182
4.11 Conclusion.....	193
<i>Chapter 5 – Free from Side-Effects? Central Nervous System Depressants, Consumer Protection and Advertising Regulation, 1955-1960.....</i>	<i>196</i>
5.1 Introduction .....	196
5.2 Non-Barbiturate Central Nervous System Depressants .....	204
5.3 The Poisons Board Considers the Matter of Non-Barbiturate CNS Depressants .....	212
5.4 ‘Tranquilex’ Confined by the Rexall Drug Co. to Prescription-Only Supply .....	221
5.5 Newspaper Groups Ban Advertisements for Non-Barbiturate CNS Depressants .....	225
5.6 Manufacturers Voluntarily Suspend Advertising Campaigns .....	232
5.7 The Poisons Board Recommends New Legislation.....	235

5.8 The Advertising Association Announces Opposition to Non-Barbiturate CNS Depressants.....	239
5.9 The PSGB Attempts to Curtail the Supply of CNS Depressants.....	241
5.10 An Interim Government Measure .....	243
5.11 Conclusion.....	246
<i>Chapter 6 – Protecting the Supply of ‘Non-Ethical’ Medicines in a New Era of Drug Control, 1959 – 1971.....</i>	<i>249</i>
6.1 Introduction .....	249
6.2 The PAGB Submits a Memorandum of Amendments to the Interdepartmental Working Party on Legislation Concerning Medicine.....	253
6.3 A Tightly Woven Net of Control? The PAGB Evaluates Pre-Thalidomide Era Drug Regulation.....	256
6.4 A Memorandum of Conclusions Circulated by the Interdepartmental Working Party.....	261
6.5 The PAGB’s Response to the Thalidomide Tragedy.....	263
6.6 The Committee on Safety of Drugs.....	267
6.7 Inquiry into Phenacetin-Based Preparations .....	269
6.8 Forthcoming Legislation on the Safety, Quality and Description of Drugs and Medicines .....	277
6.9 A Medicines Bill .....	280
6.10 Securing Representation on the Medicines Commission.....	288
6.11 Conclusion.....	290
<i>Chapter 7 – Conclusion.....</i>	<i>293</i>
7.1 Advertising Medicines in Twentieth-Century Britain.....	293
7.2 Advertising in Twentieth-First Century Britain .....	300
<i>Bibliography .....</i>	<i>304</i>
Manuscript Sources.....	304
Published Primary Sources.....	307

Published Secondary Sources .....	310
Material in Private Hands .....	338
Unpublished Theses .....	338
Newspapers, Magazines, Periodicals and Journals.....	339
Websites.....	339
<i>Appendices</i> .....	<i>341</i>
Appendix I .....	341
Appendix II.....	342
Appendix III .....	347
Appendix IV.....	348
Appendix V .....	351
Appendix VI.....	353
Appendix VII.....	355
Appendix VIII .....	361

## List of Figures

Figure 3.1. Pamphlet for 'Partons Famous Prescriptions', Partons Ltd., BP/1/3/29/10. ....	95
Figure 3.2. Pamphlet for 'Partons Famous Prescriptions', Partons Ltd., BP/1/3/29/10. ....	95
Figure 3.3. Phosferine Brand Tonic, by Phosferine (Ashton & Parsons) Ltd. ....	99
Figure 3.4. Phosferine Brand Tonic, by Phosferine (Ashton & Parsons) Ltd. ....	100
Figure 3.5. Public Prescription Service Copies of Famous Remedies Walfox Brand, BP/1/3/29/1-9. ....	101
Figure 3.6. Public Prescription Service Copies of Famous Remedies Walfox Brand, BP/1/3/29/1-9. ....	102
Figure 3.7. Prescription No. 27 or 'Quick Rub', Walfox Brand Product. ...	105
Figure 3.8. Prescription No. 27 or 'Quick Rub', Walfox Brand Product. ...	105
Figure 3.9. Irving's Yeast-Vite Ltd. v Walfox Ltd., <i>Chemist and Druggist</i> , 2 July 1932, p. 13. ....	108
Figure 3.10. Window display, Horsenail (1933), BP/1/3/22. ....	111
Figure 3.11. Yeast Tablets, a Substitute for Yeast-Vite, BP/1/3/22. ....	112
Figure 3.12. 'Tabloid' Brand Aspirin, Burroughs Wellcome & Co., <i>Chemist and Druggist</i> , 6 February 1932, p. 29. ....	131
Figure 3.13. 'Empirin', Burroughs Wellcome & Co., <i>Chemist and Druggist</i> , 14 October 1939, p. 17. ....	133
Figure 4.1. 'Yadil' Antiseptic, <i>Times</i> , 1 April 1924, p. 19. ....	144
Figure 4.2. 'Do You Dread Middle Age?', Dr. Williams' Pink Pills for Pale People, <i>Exeter &amp; Plymouth Gazette</i> , 9 June 1939, p. 16. ....	166
Figure 4.3. 'Help For Women Over 40', Menopax, <i>Bath Chronicle and Weekly</i> , 11 April 1942, p. 1. ....	168
Figure 4.4. Fynnon Salt, <i>Gloucester Citizen</i> , 19 May 1948, p. 1. ....	180
Figure 4.5. 'Colgate Dental Cream Gardol', <i>Daily Mail</i> , 7 March 1957, p. 4. ....	184
Figure 4.6. 'Harding Never Suffers', <i>Daily Mail</i> , 9 August 1956, p.7. ....	187

Figure 5.1. 'Persomnia', <i>Times</i> , 14 December 1956, p. 15. ....	212
Figure 5.2. 'Oblivon' Capsules, British Schering Ltd., SMG. ....	215
Figure 5.3. Somnesin, BDH, Advertisement, Poisons Board, TNA HO 388/10. ....	217
Figure 5.4. 'Tranquilex', <i>Daily Herald</i> , 15 July 1955, p. 4. ....	223
Figure 5.5. 'Relaxa-Tabs', <i>Lancashire Evening Post</i> , 28 July 1955, p. 5. ....	227
Figure 5.6. Phensic, Phensic Ltd., <i>Daily Mail</i> , 14 April 1956, p. 2. ....	228
Figure 5.7. Anadin, Beecham's Pills Ltd., <i>Daily Telegraph</i> , 4 September 1954, p. 7. ....	232
Figure 6.1. 'A Study of the System of Control in Operation in Great Britain and an Evaluation of its Effectiveness compared with Other Systems' (1959), Working Party on Legislation Concerning Medicines: Memoranda from Interested Bodies Circulated to the Working Party, MH 149/1693, TNA. ....	258

## List of Abbreviations

ABPI	Association of the British Pharmaceutical Industry
ASA	Advertising Standards Association
AIC	Advertising Inquiry Council
AID	Advertising Investigation Department
AMA	American Medical Association
AMBP	Association of Manufacturers of British Proprietaries
APC	Aspirin-Phenacetin-Caffeine
BDH	British Drug Houses
BP	Beecham's Pills Co. Ltd.
BMA	British Medical Association
BMJ	British Medical Journal
BDA	British Dental Association
CF	Chemists Federation
CNS	Central Nervous System
CSD	Committee on Safety of Drugs
EEC	European Economic Community
FDA	Food and Drugs Administration (United States)
HAT	History of Advertising Trust
HMSO	H. M. Stationery Office
ITA	Independent Television Authority
NHS	National Health Service
NVC	National Vigilance Committee
P&G	Procter and Gamble
PAA	Proprietary Association of America
PAGB	Proprietary Association of Great Britain
PAS	Proprietary Articles Section (of the London Chamber of Commerce)
PATA	Proprietary Articles Trade Association
PSGB	Pharmaceutical Society of Great Britain
RPM	Resale Price Maintenance
SMG	Science Museum Group
TNA	The National Archives

WDTA Wholesale Drug Trade Association  
WHO World Health Organisation

## Chapter 1 – Introduction: The Proprietary Association of Great Britain, Codes of Advertising Practice and the Regulation of Proprietary Medicines

### 1.1 Introduction

In the late 1910s and early 1920s, 'Yadil' was advertised widely by Clement & Johnson Ltd. in British newspapers and periodicals as a cure-all treatment. The manufacturers never made an explicit statement about the product's curative powers though every effort was made to carry forth that implication. For instance, Yadil did not 'cure' but rather 'mastered' the tubercular infection, 'stopped' diphtheria and 'controlled' cholera.<sup>1</sup> The product was promoted by other additional means. *The Yadil Book* contained a number of testimonials from medical men and patients which testified to the efficacy of the preparation in treating a number of ailments.<sup>2</sup> A report titled 'Manchester Test of the Yadil Treatment of Tuberculosis in 100 Cases' attested to the power of the product in 'destroying' the tubercle germ. According to the *Journal of the American Medical Association*, the report was made up so as to resemble a publication authored by a parliamentary select committee and printed under the authority of the British Government.<sup>3</sup> The editors of one newspaper, the *Daily Mail*, refused to advertise Yadil. In 1924, they published an article by Sir William J. Pope (a professor of chemistry at the University of Cambridge) which

---

<sup>1</sup> "'Yadil' Antiseptic', *Daily Telegraph*, 1 April 1924, p. 7.

<sup>2</sup> Clement & Johnson Ltd., *The Yadil Book: The Careful Study of this Book and the Use of Yadil Everywhere for Every Disorder will Save Hundreds of Thousands of Lives Every Year* (London: Clement & Johnson, 1922).

<sup>3</sup> 'The Propaganda for Reform', *Journal of American Medical Association*, 83.7 (1924), 550-551.

exposed the fraudulent composition and therapeutic ineffectiveness of the preparation. The outcome of this public attack was a considerable loss of revenue for Clement & Johnson Ltd. and the company was forced to cease operation.<sup>4</sup> Robert Bud describes Yadil as one of the most 'vivid' examples of the types of advertising claims made for 'quack medicines' in Britain in the early twentieth century.<sup>5</sup> However, the case of Yadil is also instructive because it provides an unexpected example of advertising regulation in Britain in the early twentieth century.<sup>6</sup>

From 1919 to 1924, Clement & Johnson Ltd. was a member of the Association of Manufacturers of British Proprietaries (AMBP). The Association was established in 1919 and represented prominent manufacturers of British-owned, -made and (from 1925) -marketed proprietary articles including medicines, foods and cosmetics. The Association had strict terms of membership which required member-companies to conform to certain standards of advertising. Notably, they were prohibited from advertising 'cures' for a range of diseases which were recognised as incurable by the simple administration of drugs. It is due to these terms of membership that Clement & Johnson Ltd. avoided the use of the word 'cure' in advertisements for Yadil. When the AMBP became aware of the extravagant claims being made by Clement & Johnson Ltd. in relation to Yadil, the AMBP sought to secure an amendment to the advertising copy. The company refused to make any such changes and, in 1924, they left the Association's membership. When the *Daily Mail* published Pope's exposé, the Executive Committee of the AMBP was concerned that it was the first step in a larger public campaign against proprietary medicines. Such a campaign had the power to raise the possibility

---

<sup>4</sup> 'Yadil Press, Limited', *Times*, 7 January 1925, p. 6.

<sup>5</sup> Robert Bud, *Penicillin: Tragedy and Triumph* (Oxford: Oxford University Press, 2008), pp. 16-17.

<sup>6</sup> The sentiment is shared by Terence Nevett who describes the Yadil incident in terms of leading newspapers practice of turning away less reputable types of advertising in interwar Britain. Terence R. Nevett, *Advertising in Britain: A History* (London: The History of Advertising Trust, 1982), p. 163.

of government intervention in the industry which threatened manufacturers' operational freedoms and market advantages.<sup>7</sup> The editors of the *Daily Mail* sought to assure the Executive Committee that it was not their intention to enlarge the scope of their agitation. Despite such assurances, the Executive Committee decided that some more decisive action was required to protect the AMBP from any fall-out from the Yadil incident. Thus, the AMBP joined associated advertisers' trans-Atlantic 'truth in advertising' campaign.

In 1926, the AMBP was renamed the Proprietary Association of Great Britain (PAGB) so as to bring the Association's nomenclature into line with that of similar associations in North America. The Association continues to this day and operates under the same name. A number of scholars have made reference to the contributions of the PAGB to the development of advertising standards in Britain in the twentieth century.<sup>8</sup> They have suggested that the PAGB was established in 1919 with a specific view to establish schemes for regulating the conduct of persons, firms or companies engaged in the promotion and sale of proprietary medicines, and to discourage the use of inaccurate or misleading practices in advertising. Terence Nevett, for example, argues that the PAGB's code of advertising standards was of 'enormous value' in setting a precedent for the regulation of medicine advertising, and that principles of the PAGB's code of standards were adopted by the Advertising Association in 1948 and by

---

<sup>7</sup> Argument inspired by Clea D. Bourne, 'Producing Trust, Knowledge and Expertise in Financial Markets: The Global Hedge Fund Industry "Represents" Itself', *Culture & Organisation*, 18.2 (2012), pp. 107-122.

<sup>8</sup> Peter Homan, Briony Hudson and Raymond Rowe, *Popular Medicines: An illustrated History* (London, 2008), 8-9; Nevett, *Advertising in Britain*, pp. 163-165; Lesley Richmond, Julie Stevenson, and Alison Turton, *The Pharmaceutical Industry: A Guide to Historical Records* (Aldershot: Ashgate, 2003), pp. 413-414; Sydney W. F. Holloway, 'The Origins of the PAGB: The Association of Manufacturers of British Proprietaries 1919-1926', *The Pharmaceutical Journal Supplement*, 252 (February 1994), p. 2; Laura Robson-Mainwaring, 'Branding, Packaging and Trade Marks in the Medical Marketplace, c. 1870- c. 1920' (unpublished doctoral thesis, University of Leicester, 2019), pp. 360-361.

the Committee of Advertising Practice in 1962.<sup>9</sup> Despite such claims, the PAGB has never been the object of sustained scholarly inquiry and several questions remain. What were the objectives of the PAGB? What were the reasons for the Association's involvement in monitoring members' standards of advertising? What types of advertising practice did the Association's code of standards encourage or discourage, and why? What was the relationship of the PAGB to the wider advertising industry? What was the precise contribution of the PAGB to the development of shared systems of advertising regulation in Britain as related to proprietary medicines? Such questions are a departure point in a thesis that seeks, more widely, to investigate the various ways of regulating medicine advertising in twentieth-century Britain.

## 1.2 Historiography

### 1.2.1 Associated Manufacturers, Proprietary Medicines and the Twentieth-Century Medical Marketplace

In 1855, the UK Parliament passed the Partnership and the Limited Liability Act and, in the following year, the Joint Stock Companies Act.<sup>10</sup> Thereafter, any group of seven or more persons could form a business organisation by pooling their capital and by signing a memorandum of association. Individuals were no longer liable for the debts incurred by a company beyond the value of the shares bought. Amongst some firms, these two acts fostered growth and

---

<sup>9</sup> Nevett, *Advertising in Britain*, pp. 163-165.

<sup>10</sup> Max Weber, *The Theory of Economic and Social Organization*, translated by A. M. Henderson and Talcott Parsons (New York: Oxford University Press, 1947); William Ashworth, *An Economic History of England 1870-1939* (London: Methuen & Co. Ltd., 1960), p. 94; Timothy L. Alborn, *Conceiving Companies: Joint-Stock Politics in Victorian England* (London: Routledge, 1998); Donna Loftus, 'Capital and Community: Limited Liability and Attempts to Democratize the Market in Mid-Nineteenth-Century England', *Victorian Studies*, 45.1 (2002), 93-120.

expansion. The growth of large-scale corporations encouraged and relied upon two features: the creation and maintenance of consumer demand in order to guarantee returns on investment and the development of strong internal structures and bureaucracies in order to manage increasingly complex business affairs.<sup>11</sup> The adoption of company status enabled various forms of partnership and amalgamation between businesses, and formal machinery for joint action by otherwise independent firms became common. By 1914, most companies belonged to a trade association.<sup>12</sup> At a local level, these associations provided businessmen with a means to exercise control over the market (through, for example, resale price maintenance). At a national level, trade associations provided a means to shape the legislative conditions in which they operated (through, for example, tariff protections and tax concessions). Notable examples of such operations in retail pharmacy in Britain in the 1900s included the Proprietary Articles Trade Association (established in 1902) and the Proprietary Articles Section of the London Chamber of Commerce (established in 1904). Though there were instances of co-ordination between these trade associations they were, by no means, a monolithic interest group, governed as they were by different (though overlapping) members and motivated by different (though occasionally complementary) aims and objectives.

---

<sup>11</sup> Roy Church and E. M. Tansey, *Burroughs Welcome & Co.: Knowledge, Trust, Profit and the Transformation of the British Pharmaceutical Industry, 1880-1940* (Lancaster: Crucible Books, 2007); T. A. B. Corley, *Beecham's, 1848-2000: From Pills to Pharmaceuticals* (Lancaster: Crucible, 2011); R. P. T. Davenport-Hines and Judy Slinn, *Glaxo: A History to 1962* (Cambridge: Cambridge University Press, 1992); Judy Slinn, *History of May and Baker, 1834-1984* (Cambridge: Hobson, 1984); Stanley Chapman, *Jesse Boot of Boots the Chemists* (London: Hodder & Stoughton, 1974).

<sup>12</sup> William Henry Bassano Court, *British Economic History, 1700-1870: Commentary and Documents* (Cambridge: Cambridge University Press, 1965), p. 240, Roderick Floud and Paul Johnson, *The Cambridge Economic History of Modern Britain, Vol. 2, Economic Maturity, 1860-1939* (Cambridge: Cambridge University Press, 2004); Ashworth, *An Economic History of England*, p. 100.

The formation of trade associations in the mid- to late nineteenth century was matched by the emergence of a professional society based on systems of certified competence and notions of public service.<sup>13</sup> In medicine, physicians were united, increasingly, by the development of formal training, the adoption of formal codes of conduct, the emergence of medical specialisations and the reorganisation of medical research and practice.<sup>14</sup> This was aided from 1858 by the provisions of the Medical Act which established the General Medical Council and the Medical Register (with anyone not on the register prohibited from claiming to be a qualified practitioner of medicine). In pharmacy, the ‘amorphous, inchoate mass of individual chemists and druggists’, similarly, underwent a process of transformation into a professional body.<sup>15</sup> Their efforts were bolstered by a pieces of statutory legislation (the Pharmacy Act in 1852 and the Pharmacy and Poisons Act in 1868) and fiscal arrangements (the Medicine Stamp Acts) which provided chemists with

---

<sup>13</sup> Harold Perkin, *The Rise of Professional Society: England since 1880* (New York: Routledge, Chapman & Hall, 1989).

<sup>14</sup> Mike Saks, *Professions and the Public Interest: Medical Power, Altruism and Alternative Medicine* (London: Routledge, 1995); Steve Sturdy and Roger Cooter, ‘Science, Scientific Management and the Transformation of Medicine in Britain, c. 1870-1950’, *History of Science*, 36 (1998), 421-466; George Weisz, ‘The Emergence of Medical Specialisation in the Nineteenth Century’, *Bulletin of the History of Medicine*, 77 (2003), 536-74; Ian A. Burney, ‘The Politics of Particularism: Medicalisation and Medical Reform in Nineteenth-Century Britain’, ed. by Roberta E. Bivins and John V. Pickstone, *Medicine, Madness and Social History: Essays in Honour of Roy Porter* (Basingstoke: Palgrave Macmillan, 2007), pp. 46-57; Ann Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 1994).

<sup>15</sup> *Making Medicines: A Brief History of Pharmacy and Pharmaceuticals*, ed. by Stuart Anderson (London and Chicago: Pharmaceutical Press, 2005); Sydney W.F. Holloway, *Royal Pharmaceutical Society of Great Britain, 1841-1991: A Political and Social History* (London: Pharmaceutical Press, 1991); Chantal Stebbings, *Tax Medicines and the Law: From Quackery to Pharmacy* (Cambridge: Cambridge University Press, 2018).

certain privileges in the supply of medicines and treatments.<sup>16</sup> Scholars such as Irvine Loudon and Anne Digby propose that the professionalisation of medical practice was an outcome of the intensely competitive conditions of the eighteenth- and nineteenth-century medical marketplace.<sup>17</sup> Michael Brown argues that the market competition was dramatically intensified by the expansion of patent medicines in the nineteenth and early twentieth centuries which, he states, made the modern medical marketplace a more competitive arena for the practice of medicine than previous centuries.<sup>18</sup>

The term 'patent medicine' and popular variations such as 'proprietary medicine' and 'secret remedy', referred to a wide assortment of pre-packaged, 'prepared' or 'manufactured' medicines. The term was something of a misnomer as patent medicines were not necessarily patented. The term proprietary medicine, conveys, rather more accurately the nature of these articles which were sold under some kind of trade mark (a recognisable name, sign or symbol) which identified the product as being connected to a specific manufacturer, producer or owner. The terms were, nevertheless, used interchangeably and could, similarly, be identified by all or a combination of the following attributes: direct-to-consumer advertising, large-scale (national or international) distribution, secrecy of composition, non-prescription sale and supply by non-chemist retailers. There were countless preparations sold within these terms including, popularly, treatments for coughs, colds, indigestion, constipation, fatigue, sleeplessness, nervousness, loss of appetite, irritability, nausea, languor, melancholia, headaches and dizziness. By the late nineteenth and early twentieth century, the industry had a reputation for

---

<sup>16</sup> Stebbings, *Tax Medicines and the Law*.

<sup>17</sup> Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford: Clarendon Press, 1986); Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine 1720-1911* (Cambridge, 1994).

<sup>18</sup> 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 Mark Jenner and Patrick Wallis, *Medicine and the Market in England and its Colonies, c. 1450-c. 1850* (Basingstoke: Palgrave Macmillan, 2007), 238-261.

proffering treatments for incurable conditions such as cancer, tuberculosis, deafness, paralysis and syphilis but, as argued by Takahiro Ueyama, these were by no means common remedies.<sup>19</sup>

From the nineteenth century, the medical profession condemned the sale of proprietary medicines and attempted to diminish and eventually eliminate their promotion and supply, ostensibly, to protect patients from therapeutically ineffective and harmful treatments. Associated physicians and pharmacists argued that patients had to be protected from the wiles of profit-seeking peddlers by restricting the prescription and supply of such products to qualified individuals. Manufacturers of such articles and, often, the press maintained that the professional critique of these medicines was rooted in physicians and pharmacists' struggle to achieve a monopoly in the provision of medical services and treatments.<sup>20</sup> Despite widespread criticism of these products by medical practitioners and pharmacists, at the turn of the century, they were widely and increasingly consumed by the British public. Sales increased exponentially from £600,000 in 1860 to £3 million in 1891, and to £5 million by 1914.<sup>21</sup>

The growth of the market for these medicines was based on several intersecting factors. There was a long tradition of self-diagnosis and self-medication, and an increasing recognition amongst the public of the connections between disease, health and cleanliness.<sup>22</sup> Improvements in

---

<sup>19</sup> Though available to consumers, 'cures' for incurable afflictions were by no means items of popular consumption. Takahiro Ueyama, *Health in the Marketplace: Professionalism, Therapeutic Desires, and Medical Commodification in Late-Victorian London* (Palo Alto, California: The Society for the Promotion of Science and Scholarship, Inc., 2010), pp. 75-76.

<sup>20</sup> Lori Loeb, 'Doctors and Patent Medicines in Modern Britain: Professionalism and Consumerism', *Albion*, 33.3 (2001), 404-25, p. 404.

<sup>21</sup> Holloway, *Royal Pharmaceutical Society*, p. 308.

<sup>22</sup> Roberta Bivins, *et al.*, 'Histories of medicine in the household: Recovering practice and "reception"', *Social History of Medicine*, 29 (2016), 669-675; Roberta Bivins, 'Limits and Liberties: CAM, regulation and the medical consumer in historical

transportation and communications – the railway, the telegraph and print techniques – extended local and regional markets nationwide, and increased competition between producers. The massive expansion of print publication brought newspapers, periodicals and journals to larger audiences, and provided unprecedented space and opportunity for the promotion of treatments, devices and services. There was a burgeoning legion of intermediaries that supported the production, distribution, retail and promotion of proprietary medicines and, moreover, a keen willingness to ensure a steady flow of products, from manufacturer to consumer.<sup>23</sup> Finally, a downward trend in the price of goods was matched by a considerable rise in real wages which increased by approximately 70 per cent between the 1850s and the 1910s.<sup>24</sup>

In 1906, the Medico-Political Committee of the British Medical Association (BMA) submitted a report calling for the formulae of all patent medicines to be printed on the accompanying labels and demanding that the false description of the product should be made an offense. In the same year, editors of the Association's organ, the *British Medical Journal (BMJ)*, began to publish a series of short articles and publications on the composition and cost of certain patent medicines. Through this campaign, the BMA eventually succeeded in arousing the attention of Members of Parliament and, in 1912, the Liberal government announced that a select committee would be appointed to investigate patent medicines. Associated manufacturers of such medicines defended their interests during the Select Committee's inquiry.<sup>25</sup> They maintained that compulsory registration of secret formulae would leave

---

perspective', in *Routledge Handbook of Complementary and Alternative Medicine*, ed. by N.K. Gale & J.V. McHale (New York: Routledge, 2015), 13-29.

<sup>23</sup> Church and Tansey, *Burroughs Welcome & Co.*

<sup>24</sup> T. A. B. Corley, 'Competition and the Growth of Advertising in the US and Britain, 1800-1914', *Business and Economic History* 17 (1988), 155-165, p. 162.

<sup>25</sup> For an account of the Proprietary Articles Section of the London Chamber of Commerce see Ueyama, *Health in the Marketplace*.

‘reputable’ manufacturers open to imitation and substitution by ‘disreputable’ traders.

The *Report of the Select Committee on Patent Medicines* was published in 1914. It recommended that there should be a register of licensed manufacturers and products, and that the formulae of secret remedies should be placed, in confidence, in the hands of an official government custodian. The report was published on 4 August; the same day that Britain declared war on Germany. As a consequence, the recommendations were, for several years, ignored. Nevertheless, following the Armistice, in 1919, the House of Lords sought to implement the measures detailed by the report. With a view to lobby peers on the compulsory registration of, hitherto, secret formulae, large manufacturers of British-owned and -made proprietary articles came together in 1919 as the Association of Manufacturers of British Proprietaries (AMBP). Though the AMBP offered their support to the Proprietary Medicines Bill (1920), the Association objected vociferously to the clause related to compulsory formula disclosure.<sup>26</sup> The Association succeeded in frustrating the passage of the Bill which, despite promises by the Ministry of Health, was not reintroduced to Parliament in the 1920s. The Association’s success was aided by other mitigating factors including a reluctance on the part of the Department of Customs and Excise to introduce any measure which might impact on revenue generated by medicine stamp duty.<sup>27</sup> Though the AMBP had satisfied its main objective, the threat of government intervention was considered by members to be of sufficient concern to justify the continued existence of the Association. Thus, the Association remained operational and was renamed the Proprietary Association of Great Britain (PAGB) in 1926.

In the following decades, there were significant transformations in medicine. Roberta Bivins surmises that the twentieth century can be characterised by the development of medical technologies, therapeutic innovations, medical specialisation, the rise of hospitals and institutions of medical practice and education, and the expansion of medicine into

---

<sup>26</sup> Richmond, Stevenson and Turton, *The Pharmaceutical Industry*, pp. 413-414.

<sup>27</sup> Chantal Stebbings, *Tax, Medicines and the Law: From Quackery to Pharmacy* (Cambridge: Cambridge University Press, 2018).

governmental, institutional and industrial settings.<sup>28</sup> She observes state intervention as being a tipping point in these developments, arguing that by the mid-twentieth century, a ‘potent combination of laws, regulations, state and commercial interests, cultural beliefs and popular expectations’ had given rise to the establishment of ‘an orthodox biomedical monopoly’.<sup>29</sup> Michael Brown, similarly, argues that physicians’ vision in the nineteenth century of a state-sanctioned medical profession, free from the competition of unlicensed practitioners, was realised with the establishment of the National Health Service (NHS) in 1948.<sup>30</sup> With regard to pharmacy, Stuart Anderson argues that the rise of the welfare state, the growth of the pharmaceutical industry and the expanding system of regulation created a situation in which the formerly popular supply of ‘bespoke’ nostrums by local chemists was replaced in favour of ‘off-the-peg’, standardised, branded (proprietary) and, often, prescription-only medicines.<sup>31</sup>

Bivins argues that with the growing therapeutic and institutional power and popularity of the new ‘scientific medicine’ in Britain, the major ‘alternative’ systems of healthcare declined ‘dramatically’ in visibility.<sup>32</sup> This has, certainly, been reflected in the scholarship though, in recent years, scholars have brought into relief the persistence, pervasiveness and vibrancy of the medical marketplace, where consumers decided from whom or what they received diagnosis and treatment. In *The Cult of Youth*, for example, James Stark provides a history of rejuvenation in interwar Britain and explores the

---

<sup>28</sup> Roberta Bivins, *Alternative Medicine? A History* (Oxford: Oxford University Press, 2010), p. 36.

<sup>29</sup> *Ibid.*

<sup>30</sup> Brown, ‘Medicine, Quackery and the Free Market’, p. 257.

<sup>31</sup> S. Anderson, ‘From “Bespoke” to “Off-the-Peg”’: Community Pharmacists and the Retailing of Medicines in Great Britain 1900 to 1970’, *Pharmacy in History*, 52.3 (2008), 43–69.

<sup>32</sup> Bivins, ‘Limits and Liberties: CAM, regulation and the medical consumer in historical perspective’, p. 23; Bivins, *et al.*, ‘Histories of medicine in the household’, p. 670. See, for example, *Health and the Modern Home*, ed. by Mark Jackson (London and New York: Routledge, 2007).

popularity of hormones, dieting, electrotherapy, exercise and skincare as anti-ageing treatments.<sup>33</sup> Claire Jones examines the production, promotion and distribution of birth control devices, their consumers and their sites of consumption in twentieth-century Britain.<sup>34</sup> Erin Bramwell has explored the use of patent medicines in Britain in the early twentieth century and has argued that they enabled and facilitated practices of healing, preventative care, diagnosing and prescribing by mothers, as healers and caregivers, in domestic settings.<sup>35</sup> Together, these accounts confirm the medical marketplace as being governed by ‘three separate regulatory strands’, as proposed by Bivins.<sup>36</sup> These three strands include: systems of self-regulation within healing professions; external processes of regulation acquired by or transferred to the Government; the ‘mixed economy of informal regulation’ imposed by economic actors and ‘fluctuations in the value and authority – the cultural capital – ascribed to particular elements of a given therapeutic or knowledge system’.

A number of scholars have suggested that, in the twentieth century, the PAGB played a significant role in protecting and preserving the marketplace for non-prescription medicines. These scholars have tended to focus on the role of the Association in regulating the promotion of medicines and treatments. Laura Robson-Mainwaring suggests that the PAGB’s commitment to advertising standards in 1919 ushered in a ‘new era’ in advertising.<sup>37</sup> In *The*

---

<sup>33</sup> James Stark, *The Cult of Youth: Anti-Ageing in Modern Britain* (Cambridge: Cambridge University Press, 2020).

<sup>34</sup> Claire Jones, *The Business of Birth Control: Contraception and Commerce in Britain Before the Sexual Revolution* (Manchester: Manchester University Press, 2020); Claire Jones, ‘Under the Covers? Commerce, Contraceptives and Consumers in England and Wales, 1880–1960’, *Social History of Medicine*, 29.4 (2016), 734–756.

<sup>35</sup> Erin Elizabeth Bramwell, ‘“She Used to Doctor Us up Herself”: Patent Medicines, Mothers, and Expertise in Early Twentieth-Century Britain’, *Twentieth Century British History*, 31.4 (2020), 555–578.

<sup>36</sup> Bivins, ‘Limits and Liberties: CAM, regulation and the medical consumer in historical perspective’, p. 19.

<sup>37</sup> Robson-Mainwaring, ‘Branding, Packaging and Trade Marks’, pp. 360-361

*Pharmaceutical Industry: A Guide to Historical Records*, Lesley Richmond, Julie Stevenson and Alison Turton explain that the Association launched a code of standards for advertising practice in 1937 and that the code was formally adopted by the Advertising Association in 1939 and was used as a guide by the Ministry of Health in drafting the Pharmacy and Medicines Act in 1941.<sup>38</sup> In a history of British advertising, Nevett similarly argues that the PAGB's code of standards was of 'enormous value' in setting a precedent for the regulation of proprietary medicine advertising in Britain.<sup>39</sup> These accounts align closely with the PAGB's own summation of its legacy and appear to be based on promotional documents authored or commissioned by the Association itself. Nevertheless, these accounts suggest firm connections between the PAGB, associated advertisers and the Ministry of Health, and such connections are worth further exploration. Some key questions include: What aims and values guided the Association's operation? What was the nature of the relationship between the PAGB and other interest groups (including trade associations, professional societies and government departments) over the middle decades of the twentieth century? Under what conditions and in what forums did these groups interact with one another? What was the nature and significance of other interest groups' adoption of the PAGB's code of advertising standards?

### **1.2.2 Regulating Advertising in the Medical Marketplace**

Mary E. Fissell states that advertising as a source base provides scholars with a 'sideways perspective' on the medical marketplace, beyond those services provided by physicians.<sup>40</sup> These adverts, collectively, point to the plurality of the marketplace and the diverse types of healthcare treatments, devices and services available to consumers. Some scholars have emphasised the emergence and operation of these markets as being driven by ever-intensifying

---

<sup>38</sup> Richmond, Stevenson and Turton, *The Pharmaceutical Industry*, pp. 413-414.

<sup>39</sup> Nevett, *Advertising in Britain*, pp. 163-165.

<sup>40</sup> Mary E. Fissell, 'The Marketplace of Print', in *Medicine and the Market in England*, ed. by Jenner and Wallis, p. 125.

processes of supply and demand. Roy Porter, for example, proposes that trends towards commercialisation and monetisation in healthcare brought about a thriving medical marketplace in Georgian England in which a wide range of services were made available by a diverse range of practitioners.<sup>41</sup> Takahiro Ueyama argues that the surge in medical advertising ephemera and handbills can be understood as evidence of a restructuring in the demand for and supply of medical commodities in the mid-1880s.<sup>42</sup> Like Porter, he connects these changes to commodification and commercialisation, stressing that such tendencies were particularly pronounced in late-Victorian society .

However, as surmised by Mark Jenner and Patrick Wallis, when deploying the concept of the medical marketplace it is important to not let the language of the free market overshadow the institutional, epistemological, social and technological features of such markets.<sup>43</sup> Alan Mackintosh, for example, argues that in Georgian England, despite a lack of statutory regulation, the ownership, distribution, retailing and promotion of patent medicines was a stable, successful and mostly honest industry. He proposes that because advertisements were important in establishing trust and authority, they were generally more nuanced than the ‘isolated’ though often-cited examples of ‘hyperbole’ that provided evidence on which to condemn the industry.<sup>44</sup> He proposes that, amongst the public, the status of patent medicines was elevated by the (inadvertent) validation of the state through the patent and the excise stamp. The royal patent was promoted as an official endorsement of both the novelty and efficacy of patent medicines even though, in actuality, it had little to do with either of these properties. The excise stamp,

---

<sup>41</sup> Roy Porter, *Health for Sale: Quackery in England, 1660-1850* (Manchester: Manchester University Press, 1989).

<sup>42</sup> Ueyama, *Health in the Marketplace*.

<sup>43</sup> *Medicine and the Market in England and its Colonies, c. 1450-c. 1850*, ed. by Mark Jenner and Patrick Wallis, (Basingstoke: Palgrave Macmillan, 2007), p. 17.

<sup>44</sup> Alan Mackintosh, *The Patent Medicines Industry in Georgian England: Constructing the Market by the Potency of Print* (Palgrave Macmillan, 2018), p. 5.

Mackintosh states, 'with a large central crown', was applied to every article and carried with it a strong implication that the article was approved by the state.<sup>45</sup> For both these reasons, he argues that patent medicines, though sometimes controversial, were regarded by many consumers as a reasonable alternative to orthodox medicine.

The strategic restraint of advertisers highlighted by Mackintosh has been brought into focus by other scholars. Claire Jones argues that medical trade catalogues in the nineteenth and early twentieth centuries were shaped and regulated by the requirements and expectations of their readership.<sup>46</sup> She demonstrates that companies balanced their desire for profit with the ethical considerations of the medical profession and asserts that physicians' general acceptance of medical trade catalogues demonstrates the extent to which companies succeeded in satisfying professional mores. Roy Church and Elizabeth M. Tansey have investigated the often contradictory aims of knowledge-, trust- and profit-making in Burroughs Wellcome Co. from 1880 to 1940.<sup>47</sup> Through in-house scientific experiments, the authors argue, the company shifted from the small-scale manufacture of plant-based products to the mass manufacture of synthetic drugs. Through advertising and the rigorous maintenance of high-quality products, amongst other strategies, the company was able to generate a significant amount of trust in their products from physicians, pharmacists, government departments and the general public. As argued by Church and Tansey, these goals sometimes hindered the company's commercial interests and, in so doing, they highlight the interplay of ethical- and profit-seeking elements within the business.

---

<sup>45</sup> Mackintosh, *The Patent Medicines Industry*, p. 27.

<sup>46</sup> Claire L. Jones, *The Medical Trade Catalogue in Britain, 1870-1914* (Pittsburgh: University of Pittsburgh Press, 2016), p. 151.

<sup>47</sup> Roy Church and E. M. Tansey, *Burroughs Wellcome & Co.: Knowledge, Trust, Profit and the Transformation of the British Pharmaceutical Industry, 1880-1940* (Lancaster: Crucible Books, 2007). See also Roy Church, 'Trust, Burroughs Wellcome & Co. and the Foundation of a Modern Pharmaceutical Industry in Britain, 1880-1914', *Business History*, 48.3 (2006), 376-398.

The above accounts make clear that proprietary articles were not simply consumed by end-users but by a legion of intermediaries including agents, wholesalers, distributors and retailers who acted as conduits for goods and services in the supply chain. This is highlighted explicitly by Jones in *The Business of Birth Control* where she argues that the systems of signs in advertising (which communicated messages of reliability, trust and authenticity) had to appeal to two sets of consumers: end-users and intermediaries.<sup>48</sup> In advertising proprietary articles, then, manufacturers had to manage multiple and diverse logics, expectations and demands. These elements could be maintained in productive tension with one another in advertising (as demonstrated by the constant interplay of commercial and professional elements in promotional campaigns). But, more often than not, advertisers privileged certain expectations and demands over others. In so doing, they made themselves vulnerable to criticism (see, for example, physicians long-term criticism of the promotion and supply of non-prescription medicines). Advertisements, then, do not simply offer evidence of particular products or services available within medical marketplaces at any one point. Importantly, they offer a window onto the different types of relationships that existing within those markets and a means to investigate the different strategies by which market actors sought to challenge, navigate, manage and satisfy those relationships.

The questions generated by the above scholarship are as follows. What were the reasons for the voluntary formulation and enforcement of advertising standards in relation to proprietary medicines in the twentieth century? What types of advertising practices were regulated against and by whom? How were these regulations developed and how were they enforced? How did advertisers balance their commercial objectives with ethical commitments to advertising standards? How important were advertising standards to the organisation of the PAGB and its organisational identity? To what degree did a commitment to advertising standards help mediate the interactions between the PAGB and

---

<sup>48</sup> Jones, *The Business of Birth Control*.

other actors such as government departments, professional societies, trade associations and media groups?

### 1.2.3 Trust, Credibility and Authority

As indicated above, several scholars have understood advertising as being capable of evoking trust between market players. In a study of retail practices in apothecaries' shops in early-modern London, Patrick Wallis argues that innovations in shop design and display were used to signal reliability, trustworthiness and honesty in a period that was particularly afflicted by uncertainty about the quality, efficacy and value of medicines and allied articles.<sup>49</sup> In his book on the patent-medicine trade in Georgian England, Mackintosh argues that the use of the printed word was an essential vehicle for establishing trust, authority and reputation within the medical marketplace.<sup>50</sup> He proposes that, contrary to earlier notions, most advertisers avoided hyperbole and adopted a relatively low-key approach to advertising as a means to mimic 'regular medicine'. In a study of the early history of Burroughs Wellcome & Co., Church and Tansey emphasise that trust was an essential dimension in the company's growth in the late nineteenth and early twentieth centuries.<sup>51</sup>

Some scholars have sought to emphasise that from the sixteenth century to the early twentieth century there was a considerable shift in the methods used to generate trust. Mackintosh states that whereas early modernists have emphasised the importance of interpersonal communication in establishing trust, in the eighteenth and nineteenth centuries, there was often very little contact between the consumer and the person attempting to

---

<sup>49</sup> Patrick Wallis, 'Consumption, Retailing, and Medicine in Early-Modern London', *The Economic History Review*, 61.1 (2008), pp. 26–53.

<sup>50</sup> Mackintosh, *The Patent Medicines Industry*.

<sup>51</sup> Church, 'Trust'.

generate trust.<sup>52</sup> In an investigation of medical advertising in late Georgian England, Hannah Barker argues that the market largely depended on ‘thin’ impersonal trust created by social and commercial links rather than the ‘thick’ trust formed by the stronger interpersonal networks, characteristic of the early modern period.<sup>53</sup> The move away from direct interpersonal communication to a highly complex array of indirect, impersonal systems of communication as observed by Mackintosh and Barker, evokes the work of Anthony Giddens who argues that the modern condition of trust-making is a set of ‘disembedding mechanisms’ by which relations are removed from local contexts and play out in an abstract time-space.<sup>54</sup>

In *Galileo's Instruments of Credit*, Mario Biagioli offers a somewhat different approach to the matter of distance.<sup>55</sup> Biagioli proposes that knowledge is constituted through ‘a range of distance-based partial perceptions’ and argues that geographical distance contributed to the construction of Galileo’s authority.<sup>56</sup> He does not mobilise the concept of trust but rather credit, arguing that Galileo’s skilful management and deployment of ‘instruments of credit’ – including, for example, telescopes and print apparatus but also narrative constructions and the disclosure or withholding of information – generated credit (such as payment, patents and so forth) and credibility (social, professional and intellectual reputation). Biagioli compares two publications authored by Galileo – the *Operations* and the *Nuncius*. Of the former, he states that Galileo did not have to convince the reader of the credibility of his claims: credit was generated by his clearly defined, local

---

<sup>52</sup> Mackintosh, *The Patent Medicines Industry*, p. 233.

<sup>53</sup> Hannah Barker, ‘Medical Advertising and Trust in Late Georgian England’, *Urban History*, 36 (2009), 379-398.

<sup>54</sup> Anthony Giddens, *The Consequences of Modernity* (Stanford, Ca.: Stanford University Press, 1990).

<sup>55</sup> Mario Biagioli, *Galileo's Instruments of Credit: Telescopes, Images, Secrecy* (Chicago, University of Chicago Press, 2007).

<sup>56</sup> *Ibid.* p. 26.

authority in Padua as an author-teacher. By contrast, *Nuncius* – which was circulated beyond his Paduan sphere – required Galileo to *convince* the reader of the claims he was making. In this new scenario, Biagioli argues, credit became inextricably tied to credibility.

Several scholars have noted the degree to which credit was bound to social reputation and standing. Margot Finn, in *The Character of Credit*, describes the critical role that personal credit played in the early modern and modern period, with everyone connected by a web of credit relations and with credibility firmly bound to class, gender and other social indicators.<sup>57</sup> In *A Social History of Truth*, Steven Shapin investigates the circulation of credibility in and from the point of view of gentlemanly society and argues that ‘honesty and solvency; wealth and virtue’ were inherently joined.<sup>58</sup> In a summary of ‘credibility contests’, Thomas Gieryn asserts that ‘bearers of discrepant truths push their wares wrapped in assertions of... efficacy, precision, reliability, authenticity, predictability, sincerity, desirability, tradition’ but also, and importantly, objectivity.<sup>59</sup> In *Trust in Numbers*, Theodore Porter investigates the popular use of ‘mechanical objectivity’ in public affairs.<sup>60</sup> He defines ‘mechanical objectivity’ as simply ‘following the rules’ with adherence to rules intended to check subjectivity and to make it impossible for personal biases or preferences to affect the outcome of an investigation. In his study, most crucially, he argues that reliance on numbers and quantitative manipulation minimises the need for personal trust.

These notions of credit and credibility have also been deployed by Stathis Arapostathis and Graeme Gooday. In *Patently Contestable*, the authors

---

<sup>57</sup> Margot C. Finn, *The Character of Credit: Personal Debt in English Culture, 1740-1914* (Cambridge: Cambridge University Press, 2003).

<sup>58</sup> Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago: University of Chicago Press, 1995), p. 93.

<sup>59</sup> Thomas Gieryn, *Cultural Boundaries of Science: Credibility on the Line* (Chicago: University of Chicago Press, 1999), p. 1.

<sup>60</sup> Theodore M. Porter, *Trust in Numbers: The Numbers: The Pursuit of Objectivity in Science and Public Life* (Princeton: Princeton University Press, 1995), p.4..

investigate the fierce disputes that emerged in Britain in the late nineteenth and early twentieth centuries concerning patents for electrical power and telecommunications. They explain that patents have long offered unique and legally enforceable exclusive rights to control many aspects of an invention and that these rights are both financial and reputational. In *Patently Contestable*, therefore, patent disputes are approached as sites in which the authority, integrity and expertise of inventors were negotiated and evaluated; various forms of credit, distributed and received; and individual and collective identities, forged.<sup>61</sup> The authors link credibility (epistemic and moral credit) to trustworthiness, with trustworthiness and credibility both embedded in and shaped by processes of litigation in the courtroom.<sup>62</sup>

Within these accounts, there is an implicit distinction between trust and credibility where trust is understood as a localised and personal expression of someone's reliability and dependability, and credibility as an impersonal (though highly value-laden) evaluation of those same values. Both are understood as being able to generate credit (namely, a financial sum), with the generation of credit being inextricably bound to credibility. Within these accounts, trust and credibility are, furthermore, distinguished from authority. In the above accounts, authority is used to refer to a legal authority by which persons, groups or institutions made and ordered the execution of certain decisions (a court of law, for example). In these accounts, authority also refers to a degree of power that was bestowed on a person, group or institution based on tradition or custom (Galileo's authority as an author-teacher, for example). It is useful to make these distinctions explicit so as to better understand the precise work that the code of advertising standards was doing for the PAGB. How did the PAGB and other interest groups intend to create credibility via the formulation of and adherence to advertising standards? Amongst whom did these groups seek to be deemed credible? To what extent did activity related to advertising standards depend on interpersonal trust and to what extent did

---

<sup>61</sup> Stathis Arapostathis and Graeme Gooday, *Patently Contestable: Electrical Technologies and Inventor Identities on Trial in Britain* (Cambridge, Mass. And London: MIT Press, 2013).

<sup>62</sup> *Ibid.*, p.60.

engagement with advertising standards generate opportunities for trust-making? How much authority did the Executive Committee of the PAGB have in exercising control over members' advertising? What kind of influence was the PAGB able to exert over non-members' advertising? What were the various types of credit generated by the PAGB and/or granted to the PAGB from the 1920s to the 1960s as an outcome of the Association's engagement with advertising standards?

### 1.2.4 Ways of Regulating Drugs

From approximately the 1930s to 1980, the pharmaceutical industry brought to the market a series of wonder drugs for the treatment of infectious disease, psychiatric illness, autoimmune disorders and other chronic conditions. In context of this 'therapeutic revolution', scholarship predominantly focused on a history of pharmacy as the *history of applied chemistry*, in which critical innovations in pharmacy were based on new understandings of the molecular structure of medicines.<sup>63</sup> However, from 1980, as the production of new therapeutic agents started to dwindle and confidence in the benefits of the pharmaceutical industry began to wane, scholars became more attentive to the contexts in which drugs were invented, produced, prescribed and consumed. Bruno Strasser explains that, in this new scholarship, drugs were regarded as 'more than just molecules: they are evolving cultural products, carrying many layers of meaning and embedded in multiple social networks'.<sup>64</sup>

---

<sup>63</sup> Jean-Paul Gaudillière, 'Introduction: Drug Trajectories', *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 36.4 (2005), 603-11, p. 604; Sjaak van der Geest, Susan Reynolds Whyte and Anita Hardon, 'The Anthropology of Pharmaceuticals: A Biographical Approach', *Annual Review of Anthropology* 25 (1996), 153-78.

<sup>64</sup> Bruno J. Strasser, 'Magic Bullets and Wonder Pills: Making Drugs and Diseases in the Twentieth Century', *Historical Studies in the Natural Sciences* 38.2 (2008), 304.

Much of this new scholarship centred on the biographies or life cycles of particular drugs. In an account of minor tranquilisers in the United States from the 1950s to the 1980s, for example, Susan L. Speaker proposed that prescription drugs 'have public images and follow what might be called career paths'.<sup>65</sup> Jeremy Greene narrated the 'social lives' of Merck Sharp & Dohme's 'Mevacor' (or *lovastatin*) between the late 1970s and the 1990s in relation to changing national guidelines on the treatment of high cholesterol.<sup>66</sup> Nicholas Rasmussen, similarly, discussed the 'many lives' of amphetamines.<sup>67</sup> Such biographies follow similar narratives: a substance is introduced to the market with great enthusiasm as to its therapeutic value and eventually the substance's image deteriorates (as side effects are experienced by users, the limited efficacy of the substance is made apparent and/or the addictiveness of the substance is exposed). Such biographies are, nevertheless, valuable. They challenge the perceived stability of certain substances and provide a means to investigate the changing contexts in which these substances are imbued with meaning.

By approaching medicines as evolving social productions, these scholars have created space to investigate the different ways in which medical experts, government ministers, civil servants, manufacturers and consumers have operated in the 'regulation' of medicinal products. In an edited volume published in 2013 titled *Ways of Regulating Drugs*, Jean-Paul Gaudillière and Volker Hess propose that in addition to 'administrative' (state) regulation, there are four other types of regulation: professional (physicians and pharmacists), industrial (drug companies), public (the media, patient groups

---

<sup>65</sup> Susan L. Speaker, 'From Happiness Pills to National Nightmare: Changing Cultural Assessment of Minor Tranquilizers in America, 1955–1980', *Journal of the History of Medicine* 52 (1997), 338–77

<sup>66</sup> Jeremy Green, *Prescribing by Numbers: Drugs and the Definition of Disease* (Baltimore: John Hopkins University Press, 2007), p. xi.

<sup>67</sup> Nicolas Rasmussen, *On Speed: The Many Lives of Amphetamines* (New York: New York University Press, 2008).

and NGOs) and juridical (the courts).<sup>68</sup> They argue that in order to understand drug regulation, historians must investigate the motivations of these distinct though tightly connected actors, the evolving hierarchies of regulation to which they belonged and the resources (to which they had uneven access) to oversee and control drugs. In the volume, and within this framework, scholars bring attention to players which have not traditionally been viewed of as regulators. Christian Bonah, for example, studies the controversy related to the anti-bacterial and dermatological drug ‘Stalinon’ in France in the 1950s, arguing that court proceedings constituted a way of regulating drugs.<sup>69</sup> Vivian Quirke investigates the operations of the British company, Imperial Chemical Industries, in the 1960s and 1970s, arguing that changes to state regulation impacted on internal, industrial practices and encouraged the adoption of screening as a regulatory strategy.<sup>70</sup> Both accounts bring into focus the operations and contributions of actors other than the state, and investigate the different logics, practices and procedures that underpin the management of therapeutic agents.

Recent scholarship in the history of medicine has also provided space to investigate the particular technologies used to produce, manage and disseminate information about drugs. Jeremy Greene, for example, has investigated the logics of similarity and difference in *Generic: The Unbranding of Modern Medicine*. Here, Greene argues that conflicts over the equivalence of generic drugs did not develop until the late twentieth century when the ‘brisk flow’ and then ‘flood’ of new and innovative drugs that characterised the early and mid-twentieth century came to an end, and manufacturers sought ways to

---

<sup>68</sup> *Ways of Regulating Drugs in the 19th and 20th Centuries*, ed. by Jean-Paul Gaudillière and Volker Hess (Basingstoke: Palgrave Macmillan, 2012).

<sup>69</sup> Christian Bonah, ‘Professional, Industrial, and Juridical Regulation of Drugs: The 1953 Stalinon Case and Pharmaceutical Reform in Postwar France’, in *Ways of Regulating Drugs*, ed. by Gaudillière and Hess, pp. 245 – 269.

<sup>70</sup> Vivian Quirke, ‘Thalidomide, Drug Safety Regulation, and the British Pharmaceutical Industry: The Case of Imperial Chemical Industries’, in *Ways of Regulating Drugs*, ed. by Gaudillière and Hess, pp. 151-180.

maintain a *de facto* monopoly on drugs through trade marks after the *de jure* monopoly via patents had expired.<sup>71</sup> In his study, he approaches the pharmaceutical brand as a tangible marker of therapeutic quality (rather than mere concept or symbol) and demonstrates that the physical parameters of drugs (including colour, size and shape) provided a basis with which to maintain drug markets when patents expired. Joseph Gabriel has, similarly, focused on technologies of medicine regulation. In his publication, *Medical Monopoly*, Gabriel demonstrates that in late nineteenth- and early twentieth-century America, patents and trade marks, once markers of unethical quackery, were reinterpreted as ethically legitimate components of scientific drug development.<sup>72</sup> That ethical transformation, he argues, became an essential component of the corporate reconstruction of the American pharmaceutical industry. In considering these accounts, Antoine Lentacker argues that both the brand and patent are ‘instruments of communication and credit’ that impose order, convey information, and carry value.<sup>73</sup>

Lentacker’s own work appears to be situated within scholarship related to paper technologies.<sup>74</sup> Much of the scholarship devoted to the investigation of paper technologies is concerned with the materiality of knowledge making or the acquisition, management, dissemination and reception of knowledge in medicine. Volker Hess and J. Andrew Mendelsohn argue, for example, that the collection and assembling of patient histories has, for centuries, been a key

---

<sup>71</sup> Jeremy Greene, *Generic: The Unbranding of Modern Medicine* (Baltimore: Johns Hopkins University Press, 2014), pp. 10-11.

<sup>72</sup> Joseph M. Gabriel, *Medical Monopoly: Intellectual Property Rights and the Origins of the Modern Pharmaceutical Industry* (Chicago: University of Chicago Press, 2014), pp. 103-104.

<sup>73</sup> Antoine Lentacker, ‘The Symbolic Economy of Drugs’, *Social Studies of Science*, 46.1 (2016), 140–56, p. 143.

<sup>74</sup> The term comes from Anke te Heesen, ‘The Notebook. A Paper Technology’, in *Making Things Public: Atmospheres of Democracy*, ed. by Bruno Latour and Peter Weibel (Cambridge, Mass.: MIT Press, 2005), pp. 582–89.

component in the generation of medical knowing.<sup>75</sup> Other scholars have, notably, investigated paper technologies as embodying and being capable of reconfiguring relationships between actors and substances in the history of medicine.<sup>76</sup> Lentacker, himself, has explored ‘pen-and-ink’ technologies. In ‘Powers of the Script’, he investigates the use of the medical script in *fin-de-siècle* France as a means to regulate the production and consumption of medicines.<sup>77</sup> Claire Jones, similarly, approaches the medical trade catalogue as a technology, proposing that the medical trade catalogue was capable of forging and reconfiguring relationships within the medical marketplace.<sup>78</sup> She argues, for instance, that the trade catalogue was a significant instrument by which medical professionals could advance their status, through the communication of medical and scientific theories, procedures, specialisms and associated instruments. Connecting Lentacker’s work to that of Jones, we can understand medical trade catalogues as paper technologies that were able to generate both ‘norms’ and ‘assets’ in the medical marketplace.<sup>79</sup>

The above scholarship generates a number of questions. Who regulated medicine advertising in the twentieth century? What were the ways of regulating medicine advertising? How did these ways of regulating interact with one another? How did these ways of regulating evolve over the twentieth century and why? How was information relating to proprietary medicines governed, disciplined or controlled via advertising? In what ways did advertising regulation forge and reconfigure relationships between actors, and between actors and objects in the medical marketplace?

---

<sup>75</sup> Hess and Mendelsohn, ‘Case and Series: Medical Knowledge and Paper Technology, 1600-1900’, *History of Science*, 68 (2010) 287-314.

<sup>76</sup> Boris Jardine, ‘State of the Field: Paper Tools’, *Studies in History and Philosophy of Science Part A*, 64 (2017), 53-63.

<sup>77</sup> Antoine Lentacker, ‘Powers of the Script: Prescription and Performance in Turn-of-the-Century France’, *Representations* 148.1 (2019), 57–85.

<sup>78</sup> Jones, *Medical Trade Catalogue*.

<sup>79</sup> Lentacker, ‘The Symbolic Economy of Drugs’.

### 1.3 Contribution

The AMBP was founded in June 1919 by a group of approximately 50 major British manufacturers (see Appendix II) of British-owned or -made proprietary articles. Over the following decades, the Association steadily grew in size. In 1960, approximately 80 manufacturers were listed as being members of the Association, now named the PAGB. Around this time, the combined turnover of members was understood by the Association as being in the region of 85 per cent of the total proprietary-medicine market in Britain. Though the Association attracted new members, there were several long-serving companies. These included Phosferine (Ashton & Parsons) Ltd., manufacturer of 'Phosferine' (general tonic); Beecham's Pills Ltd., manufacturer of 'Beecham's Pills'; Boots Pure Drug Co. Ltd., the company chemist; J. T. Davenport Ltd., manufacturer of 'Dr. John Collis Browne's Chlorodyne' (for coughs, cold, asthma and bronchitis); C. E. Fulford Ltd., manufacturer of 'Bile Beans for Biliousness'; Foster-McClellan Co., manufacturer of 'Doan's Backache Kidney Pills'; A. J. White Ltd., manufacturer of 'Mother Siegal's Curative Syrup'; and W. Woodward Ltd., manufacturer of 'Woodward's Gripe Water'. In 1925, the terms of membership were altered to allow manufacturers of proprietary articles that were owned, made or *marketed* in Britain to be eligible for membership.<sup>80</sup> It was under these terms, for example, that G. T. Fulford Co. Ltd. (of Canada), the manufacturer of 'Dr. Williams Pink Pills for Pale People', was able to become a member. The business of the Association was managed by an Executive Committee consisting of a Chairman, Vice-Chairman and Honorary Treasurer who were appointed by members at the Association's Annual General Meeting. The rest of the Executive Committee consisted of not less than 10 additional members (and not more than 25) who were, also, elected annually. The Association's operations were funded by member-companies

---

<sup>80</sup> PAGB Foundation Records, 22 July 1925, PAGB/1/1.

through a combination of annual membership fees and voluntary *ad hoc* financial contributions.

The thesis finds that, in 1919, the AMBP adopted strict terms of membership to disassociate members from the disreputable and fraudulent practices that had come to characterise the trade in proprietary medicines. It argues that, within only a few years, these terms of membership became *the* major instrument by which the PAGB protected and forwarded members' interests. A range of actors including government departments, professional societies, trade associations and media groups were involved in the regulation of proprietary medicines and, from the 1920s, the PAGB was forced to negotiate with these groups in order to formulate consensus with regard to advertising standards. By investigating the interactions of these groups, the thesis brings into focus the multiple functions of codes of advertising practice. For the PAGB, a commitment to minimum standards of practice could reduce reputational risk by signalling that members were meeting certain external expectations; could provide the Association with a means to block or delay the imposition of any external constraints; and could generate a satisfactory level of trust, credibility and authority in order to negotiate, challenge and partner with other groups involved in the regulation of advertising. These functions do not belong to a distinct chronology. They operated simultaneously, interacting and competing at various scales, at various sites, and according to specific problems and opportunities. The plural and adaptable functions of the code of standards were, the thesis argues, part of their inherent value.

Though there were moments of discord between interest groups on the issue of advertising standards, overall, the thesis demonstrates that an identifiable collective formulation of and adherence to advertising standards was generated during the middle decades of the twentieth century. By tracing the emergence of alliances and partnerships between different groups in relation to advertising standards, the thesis highlights the degree to which advertising standards in the twentieth century were shaped and sustained by interpersonal bargaining between several distinct though tightly-connected actors. It also highlights the capacity of codes of advertising standards to forge and reconfigure relationships within the medical marketplace. This includes relations between actors and substances such as consumers' access and

knowledge of particular medicines or the means by which retailers could supply those medicines to consumers. It also includes relations between actors including associated manufacturers, government ministers, professional societies, associated advertisers, media organisations and consumer advocacy groups.

Over the course of the twentieth century, the aims of the PAGB changed as it responded to therapeutic developments, technological innovations, the expansion of consumer society and the rise of the welfare state as well as changes in intellectual property law and processes of taxation. Such change is evidenced by additions and changes to the Association's code of advertising standards. The adaption of the PAGB to these changing conditions signalled the Association's ability and willingness to exercise control over members' commercial operations in ways that spoke to shifting social, commercial and political values and pre-occupations. The outcome of these efforts was that the Government was willing to accommodate the interests of the PAGB when developing legislation related to the promotion and supply of non-prescription medicines (a willingness reinforced by the Association's protests when not offered a consultative role). For that reason, the PAGB was heavily involved in the passage of the Pharmacy and Medicines Act in 1941 and the Medicines Act in 1968. Both of these statutes created a legislative environment which bolstered rather than disrupted the practices of manufacturers in membership of the PAGB. Notably, the Medicines Act (which came into force in 1971) authorised a market for products manufactured by members of the Association which, thereafter, could be promoted directly to the public, sold without prescription and supplied by non-pharmacist retailers. These products included treatments for coughs, colds, allergies, digestion and mild pain as well as dietary supplements. The Medicines Act is understood by scholars as having ushered in a 'new era' of drug regulation in the UK by establishing a comprehensive and centralised system of control based on licensing.<sup>81</sup> The

---

<sup>81</sup> Quirke, 'Thalidomide, Drug Safety Regulation, and the British Pharmaceutical Industry', p. 154; Stuart Anderson, 'Drug Regulation and the Welfare State: Government, the Pharmaceutical Industry and the Health Professions in Great Britain, 1940-80, in *Medicine, the Market and the Mass Media*, ed. by Virginia

research focuses on the pre-1971 era and investigates ways of regulating medicine advertising in a period governed by decentralised, piecemeal and informal processes of control. The PAGB's success in protecting the promotion and supply of members' products during this period is understood as an outcome of the regular bargaining by government ministers and associated manufacturers and the accommodation of one another's interests with a view to securing mutually beneficial regulatory conditions.

#### **1.4 Methodology, Direction and Sources**

From the early 1900s to the late 1960s, there were many different terms used to describe medicines that were promoted directly to end-consumers and sold to them without prescription. In documents authored by associated manufacturers from the 1910s, for example, a variety of terms were used including 'proprietary medicines', 'packaged medicines', 'advertised proprietary medicines'. Other groups used terms such as 'patent medicines' and 'secret remedies', though by the 1940s, these terms had substantially declined in usage. In the sources investigated, there is not a single, popularly used term that refers to the product category. In writing the thesis, I have embraced the multiple and evolving ways that actors referred to these products over the course of the twentieth century. The method provides a means to avoid anachronistic terminology and the blurring of important distinctions made by historical actors in relation to these products.

Nevertheless, for the purposes of the thesis, I have used the term 'non-ethical' medicines in the title to capture the product category under investigation. The term evokes the way in which these products were perennially defined in contradistinction to 'ethical' medicines. By the late nineteenth century, there existed a small group of pharmaceutical

---

Berridge and Kelly Loughlin, (London and New York: Routledge, 2005), pp. 179-203.

manufacturers that styled themselves as having an ‘ethical’ business model.<sup>82</sup> These firms (such as Burroughs Wellcome & Co.) promised to adhere to the strict ethical requirements of the nineteenth-century medical profession. Consequently, they were advertised exclusively to the medical profession, they were supplied to the public through chemists and they were generally supplied on a prescription-only basis. Such practice was in deliberate contrast to other pharmaceutical manufacturers who promoted medicines directly to consumers, retailed their products through many different (including non-chemist) outlets and sold them without prescription. A distinction between ethical and non-ethical pharmaceutical manufacturers persisted into the twentieth century. The terms ‘ethical’ and ‘non-ethical’ medicines were used by H. N. Linstead, the Secretary and Registrar of the Pharmaceutical Society of Great Britain, in the late 1930s in relation to Medicine Stamp Duty (see Chapter 3). He regarded the former as worthy of exemption from Duty and the latter as legitimate objects of taxation on the basis that they were essentially ‘quack medicines’. The term ‘non-ethical’ was also used by the PAGB in the late 1960s (see Chapter 6) as shorthand to distinguish the Association’s operation from another trade association, the Association of the British Pharmaceutical Industry (ABPI) (which gave representation to ‘ethical’ manufacturers). It should be stated that the term was not frequently used by the PAGB. This was undoubtedly because the term was associated with disreputable or, simply, unethical practice; something that the PAGB vehemently wanted to distance itself from. Nevertheless, the appropriateness of promoting and supplying pre-prepared, packaged and branded medicines directly to the public without prescription and through non-chemist outlets *was* subject to constant dispute over the period under investigation. Furthermore, that dispute provided a rationale for the formation and operation of the PAGB. For those reasons, I have used the term ‘non-ethical’ medicines in the thesis title.

The chapters are devoted principally to an investigation of the promotion and supply of medicines in the British context. However, where the

---

<sup>82</sup> David Herzberg, *White Mark Drugs: Big Pharma and the Hidden History of Addiction in America* (Chicago: University of Chicago Press, 2020), pp. 26-27; Gabriel, *Medical Monopoly*; Church and Tansey, *Burroughs Wellcome & Co.*

sources allow, chapters are attentive to the ways in which the promotion and supply of proprietary medicines were subject to cross-border politics, economics and influence. The thesis understands the PAGB as both a product of and a player in the system of imperial governance that integrated the economies of Great Britain and British Dominions. It recognises the influence of the Proprietary Association of America in providing manufacturers of British-owned, -made or -marketed medicines with operational guidance. It also understands that in the post-war period, Britain's desire to join the European Economic Community (EEC) was a motivating factor in the passage of the Medicines Act.<sup>83</sup> The recognition of these wider regional influences speaks to a growing scholarly awareness that the investigation of drug regulation cannot be confined to national borders.<sup>84</sup>

The thesis sets out to evaluate how codes of advertising standards were formulated, for what reasons, by whom, and the ways in which they were enforced. By investigating such questions, the thesis provides a systematic investigation of a single episode in the life cycle of a large group of products. Such an approach is a departure from previous scholarship that has focused on

---

<sup>83</sup> It should be noted that the PAGB's interactions with European partners in the post-war period are not understood as displacing the PAGB's early imperial and trans-Atlantic connections. Indeed, in 1970, when it became clear that international bodies such as the World Health Organisation and the EEC would only recognise international federations, the PAGB took the decision to federate with a combination of North American, Commonwealth *and* European trade associations as the 'World Federation of Proprietary Medicine Manufacturers' (WFPMM) or the *Fédération Mondiale des Fabricants de Spécialités Grand Public* (FMFSGP).

<sup>84</sup> Haggai Ram, *Intoxicating Zion: A Social history of Hashish in Mandatory Palestine and Israel* (Stanford: Stanford University Press, 2020); *Illicit flows and criminal things: States, borders, and the other side of globalization*, ed. by Willem Van Schendel and Itty Abraham (Indiana University Press, 2005); James Tharin Bradford, *Poppies, Politics, and Power: Afghanistan and the Global History of Drugs and Diplomacy* (Ithaca, NY: Cornell University Press, 2019); James H. Mills, *Cannabis Britannica: Empire, Trade, and Prohibition, 1800-1928* (Oxford: Oxford University Press, 2003).

the trajectories or biographies of single substances and is an embrace of more recent scholarship that seeks to investigate ways of regulating single substances or groups of substances. The thesis proposes that this stage in the biography of proprietary medicines (the regulation of advertising content) was complex and evolving, and involved a vast array of actors, each with competing (though sometimes overlapping) motivations and uneven access to resources. The thesis demonstrates the value of extending the concept of object biography to encompass larger categories of therapeutic products (rather than individual products) and the value of systematically investigating specific processes that imbued those therapeutic products with meaning.

The chapters draw on a variety of records authored by manufacturers, themselves. These records include the PAGB's early records which are currently held by the Association at Penderel House in Holborn, London. These records have not been the subject of scholarly investigation. They include minutes from executive committee and general meetings, annual reports and editions of association's code of standards. Access to these records has been crucial in reconstructing the development of the PAGB's terms of membership, the enforcement of advertising standards and how the formulation and enforcement of standards were linked strategically to the Association's broader aims and objectives. Other commercial records include those held by the St. Helen's Archive Service as part of the Beecham's Pills Co. Ltd. archive. These records have provided a wealth of evidence on the operations of manufacturers of proprietary medicines beyond and in interaction with the operations of the PAGB. Advertisements have additionally been used throughout the thesis as a means to investigate the precise commercial, logistical and contractual arrangements between manufacturers, wholesalers, retailers, advertising agents, media organisations, consumers and government departments.

The interpretation of documents produced by associated manufacturers and individual companies provide a considerable and underutilised means with which to investigate the medical marketplace and,

more specifically, ways of regulating medicine advertising.<sup>85</sup> Nevertheless, the interpretation of these sources is not straightforward. In the early records of the PAGB, it can be difficult to ascertain whose views were being documented and precisely which company that person represented. Moreover, the companies represented by the PAGB and the relationships between them are obscured by a lack of information in the archival record. The records of the PAGB, furthermore, only account for a portion of manufacturers' activities. Though the Beecham's Pills Co. Ltd. have made a partial investigation of the operations of the Beecham's group possible, company archives have been found to be incomplete, ambiguous and cursory in detail. Claims made by individual and associated manufacturers regarding their reputability, status and conduct cannot be taken at face value and each chapter has sought to fully interrogate and unpack the meanings and intentions of such claims. Finally, the advertisements investigated within the thesis cannot be understood as being representative of the medical marketplace as a whole or advertising practice. Though these advertisements were often held up and critiqued as being representative of the wider market, they often had features that made them atypical and, therefore, subject to special inquiry by regulators.

The interpretation of commercial sources has been crucially supported by the investigation of corresponding records of the Ministry of Health held at The National Archives (minutes, memos and reports) and records of the Advertising Association held by the History of Advertising Trust. These records provide a means to triangulate information derived from minutes, advertisements and company archives. They also provide a way of investigating how other interest groups perceived and responded to the PAGB's operations. Editorials, columns and news items in national newspapers (the *Times*, the *Guardian* and the *Daily Mail*, for example) and trade journals (the *Chemist and Druggist*, *British Medical Journal* and *Secret Remedies*, for example) have additionally been investigated. These sources have been useful in describing the presence and prominence of certain types of advertising and their particular features. They have also been valuable in reconstructing

---

<sup>85</sup> Jones, *The Business of Birth Control*.

developments and disputes in relation to advertising standards and the thesis very much recognises the role of media groups, newspapers and journalists in regulating advertising cultures. There are, of course, certain challenges posed by these sources. There is very partial and limited evidence that provides reasons for the existence and, perhaps more crucially, the absence of certain types of advertisements in newspapers, periodicals and trade journals. Similarly, because of contractual obligations and commercial sensitivities, there appears within some publications to be a deliberate lack of critical commentary on proprietary articles, capable of describing the views of editors and journalists on medicine advertising. Nevertheless, where the historical record allows, the thesis attempts to draw attention to and interpret the muteness of newspapers and journals on certain subject matters or the invisibility of certain types of promotion.

The omnipresence of advertising in the twentieth century presents an additional challenge for historians. As a source base, it presents an inexhaustive and particularly nebulous body of material which, for practical reasons, must be delimited. I have chosen to do this by focusing on print advertisements rather than commercial radio or television. This allows for a certain level of continuity across the thesis. Nevertheless, some chapters recognise the impact of the rise of different mediums on print advertising. Chapter 5 demonstrates, most notably, that concerns related to commercial television from the mid-1950s impacted considerably on the promotion of non-barbiturate central nervous system depressants which eventually resulted in their restriction to prescription-only supply. Thus, the thesis recognises that print cannot be fully separated from other mediums of communication.

## **1.5 Thesis Structure**

The thesis is structured chronologically, though each chapter attends to a slightly different facet of the PAGB's operation. The decision to structure the study in this way is based on the minutes of the PAGB which describe pivoting

on the part of the association in response to different changes in the regulatory landscape. By leaning into these different facets of the PAGB's operation, each chapter is able to provide a granular account of the various arrangements, partnerships and disputes that the PAGB became involved in. Though the above literature review has set out broad themes and approaches, each chapter provides an additional and more focused assessment of scholarly literature pertinent to the study of the PAGB's operations. The thesis is structured as follows.

Chapter 2 investigates the Association's emergence and early years. In the early 1900s, in Britain and in British Dominions, legislators considered the policy of compulsory formula disclosure as a means to protect the public from fraudulent or dangerous patent, secret and proprietary medicines. Manufacturers of British-owned and -made proprietary medicines were alert to such legislative developments and were active in making collective representations to government departments in defence of their interests. The distinction between reputable and disreputable manufacturers became an important leitmotif in these campaigns. Trade associations repeatedly argued that draconian attempts by governments to regulate the abuses of a minority of disreputable manufacturers would destroy the valuable and, otherwise, reputable trade. It was in this context that, in 1919, a small group of prominent manufacturers established the AMBP to lobby against the UK Government's Proprietary Medicines Bill (1920). The Association claimed to represent the reputable trade; a claim which was signalled by members' pledge to terms of membership that prohibited certain undesirable advertising practices. The chapter demonstrates that the function of these terms of membership was to smooth negotiations with the newly established Ministry of Health in order to dissuade ministers from enacting a policy of compulsory formula disclosure. It argues that the strategy was likely adopted by the AMBP from the Proprietary Association of America.

Chapter 3 focuses on the activity of the AMBP – from 1926, the PAGB – in relation to 'branding and destamping', the term given to the process by which manufacturers registered their formulae, sold their medicines unstamped and sought legal action against market competitors who sought to imitate or substitute their products. The process engendered a rigorous

engagement by manufacturers of proprietary medicines with the possibilities and limitations of British trade-mark law. In the chapter, I argue that such engagements led to the expansion of the rights of owners of registered trade marks in the late 1930s. I also contend that it was on the basis of these expanded rights that the PAGB felt empowered to support the policy of formula disclosure which provided the necessary conditions for the passage of the Pharmacy and Medicines Act in 1941. Thereafter, the sale of 'secret remedies' was prohibited.

Chapter 4 provides an account of the PAGB's partnership with associated advertisers to clean up advertising. From the 1920s, the PAGB worked with the Advertising Investigation Department (AID) to devise advertising standards in relation to the promotion of medicines and treatments. The AID operated under the direction of the Advertising Association which, from 1926, worked to elevate the occupation of advertising to the status of a profession. The chapter investigates the relationship between the PAGB and the AID. It argues that prior to the Pharmacy and Medicines Act (1941), there was a considerable degree of consensus between the two organisations on the types of malpractice that were desirable to suppress. However, from the 1940s, there were more instances of antagonism as the AID, in particular, sought to expand advertising standards beyond the provisions of the Pharmacy and Medicines Act (1941) and in ways that infringed on the operations of the PAGB's membership. The chapter highlights several key areas of dispute including menopausal treatments, toothpaste and the use of testimonials. In each case, the PAGB sought to defend the commercial interests of members from the enforcement of the spirit of the code by the AID.

Chapter 5 commences in the 1950s, a period in which there was public concern related to the promotion and availability of non-barbiturate central nervous system (CNS) depressants ('sedatives', 'hypnotics' and 'tranquilisers'). Despite repeated claims that these drugs were connected to addiction, mental and physical deterioration and poisoning, government departments proved unable or unwilling to regulate these preparations. This was, in part, due to representations made by the PAGB on behalf of members who sold CNS depressants. The inaction of government left the field open for voluntary actions by other bodies – professional societies, media groups and associated

advertisers – to place restrictions on the promotion and supply of these products. Though these voluntary mechanisms of control were contingent, open-ended and decentralised, the chapter argues that the accumulative impact substantially curtailed the promotion and supply of CNS depressants by the late 1950s. The chapter ends in 1960 when the Home Secretary finally established new poisons rules under which certain substances, having an action on the central nervous system, could only be sold on prescription.

In the 1960s, under considerable public scrutiny, the UK Government worked to implement long-term plans to overhaul the existing system of drug regulation and replace it with a centralised system of statutory drug control through licensing. In this period of disruption, the PAGB worked to formalise a role for the Association as a representative of manufacturers of non-ethical medicines at the level of government and was also engaged in actions to protect the promotion and supply of preparations manufactured by the Association's membership. Chapter 6 focuses on the forums in and the resources by which the PAGB sought to secure these aims. It highlights the Association's contribution to parliamentary committees and study groups and also describes the PAGB's attempts to recruit government ministers to make representations on behalf of the Association in the passage of the Medicines Bill through Parliament. The chapter describes the willingness of the Association's Executive Committee to exert strong regulatory control over members' commercial operations; to supply government committees and Members of Parliament with pertinent information or specific expertise related to the promotion and sale of particular medicines; and to partner, strategically, with other trade associations to ensure that the industry was speaking in one voice in relation to the promotion and supply of non-prescription medicines and treatments. The chapter ends in the late 1960s when the Medicines Bill was enacted and the PAGB secured a position on the Medicines Commission as the official representative of the non-ethical drug industry.

Together, the chapters chart the PAGB's operation to protect members' commercial operations from unprecedented regulatory interventions. They demonstrate the plural and adaptable functions of the PAGB's code of standards which, variously: provided a guarantee that certain minimum

standards would be met by members of the Association; served as evidence of a collective commitment to higher ethical ideals; delineated good and bad practices in ways that were congruent with members commercial interests; safeguarded the interests of members by providing a means with which to block, delay or re-shape the imposition of external constraints on their operations; and provided an instrument with which to negotiate and align with other interest groups who, similarly, were involved in the regulation of medicine advertising. Though the chapters each highlight instances of discord and dispute in the collective formulation of advertising practices, they also demonstrate a significant degree of mutual interchange and cooperation between governmental, industrial, commercial and public groups. In bringing such interactions to the fore, the thesis is able to provide an account of the long-term public-private partnerships that sustained and authorised a marketplace for non-ethical medicines in twentieth-century Britain. The thesis commences by investigating the emergence of the PAGB in the early twentieth century. The origins of the Association are found to be rooted in the trans-imperial and trans-Atlantic networks that integrated the economies of Great Britain, British Dominions and the United States.

## **Chapter 2 – Associated Manufacturers, Compulsory Formula Disclosure and Anglo-America Relations: The Origins of the Association of Manufacturers of British Proprietaries, 1902 – 1926**

### **2.1 Introduction**

At the turn of the century, there was a general receptiveness amongst many Anglo-American governments to demands that proprietary medicines be subject to a degree of control.<sup>86</sup> This is evidenced in New Zealand by programmes of reform under the Liberal government of 1891 to 1911; in the United States by the ‘progressive’ movements of the 1890s to the 1920s; in Canada by the activism of Wilfrid Laurier’s Liberal government from 1896 to 1911; in Australia which had a reputation for being the ‘social laboratory of the world’; and in Britain by the Edwardian Liberal government of Sir Henry

---

<sup>86</sup> See, for example, Dan Malleck, *When Good Drugs Go Bad: Opium, Medicine, and the Origins of Canada’s Drug Laws* (Vancouver and Toronto: University of British Columbia Press, 2016); Derek A. Dow, *Safeguarding the Public Health: a History of the New Zealand Department of Health* (Wellington: Victoria University Press, 1995); James Harvey Young, *Pure Food: Securing the Federal Food and Drug Act of 1906* (Princeton, NJ.: Princeton University Press, 1989); Milton Lewis and Roy MacLeod, ‘Medical politics and the professionalisation of medicine in New South Wales, 1850-1901’, *Journal of Australian Studies*, 22 (1988), 69-82; Takahiro Ueyama, *Health in the Marketplace: Professionalism, Therapeutic Desires, and Medical Commodification in Late-Victorian London* (Palo Alto, California: The Society for the Promotion of Science and Scholarship, Inc., 2010); 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 Mark S. R. Jenner and Patrick Wallis (eds), *Medicine and the Market in England and Its Colonies, c. 1450-c.1850* (Basingstoke: Palgrave Macmillan, 2007).

Campbell-Bannerman and Herbert Asquith from 1905 to 1914.<sup>87</sup> As will be argued in the below chapter, British manufacturers were alert to such developments and in order to protect their commercial interests from unprecedented government intervention, they formed a number of trade associations with a view to lobby governments in Britain, British Dominions and elsewhere on any matters of interest to the trade. Above all, manufacturers of proprietary articles were concerned with the policy of compulsory formula disclosure which was considered by many English-speaking governments as a means to protect the public from fraudulent and dangerous preparations. In defense of the *status quo*, manufacturers argued that such a policy would leave popular and reputable products open to imitation and substitution. The chapter argues that prominent manufacturers represented by the Association of Manufacturers of British Proprietaries (AMBP) subscribed to this line of argument and that they formed the Association in 1919 with a specific view to lobby against the UK Parliament's enactment of formula disclosure.

The chapter traces the emergence and development of a succession of manufacturers' trade associations: from the emergence of the anonymous Manufacturers' Association in 1902 to the establishment of the Proprietary Articles Section (PAS) of the London Chamber of Commerce (LCC) in 1905 and, finally, to the founding of the AMBP in 1919. The chapter argues that these associations were united by a general opposition to the policy of compulsory formula disclosure but recognises that the different (though overlapping) memberships of each trade association engendered distinct sets of objectives and areas of operation. The Manufacturers' Association represented a group of prominent manufacturers of proprietary articles who sought, principally, to negotiate with the Proprietary Articles Trade Association (PATA) on the issue of resale price maintenance (RPM). Because the Association's membership was deliberately anonymous it is difficult to ascertain how many manufacturers

---

<sup>87</sup> For 'social laboratory' see R. A. Markey, 'The 1890s as the Turning Point in Australian Labor History', *International Labor and Working-Class History*, 31 (1987), 77-88, p. 77; Francis G. Castles, 'Social laboratory', in *The Oxford Companion to Australian History*, ed. by Graeme Davison, John Hirst and Stuart Macintyre (Melbourne, 1998), 592-593.

were represented by the Association. The PAS, by contrast, represented a larger group of manufacturers of proprietary articles who sought to influence state legislatures both at home and abroad on matters that impacted on their trading interests (with the exception of RPM). By 1912, the PAS represented approximately 400 firms and companies, roughly 300 of whom claimed to manufacture patent and proprietary medicines and foods. The AMBP represented approximately 50 prominent manufacturers of British-owned or -made proprietary medicines and (though to a lesser extent) allied articles such as foods and cosmetics. The AMBP appears to have drawn members from both the Manufacturers' Association and the PAS, and was willing to engage in both domestic matters (like RPM) and policy issues abroad.

Like the Manufacturers Association and the PAS, the AMBP claimed to represent reputable manufacturers. However, in a strategic departure from these associations, the AMBP's claims to reputability were evidenced by members' adherence to terms of membership which prohibited certain disreputable practices. Such practices included the promotion of abortifacients and birth control devices, preparations purporting to affect sexual virility and so-called cures for incurable ailments, all of which were judged in the proceedings of the Select Committee on Patent Medicines (1912-1914) to be particularly reprehensible. The chapter argues that, in the early years, the AMBP's terms of membership served to give credence to claims that the Association represented reputable manufacturers of proprietary articles and to signal to government ministers that the Association's members were committed to adhering to higher ethical ideals. This, the Association hoped, would smooth their representations to Members of Parliament and the House of Lords on the issue of formula disclosure. The finding contrasts with claims made by Terence Nevett and other scholars who suggest that the Association operated principally to establish schemes for regulating against the use of inaccurate or misleading practices in advertising.<sup>88</sup> The observation is

---

<sup>88</sup> Terence R. Nevett, *Advertising in Britain: A History* (London: The History of Advertising Trust, 1982), pp. 163-165; Peter Homan, Briony Hudson and Raymond Rowe, *Popular Medicines: An illustrated History* (London, 2008), 8-9; Lesley Richmond, Julie Stevenson, and Alison Turton, *The Pharmaceutical*

important because whereas scholars have credited the AMBP with ushering in a 'new era' in advertising standards, the chapter highlights that the Association was principally concerned with preserving members' commercial enterprise and fields of operation (albeit via the adoption of advertising standards).<sup>89</sup>

The chapter proposes that the AMBP's adoption of terms of membership was likely inspired by the Proprietary Association of America (PAA). The PAA had, for some years, used a code of standards to raise the status of their industry, hitherto dogged by criticism, and to block state- and federal-level interventions which were not germane to the Association's interests. The chapter provides evidence that the successes of the PAA attracted the attention of British manufacturers and that they attempted to translate those successes to the British context via the adoption of similar methods. By bringing into relief the trans-imperial and trans-Atlantic connections of the AMBP, the chapter speaks to a growing body of scholarship that recognises the imperial dimensions of the medical marketplace.<sup>90</sup> Though highlighting commonality in English-speaking regions with regard to the regulation of proprietary medicines, the chapter does not consider transnational forces as producing

---

*Industry: A Guide to Historical Records* (Aldershot: Ashgate, 2003), pp. 413-414; Sydney W. F. Holloway, 'The Origins of the PAGB: The Association of Manufacturers of British Proprietaries 1919-1926', *The Pharmaceutical Journal Supplement*, 252 (February 1994); Laura Robson-Mainwaring, 'Branding, Packaging and Trade Marks in the Medical Marketplace, c. 1870- c. 1920', (unpublished doctoral thesis, University of Leicester, 2019), pp. 360-361.

<sup>89</sup> Robson-Mainwaring, 'Branding, Packaging and Trade Marks in the Medical Marketplace', pp. 360-361.

<sup>90</sup> See, for example, Pratik Chakrabarti, *Medicine and Empire: 1600-1960* (Basingstoke: Palgrave Macmillan, 2013); Timothy Yang, *A Medicated Empire: The Pharmaceutical Industry and Modern Japan* (Cornell University Press, forthcoming); Nandini Bhattacharya, 'Between the Bazaar and the Bench: Making the Drugs Trade in Colonia India, ca. 1900-1930', *Bulletin of the History of Medicine*, 90.1 (2016), 61-91; *Medicine and the market in England and its Colonies, c.1450-c.1850*, eds. by Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007).

homogenous outcomes.<sup>91</sup> The chapter argues particularly that though associated British manufacturers' strategies might have been informed by the PAA, their operations were thoroughly shaped by provincially construed partialities, pre-occupations and prejudices.

The chapter is broadly divided into two parts. The first part commences in the early 1900s when the anonymous Manufacturers Association entered into negotiations with the PATA Council. Though the interactions between these associations were initially focused on the matter of RPM, they came together in 1904 to protest against the policy of formula disclosure in New Zealand. The events in New Zealand provided a rationale for the formation of the PAS in 1905. The chapter goes on to describe the joint operations of these three associations in the following years in campaigning against compulsory formula disclosure in Australia and New Zealand. The chapter then turns to the UK-context where pressure was mounting on the Liberal government to introduce legislation to deal with the matter of patent, proprietary and secret medicines. In 1912, a Select Committee on Patent Medicines sat to investigate the issue and in 1914, it recommended that the compositions of all preparations should be registered with a government department. The recommendation was not taken up until 1919 when Lord Bledisloe suggested that the recommendations of the Select Committee be included in the Ministry of Health Bill. He withdrew the amendment, under the provision that these proposals would be made separately to Parliament. The chapter argues that such conditions provided prominent manufacturers of proprietary medicines (and allied articles) with the impetus to form the AMBP. The chapter goes on to argue that the Association was successful in blocking the passage of the Proprietary Medicines Bill through Parliament. The second part of the chapter investigates the engagement of the PAA in the development of and adherence to a code of advertising standards. The account commences with a short summary of the emergence of the PAA in the late nineteenth century and the

---

<sup>91</sup> Richard Drayton and David Motadel, 'Discussion: the futures of global history', *Journal of Global History* 13.1 (2018), 1-21; Zoltán Biedermann, *(Dis)connected Empires: Imperial Portugal, Sri Lankan Diplomacy, and the Making of a Habsburg Conquest in Asia* (Oxford: Oxford University Press, 2018).

Association's adoption of code of conduct in the early twentieth century as a means to rehabilitate the Association after several years of controversy. The chapter uses the Association's periodical, *Secret Remedies*, to investigate the rationale behind adopting and adhering to minimum standards of advertising practice. Using *Secret Remedies*, the chapter is able to investigate trans-Atlantic exchange between associated manufacturers of proprietary medicines, arguing that British manufacturers were likely inspired by the strategic operations of their American counterparts.

## 2.2 The Manufacturers' Association

In the late nineteenth century, the expansion of co-operatives, departments stores and multiple shops ushered in a period of intense price competition in many branches of UK retailing.<sup>92</sup> Multiple shops, in particular, were expanding energetically into the sale of proprietary medicines, operating on a model of small profits and quick returns (enabled by the generous discounts granted by manufacturers for the bulk purchase of their articles), and taking an ever-larger portion of the total share of sales of 'chemists's goods' (Appendix I).<sup>93</sup> Single-branch retail chemists struggled to compete, particularly against company-chemist chains (such as Boots Pure Drug Co. Ltd.) which cut the price of articles down to (and sometimes below) the price which small business-owners had to pay the same supplier.<sup>94</sup> Local associations of chemists in various towns had attempted to introduce price-fixing arrangements to curb the tendency of price-cutting, with the reasoning that, if the resale price of proprietary medicines was fixed, the price competition between small retailers and large company-chemists would be eliminated. Though some local price-

---

<sup>92</sup> Sydney W.F. Holloway, *Royal Pharmaceutical Society of Great Britain, 1841-1991: A Political and Social History* (London: Pharmaceutical Press, 1991), p. 307.

<sup>93</sup> *Ibid.*, p. 308.

<sup>94</sup> *Ibid.*, p. 311.

fixing arrangements achieved short term success, members found it difficult to adhere to price-lists. Thus when, in 1896, the London-based chemist, William Glynn-Jones established the Proprietary Articles Trade Association (PATA) with the objective of managing relations between manufacturers, wholesalers and retailers through a system of resale price maintenance (RPM), retail chemists received him with widespread, though sceptical, support.<sup>95</sup>

A necessary condition for the success of the PATA was for associated retail chemists to secure the support of manufacturers (without whose cooperation the scheme would be impossible to enforce).<sup>96</sup> However, manufacturers were cautious to commit themselves to the scheme, as many of their products were distributed by supporters and non-supporters of RPM alike, and negotiations were 'exceedingly tedious'.<sup>97</sup> In 1902, Glyn-Jones invited manufacturers to attend a conference held in London to discuss the best methods of securing their cooperation.<sup>98</sup> The conference was attended by delegates from 44 local chemists' associations across the United Kingdom; a large attendance which signalled a strong resolution amongst retail chemists in favour of the RPM. At the conference, Glyn-Jones read a number of letters

---

<sup>95</sup> William Glynn-Jones (1868-1927) was a chemist, barrister and politician. He established the PATA in 1896 which curbed the tendency of price-cutting in retail pharmacy. In 1899, he founded the Chemists' Friends Association to give members of the PATA legal advice and to defend them if prosecuted. He was called to the Bar, Middle Temple in 1904. Between 1910 and 1918 he served as Liberal MP for the Stepney Division of Tower Hamlets, London, and was a member of the Select Committee on Patent Medicines (1912-1914). When he retired from Parliament, he returned to the PSGB, and served as Secretary from 1918 to 1926. Glynn-Jones was thoroughly engaged in legislative developments in British Dominions and helped establish the Canadian Proprietary Articles Trade Association, briefly serving as Chairman from 1926 until his death in 1927. 'Obituary', *Times*, 10 September 1927, p. 12.

<sup>96</sup> B. S. Yamey, 'The Origins of Resale Price Maintenance: A Study of Three Branches of Retail Trade', *The Economic Journal*, 6.247 (1952), 522-545, p. 528.

<sup>97</sup> Holloway, *Royal Pharmaceutical Society*, p. 316.

<sup>98</sup> 'The PATA Convention', *Chemist and Druggist*, 29 November 1902, p. 884.

received by the PATA Council, including one from Cecil Urquhart Fisher, a solicitor, who wrote on behalf of an anonymous meeting of manufacturers of proprietary articles.<sup>99</sup> Fisher wrote that, though the manufacturers thanked the Council for the invitation to be present at the convention, they did not think that any useful purpose could be served by entering into such a discussion. Manufacturers, he stated, 'deplore[d] the excessive cutting of prices' but maintained that this situation had been created by retail chemists themselves. Glyn-Jones observed that there was no indication by Fisher on whose behalf the letter was written and, consequently, the letter was received with 'derisive laughter' by those in attendance.

Despite such derision, the letter signalled that certain proprietors, who had hitherto ignored their requests, now considered it necessary to engage seriously with the PATA's operations.<sup>100</sup> Anxious to enter into negotiations with manufacturers, in the following months, Glyn-Jones sought to ascertain the names of those represented by Fisher. He steadfastly refused to divulge details of their membership, maintaining that – contrary to the policy of the PATA Council – the disclosure of details pertaining to the association's membership was not a prerequisite to negotiate.<sup>101</sup> Eventually, the PATA Council established that the, now named, Manufacturers' Association represented sufficiently prominent manufacturers of proprietary articles to commence a dialogue.<sup>102</sup> In the following weeks and months, a series of

---

<sup>99</sup> The PATA was governed by a Council of 30 members, consisting of equal numbers of representatives of retailers, wholesalers and manufacturers. The Council decided prices for proprietary goods and established retailers' margins at around 20 per cent. Peter Scott and James T. Walker, 'Retailing under Resale Price Maintenance: Economies of Scale and Scope, and Firm Strategic Response, in the Inter-War British Retail Pharmacy Sector', *Business History*, 60.6 (2018), 807-32, p. 811; 'The PATA Convention', *Chemist and Druggist*, 29 November 1902, p. 885.

<sup>100</sup> 'Observations and Reflections', Xrayser, *Chemist and Druggist*, 6 December 1902, p. 939.

<sup>101</sup> 'Proprietary Articles Trade Association', *Chemist and Druggist*, 28 March 1903, p. 507.

<sup>102</sup> 'A Tale of Two Associations', *Chemist and Druggist*, 11 July 1903, p. 65.

diplomatic endeavours brought the two associations into 'satisfactory' accord and, in the following years, RPM came to dominate retail pharmacy.<sup>103</sup>

Other matters, unconnected with price-protection, soon caught the attention of the Manufacturers' Association and the PATA. In November 1904, the New Zealand Minister of Public Health revived a hitherto dormant clause in the Public Health Act of 1900 and announced the requirement that all patent medicines imported or offered for sale in New Zealand had to have a statement of the exact formulae fixed to the container in which they were sold.<sup>104</sup> The announcement provoked a storm of protest, not least amongst British manufacturers who exported to New Zealand. In the following weeks, the Council of the PATA and the Manufacturers' Association convened to discuss what actions could be taken to protect their interests.<sup>105</sup> Both associations were in agreement that the policy of formula disclosure was objectionable. They instructed manufacturer-members to give their advertising agents notice to stop advertising campaigns in New Zealand if the act was not withdrawn and to write newspaper proprietors with the statement that the Minister of Public Health had compelled the action.

The PATA and the Manufacturers' Association then organised for a deputation of trade representatives to meet with the Agent-General for New Zealand in London. At the meeting, Fisher put forth the views of the Manufacturers' Association and proposed that the policy of secrecy was not unethical but a necessary and legitimate component of their commercial enterprise. He explained that the requirement to disclose formulae would leave reputable manufacturers of proprietary articles open to imitation and

---

<sup>103</sup> 'The Anti-Cutting Position', *Chemist and Druggist*, 21 May 1904, pp. 813-814.

<sup>104</sup> For accounts related to the campaign against 'quackery' in New Zealand in the late nineteenth and early twentieth century, see: Lindsay R. Watson, 'Tom Fiddler's round: Irregular Medical Practitioners and Male Sexual Problems in New Zealand, 1858-1908', *Medical History* 57.4 (2013), 537-558; Geoffrey W. Rice, 'The Making of New Zealand's 1920 Health Act', *New Zealand Journal of History*, 22.1 (1988), 3-22.

<sup>105</sup> 'The New Zealand Move', *Chemist and Druggist*, 14 January 1905, p. 43.

substitution depriving the manufacturer of his rightful property and leading to the promotion and supply of inferior articles by unscrupulous persons. The protection of manufacturers' property rights and the safety of the public, he argued, depended entirely on the policy of secrecy.<sup>106</sup> At the same meeting, William Glyn-Jones set forth the position of the PATA, stating emphatically that if the New Zealand Minister of Public Health did not repeal the requirement, manufacturers of proprietary medicines would cease doing business in New Zealand.<sup>107</sup> The reasons for the PATA's position on the matter are unclear. Glyn-Jones was keen to secure manufacturers' cooperation on the matter of RPM and it may be that the PATA's representation to the Agent-General for New Zealand was an exchange of concessions between the two associations. However, the long-term opposition of Glyn-Jones towards compulsory formula disclosure was connected to his protection of the privilege of chemists to sell medicines unstamped (see section 2.3) and a view that the profession of

---

<sup>106</sup> Such arguments were not new. Manufacturers of 'secret remedies' had long argued in both the UK and the US that 'imitations' and 'substitutions' damaged the reputation of the product that the original manufacturer had worked hard to develop and mislead the public into buying inauthentic goods. Joseph M Gabriel, *Medical monopoly: intellectual property rights and the origins of the modern pharmaceutical industry* (Chicago: University of Chicago Press, 2014); Alan Mackintosh, *The Patent Medicines Industry in Georgian England: Constructing the Market by the Potency of Print* (Basingstoke, Palgrave Macmillan, 2018).

<sup>107</sup> Other trade associations exerted pressure on New Zealand. In May 1905, a meeting of the Manufacturing Chemists' and Proprietors' Association was held in Sydney, Australia to protest the regulations issued by the Minister of Public Health, which attendees agreed, would destroy the trade. Amongst those present were Henry L. Jones, the Acting Consul for the United States and J. S. Larke, the Commissioner for Canada, who stated that manufacturers in North America would be reluctant to disclose the formulae of their preparations. A motion A resolution of protest was unanimously passed at the meeting by the Chairman and forwarded to the Department of Public Health. 'Australasian News', *Chemist and Druggist*, 24 June 1905, p. 957; Australian News, *Chemist and Druggist*, 1 July 1905, p. 9.

pharmacy, not the Government, should be responsible for the regulation of pharmaceuticals. We cannot discount the possibility that these ideas informed his lobbying of the New Zealand Minister of Public Health.

The threats of the Manufacturers' Association and the PATA were not empty ones. If proprietors collectively withdrew their products from New Zealand, it was estimated that expenditure on advertising would drop by £30,000, customs revenue would drop by £7,000 per annum and commercial enterprises in connection with the proprietary-medicine trade would suffer.<sup>108</sup> Consequently, in June 1905, the Minister of Public Health repealed the legislation. Thereafter, manufacturers were only required to deposit the formula of their articles if called upon to do so by the Public Health Department.<sup>109</sup> The incident, the editors of the *Chemist and Druggist* declared, was 'closed'.<sup>110</sup>

### **2.3 The Proprietary Articles Section of London Chamber of Commerce**

In December 1905, the Chairman of the Chemical Section of the London Chamber of Commerce, John Charles Umney, wrote to the *Chemist and Druggist* with the statement that the situation in New Zealand – and elsewhere – as related to proprietary medicines was of sufficient concern to justify the

---

<sup>108</sup> J. Illott, 'N. Z. Law Concerning Patent Medicine, Foods, etc.', p. 14 cited in Jennifer M. Gray, 'Potions, Pills and Poisons: Quackery in New Zealand, circa 1900–1915' (unpublished BA Hons thesis: University of Otago, 1980), pp. 65-66.

<sup>109</sup> Though it should be noted that medicines containing any poisons enumerated in the Schedule to the Sale of Poisons Act (1871) were required to bear the name of any poisons and the words, 'this contains Poison'. 'Patent Medicines in New Zealand', *Chemist and Druggist*, 27 May 1905, pp. 807-808.

<sup>110</sup> 'The New Zealand Government', 'Observations and Reflections: Xrayser', *Chemist and Druggist*, 3 June 1905, p. 855.

establishment of a completely representative body of manufacturers of proprietary articles to take up matters, unconnected with RPM, that affected their interests.<sup>111</sup> In his statement, Umney pointed to the events in New Zealand, a proposal regarding labelling articles containing certain poisons in Orange River County (a short-lived British colony in Southern Africa) and a movement regarding the modification of the conditions for the importation of medicines into Russia.<sup>112</sup> He stated that all these matters needed representative action.

With that in mind, he proposed to form a sub-section of the London Chamber of Commerce (LCC) to safeguard the interests of those interested in the manufacture and sale of patent or proprietary articles. The Proprietary Articles Section (PAS) of the LCC was, thus, established in April 1906 under the chairmanship of Umney, a leading authority in British pharmacy. In the following months, the Association represented an expanded membership of 180 manufacturers.<sup>113</sup> By 1912, this number had grown to about 400 firms and companies, roughly 300 of whom claimed to manufacture patent and proprietary medicines and foods.<sup>114</sup> Members included J. H. Davenport, Ltd., Beecham Co., F. Newbery & Son Ltd., Thomas Keating and W. J. White, Ltd. These members were described by the LCC as firms of 'long standing', having been in business 'over half-a-century', and responsible for the manufacture of articles that were 'well known', 'approved' and 'sold all over the world'.<sup>115</sup>

---

<sup>111</sup> John Charles Umney (1868-1919) was a Board member of the firm Wright, Layman and Umney, Ltd., sellers of Marza Wine and a senior member of the Pharmaceutical Society. He was a leading authority in British pharmacy and in the protection of proprietary interests. Ueyama, *Health in the Marketplace*, p. 44.

<sup>112</sup> 'Protection of Proprietary Interests', *Chemist and Druggist*, 30 December 1905, p. 1015.

<sup>113</sup> Umney was succeeded by Joseph Beecham in June 1912. 'Proprietary Medicines in Australia', *Chemist and Druggist*, 2 May 1908, p. 661; Ueyama, *Health in the Marketplace*, p. 44.

<sup>114</sup> Ueyama, *Health in the Marketplace*, p. 44.

<sup>115</sup> *Ibid.*

In November 1906, an ‘exceptionally well-attended’ meeting of members of the PAS was convened by Umney to discuss new legislative developments in New Zealand and Australia which threatened to establish a policy of formula disclosure.<sup>116</sup> These included the Commonwealth (of Australia) Commerce Act (1905), the Victorian Pure Food Act (1905) and the Quackery and other Frauds Prevention Act of New Zealand (enacted in 1908) each of which, variously, sought to establish safeguards as related to the composition of formulae and the manner and content of labelling. Fisher gave the support of the Manufacturers’ Association to the PAS. He reiterated that the policy of formula disclosure was fatal to interests of manufacturers’ of proprietary articles, reasoning that, without the element of secrecy, anyone would be able to make and sell articles as if they were the original.<sup>117</sup> Glyn-Jones also offered the PAS the support of the PATA. He stated that it would be impossible to do business with ‘the Colonies’ and argued that formula disclosure would mean ‘ruining the business of the whole world’.

In 1907, Edward Glover of Thomas Beecham, Ltd. and John Allan Kenningham of Condy & Mitchell, Ltd. travelled to Australia and New Zealand to lobby Members of Parliament on behalf of the PAS and secure ‘friends’ to guard proprietors’ interests.<sup>118</sup> Though members of the PAS admitted that the situation in the United States was ‘beyond their control’, they were nevertheless conscious that British Dominions might embrace the spirit of the Pure Food Drug Act (1906) which, advocates promised, would deal a ‘death-blow’ to harmful nostrums.<sup>119</sup> In their representations to the Governments of Australia and New Zealand, Glover and Kenningham instead pointed to the situation in Canada. In Canada, under the provisions of the Proprietary or

---

<sup>116</sup> ‘Australia and “Proprietaries”’, *Chemist and Druggist*, 24 November 1906, pp. 797-798.

<sup>117</sup> *Ibid.*

<sup>118</sup> ‘Proprietary Medicines in Australia’, *Chemist and Druggist*, 22 August 1908, p. 325.

<sup>119</sup> James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation* (Princeton, NJ.: Princeton University Press, 1961), p. 243.

Patent Medicine Bill (enacted in 1908), manufacturers were required to register all proprietary medicines and to disclose whether or not the preparation contained any scheduled drugs such as arsenic, carbolic acid, opium or strychnine. When sold, the article had to bear the registration number on the label of the bottle or package and the names of any scheduled drugs. So long as the manufacturer disclosed the presence of any scheduled drugs, the federal government did not expect, nor deem it desirable, for manufacturers to disclose the entire formula (so as to avoid any responsibility for fraud perpetrated on the public). The Bill ostensibly promised to protect the welfare of the public against dangerous products *and* safeguard the interests of reputable manufacturers.

The outcome of Glover and Kenningham's representations to the Australian and New Zealand governments proved 'highly satisfactory' and they returned to the UK in 1908 confident that proprietors' interests would, henceforth, be guarded.<sup>120</sup> Indeed, in the following years, though several Australian States passed pure food legislation, none of them required or enforced the compulsory registration of formulae. In New South Wales, the Pure Food Act of 1908 prohibited false or misleading statements as to the ingredients of proprietary medicines and required that any scheduled substances contained in the preparation had to be stated on the label. In Tasmania, under the Food and Drugs Act of 1910, the Health Officer was empowered to examine any proprietary medicines (or medical devices) and to prohibit the advertising or sale of any article deemed to be injurious to health or therapeutically inactive. In 1911, the Western Health Act proposed, quite radically, that the formula of every proprietary medicine be stated on the label or, alternatively, deposited with the Department of Public Health. However, in 1913, the Legislative Council voted out these provisions owing to the strong opposition and non-compliance of manufacturers.<sup>121</sup> Similarly, the Quackery Prevention Bill was enacted by the New Zealand government in October 1908

---

<sup>120</sup> 'Proprietary Medicines in Australia', *Chemist and Druggist*, 6 June 1908, p. 882.

<sup>121</sup> 'Western Australian Health Act', *Chemist and Druggist*, 3 May 1913, p. 50;  
'Australian News', *Chemist and Druggist*, 6 September 1913, p. 38.

though in a ‘severely truncated form’.<sup>122</sup> Several members of the medical profession expressed their frustration that the provisions of the Bill did virtually nothing to prohibit the practice of quackery.<sup>123</sup>

### 2.3 The Problem of Formula Disclosure in the UK Context

In 1902, as Secretary of the Chemists’ Defence (established in 1899 as a branch of the PATA), Glyn-Jones deliberately initiated a landmark legal action in Britain to provoke a definitive judicial judgement on the statutory exemption from medicine stamp duty in favour of *known, admitted and approved remedies* sold by a registered chemist and druggist.<sup>124</sup> He argued that the aim of medicine stamp duty was to tax only secret, patent or proprietary medicines, not medicines sold by a chemist and druggist and registered as treatments in approved books of pharmaceutical formulae. In a momentous decision in 1903, the High Court affirmed Glyn-Jones’ interpretation of the law and restored British chemists’ privilege to recommend and sell recognised medicines free from duty. With a view to making the decision of the High Court practicable, in 1904, the Board of Inland Revenue set out two conditions for claiming exemption from medicine stamp duty: the first was that the vendor had to be a qualified chemist and druggist and the second was that the ingredients of the medicine in question had to be disclosed. The latter could be achieved by ensuring that the label bore an adequate indication of the ingredients on the bottle or package or by indicating on the label that the medicine’s formula was

---

<sup>122</sup> Derek A. Dow, “‘Pruned of its Dangers’: The Tohunga Suppression Act 1907’, *Health and History* 3.1 (2001), 41-64, pp. 57-58.

<sup>123</sup> *Ibid.*

<sup>124</sup> Chantal Stebbings, ‘Farmer v Glyn-Jones (1903): The Perils of Revenue Practice’, in *Landmark Cases in Revenue Law*, ed. by John Snape and Dominic de Cogan (Oxford: Hart Publishing, 2019), pp. 49-66; Chantal Stebbings, *Tax, Medicines and the Law: From Quackery to Pharmacy* (Cambridge: Cambridge University Press, 2018), pp. 73-75.

registered in an approved book of pharmaceutical formulae (namely, the *British Pharmacopoeia*). Registered chemists could, for a nominal fee, have their formula included in a book of pharmaceutical formulae and, thereafter, claim exemption from the tax.

The new requirements set out by the Board of Inland Revenue with regard to Medicine Stamp Duty and the *known, admitted and approved* remedy exemption stimulated conversation amongst members of the British medical profession related to proprietary medicines; the compositions of which, so long as articles were sold wrapped in medicine stamps of appropriate value, were allowed to remain secret.<sup>125</sup> The new requirements of the Board – from the perspective of the British Medical Association (BMA) – intimated the dangers of secret remedies and the public value of furnishing pills, powders, mixtures and so forth with a descriptive label. In the following years, therefore, the BMA were emboldened to campaign for the compulsory disclosure of formulae in the interests of public safety.<sup>126</sup> As part of that campaign, from 1904 onwards, the *British Medical Journal* (BMJ) revealed the formulae of approximately 500 proprietary medicines with the justification that the authors were providing a service to the profession and the public.<sup>127</sup> These revelations were published by the BMA in 1909 as *Secret Remedies*, in which the BMA concluded plainly that it was desirable for the UK Government, as elsewhere, to require the composition of medicines to be stated on the label and maintained that such a policy would allow the public to judge whether they were receiving fair value for their money.

---

<sup>125</sup> Stebbings, *Tax, Medicines and the Law*.

<sup>126</sup> ‘The Medicine Stamp Duty and New Regulation’, ‘Medical Notes in Parliament’, *BMJ*, 18 July 1903, p. 160; *Secret Remedies: What they cost and what they contain: based on analyses made for the British Medical Association* (London: BMA, 1909), p. 184.

<sup>127</sup> ‘The Composition of Certain Secret Remedies’, *BMJ*, 10 December 1904, p. 1585; T. A. B. Corley, ‘UK Government Regulation Medicinal Drugs, 1890-2000’, *Business History* 47.3 (2005), 337-351, p. 339.

In the face of such public criticism, manufacturers of proprietary medicines did not remain silent.<sup>128</sup> In 1910, Frederick Phillips, a registered chemist, published *A Sequel to "Secret Remedies"* as a rebuttal to the BMA's own publication. In the publication, Phillips denounced what he observed to be the BMA's self-interested protectionism, stating that every man had the right to choose his own method of medication and asserting that physicians sought to restrict access to any medical advice or treatment that was not prescribed by themselves. He also maintained that, in numerous cases, the BMA's analyses in *Secret Remedies* were incorrect. Members of the PAS additionally circulated a bulletin titled 'Private and Confidential' to the editors of newspapers and journals – including the *Daily Press*, *John Bull* and the *Daily Dispatch* – urging them to ignore the medical profession's campaign against their products. As argued by Takahiro Ueyama, the PAS' campaign gained traction, becoming the basis of several provocative newspaper articles that asserted the medical profession's campaign against patent medicines would imperil the public's access to cheap and effective medicines.<sup>129</sup> Mike Saks argues, similarly, that where newspapers lavished attention on the case of associated manufacturers, they were miserly in publicising that of the BMA.<sup>130</sup>

## 2.4 The Select Committee on Patent Medicines

The BMA's campaign generated inquiry by MPs into the question of formula disclosure in the House of Commons. In November 1911, Sir Charles Bathurst (Conservative MP, Wilton) addressed the newly appointed Home Secretary, Reginald McKenna (Liberal MP, North Monmouthshire), on the matter of

---

<sup>128</sup> For a more detailed account of the interactions between the BMA and the PAS during the Select Committee on Patent Medicines see Ueyama, *Health in the Marketplace*, pp. 44-48.

<sup>129</sup> Ueyama, *Health in the Marketplace*, p. 46.

<sup>130</sup> Mike Saks, *Professions and the Public Interest: Medical Power, Altruism and Alternative Medicine* (London: Routledge, 1995), p. 107.

patent medicines, asking whether, in view of the voracious consumption by ‘poor persons of worthless concoctions’, he would introduce legislation to deal with the matter.<sup>131</sup> The Home Secretary denied the suggestion that all patent medicines were ‘worthless’ but repeated the pledge made by his predecessor, Winston Churchill (Liberal MP, Dundee), and his predecessor, Herbert Gladstone (Liberal MP, Leeds West), that the matter would be considered by a Select Committee in the next Parliamentary Session.<sup>132</sup> Bathurst asked the Home Secretary whether, in the meantime, he would consider making it compulsory for manufacturers to print the exact composition of medicines on the labels of containers in which they were sold.<sup>133</sup> The Home Secretary replied that formula disclosure was one of the very topics that would be considered by the Select Committee but not before then.

---

<sup>131</sup> Patent Medicines (Stamp Duty), House of Commons (9 November 1911, vol. 30, cc. 1821-2), Hansard <[https://hansard.parliament.uk/commons/1911-11-09/debates/807dd579-8f6f-4b42-a6b7-a121fda38444/PatentMedicines\(StampDuty\)](https://hansard.parliament.uk/commons/1911-11-09/debates/807dd579-8f6f-4b42-a6b7-a121fda38444/PatentMedicines(StampDuty))> [accessed 11 May 2021].

<sup>132</sup> For Churchill, see Patent Medicines, House of Commons (15 February 1911, vol. 21, c.1200W), Hansard <<https://api.parliament.uk/historic-hansard/written-answers/1911/feb/15/patent-medicines>> [accessed 11 May 2021] and Patent Medicines (Description), House of Commons (26 June 1911, vol. 27 cc. 363-4W), Hansard <<https://api.parliament.uk/historic-hansard/written-answers/1911/jun/26/patent-medicines-description>> [accessed 11 May 2021]. For Gladstone, see Patent medicine Labels, House of Commons (16 September 1909, vol. 10, cc. 2316-7), Hansard <<https://api.parliament.uk/historic-hansard/commons/1909/sep/16/patent-medicine-labels>> [accessed 11 May 2021].

<sup>133</sup> Bathurst’s line of inquiry followed that of previous MPs. See for example, Patent medicine Labels, House of Commons (16 September 1909, vol. 10, cc. 2316-7), Hansard <<https://api.parliament.uk/historic-hansard/commons/1909/sep/16/patent-medicine-labels>> [accessed 11 May 2021] and Patent Medicines (Description), House of Commons (26 June 1911, vol. 27 cc. 363-4W), Hansard <<https://api.parliament.uk/historic-hansard/written-answers/1911/jun/26/patent-medicines-description>> [accessed 11 May 2021].

Despite ministerial dithering, in April 1912, party Whips did assemble the Select Committee on Patent Medicines, composed of representatives of all sections of the House of Commons, for the purpose of inquiring into the promotion and supply of secret, patent and proprietary medicines. Sir Henry Norman (Liberal MP for Blackburn and 'prominent and prolific' journalist) was nominated as Chairman.<sup>134</sup> In response to the appointment of the Select Committee, the PAS immediately published a pamphlet which set out manufacturers' staunch opposition to the policy of formula disclosure.<sup>135</sup> In the pamphlet, the authors repeated well-rehearsed arguments that formula disclosure would enable less reputable persons to trade on the expenditure and reputation of the original manufacturers and produce similar articles, the quality and efficacy of which would not be guaranteed or maintained.<sup>136</sup> They stated that, in such an eventuality, the public would suffer by purchasing inferior articles by unscrupulous persons.

The Select Committee on Patent Medicines was a long and laboured inquiry that extended over three Sessions of Parliament. Members of the Select Committee collected evidence from several public authorities and professional associations including the Customs and Excise, Privy Council, Home Office, General Medical Council, Royal College of Physicians, British Medical Association and PSGB of Great Britain. In November 1912, Umney provided witness testimony on behalf of the PAS.<sup>137</sup> In his address, he argued that the publication of formulae, as suggested by the medical profession, would be of

---

<sup>134</sup> Patrick French, 'Norman, Sir Henry, first baronet (1858–1939), journalist and politician', *Oxford Dictionary of National Biography*, 6 January 2011, Oxford University Press, <<https://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.001/odnb-9780198614128-e-61020>> [accessed 29 July 2020].

<sup>135</sup> 'Summary of News', *Derby Daily Telegraph*, 27 April 1912, p. 2.

<sup>136</sup> 'Proprietary Medicines: Patent-Medicine Inquiry', *Chemist and Druggist*, 4 May 1912, pp. 54-55.

<sup>137</sup> 'Select Committee on Patent Medicines', *Chemist and Druggist*, 9 November 1912, pp. 53-56.

very little advantage to those whom the policy was ostensibly intended to protect. He maintained that proprietary manufacturers provided a great public service by furnishing consumers with cheap, effective and 'uniform' (that is to say safe and of a standardised quality) medicines which, he stated, would be destroyed by the compulsory disclosure of formulae. He rejected the view that the industry needed to be the object of special regulation, arguing that the large powers vested in the Director of Public Prosecutions, the Board of Trade, the Board of Customs and Excise and in the Pharmaceutical Society of Great Britain (PSGB) could eliminate the most egregious cases of fraud and malpractice in the trade.

When asked by the Chairman whether he was a fair representative of manufacturers of proprietary medicines, Umney replied that he represented the PAS; the membership of which, he asserted, was distinguished from less reputable manufacturers associated with the sale of abortifacients and the promotion of medicines purporting to cure ailments such as cancer, rupture, locomotor ataxy, diabetes and syphilis. Such disreputable practices, he agreed, had to be prohibited. However, he felt very strongly that no robust case had been put forth by witnesses to support any intervention in the large and, otherwise, reputable trade in proprietary medicines.

The much-anticipated report of the Select Committee on Patent Medicines was presented to the House of Commons on 4 August 1914; an event dwarfed by the British Government's declaration of war on Germany on the same day. The report commenced with an overview of the laws governing the sale of medicines in the United States, Europe and British Dominions, and proceeded with a careful analysis of the situation in Great Britain. In a strong criticism of the situation, the authors observed that, though in other nations there were severe legal restrictions on the sale of patent medicines, in Britain (with the exception of scheduled poisons and 'grosser forms of impropriety') they were 'practically uncontrolled'.<sup>138</sup> The authors stated that this was an intolerable state of affairs, given the grave injury caused to the public by the promotion and sale of these articles and recommended the urgent enactment

---

<sup>138</sup> *Report from the Select Committee on Patent Medicines* (London: HMSO, 1914),

of new legislation (rather than the mere amendment to existing laws). Importantly, the Select Committee rejected the view of the medical profession that, in order to protect ordinary consumers, manufacturers should be required to state the composition of medicines on the label. However, the Committee did consider it improper that the compositions of these preparations were unknown to any person except the manufacturer and recommended that proprietary medicines be registered with a government department with an exact and complete statement of their formulae.

## 2.5 The Great War and Medico-Fiscal Policy

In May 1915, on Asquith's creation of the Liberal-Conservative government, Reginald McKenna (previously Home Secretary) was promoted to Chancellor of the Exchequer. As Chancellor, McKenna was forced to grapple with the persistent and costly nature of military engagement with Germany. In the June 1915 Budget, he estimated that the war cost the UK Government £3 million per day but that current government revenues were less than £0.8 million.<sup>139</sup> McKenna stressed the need for fresh taxes to meet these expenditures and, on 21 September, introduced a new Budget to the House of Commons. He proposed numerous resolutions: an increase to existing rates of income tax by 40 per cent; an increase to the duty on tea, cocoa, coffee, dried fruits and sugar; and a new levy on luxury imported goods including motorcars, motorcycles, cinema films, clocks, watches, musical instruments, hats and so forth. In addition to these resolutions, McKenna also announced that, from 29 September, the rates of medicine stamp duty would be doubled in order to yield an additional annual revenue of £250,000.<sup>140</sup>

---

<sup>139</sup> James M. Nason and Shaun P. Vahey, 'The McKenna Rule and UK World War I Finance', *The American Economic Review*, 97.2 (May 2007), 290-294, p. 290.

<sup>140</sup> 'Westminster Wisdom', 'The Budget', *Chemist and Druggist*, 25 September 1915, p. 70.

The PATA immediately protested against the increase in medicine stamp duty on the basis that sick persons, against whom 'no complaint could be made', would be called upon to bear the burden of the tax.<sup>141</sup> Glyn-Jones additionally suspected that the tax was being used by the Government to curtail the supply of patent medicines.<sup>142</sup> He maintained forcefully that, if this was the case, it was absurd to protect the 'ignorant' from fraudulent and/or dangerous medicines by making them pay more for them.<sup>143</sup> Members of the PAS also objected to the doubling of stamp duty though, unlike the PATA, they were practically unanimous that it would be futile to protest the action.<sup>144</sup> Their position was, no doubt, based on the advice of their solicitor, T. McKenna, brother of the Chancellor, who maintained on good authority that it would be waste of time to oppose the tax. Of greater concern to members of the PAS, was the immediate difficulty of re-stamping products by the end of September. Members complained of the 'famine' in stamps in London, the enormous demand on labour in affixing the new stamps and the spoiling of packets of medicines (that would not be able to be re-stamped in time). To illustrate the situation, one London-based distributor (whose name was not divulged) claimed that they had nearly a million packets of dutiable medicines in stock and that the required number of stamps was unobtainable. The Manufacturers' Section of the PATA Council and the Executive Committee of the PAS jointly approached the Chancellor to ask whether, in view of the short time elapsing before the new taxes on medicines came into force, he would be willing to postpone the operation of the resolution to 20 October. The Chancellor granted the extension.

In the joint-representation to the Chancellor, Glyn-Jones sought another amendment: an alteration to the scale which medicine stamp duty was based. This requires a short explanation. There were several rate bands for medicine

---

<sup>141</sup> 'Increased Medicine-Duties', *Chemist and Druggist*, 2 October 1915, pp. 41-44.

<sup>142</sup> Discernible members of the trade observed that in his estimates, McKenna had estimated a reduction in the sale of medicines by 12 – 13 per cent which, in the previous year, had amounted to £333,777. *Ibid.*

<sup>143</sup> *Ibid.*

<sup>144</sup> *Ibid.*

stamp duty with the amount of tax calculated on the value of medicines falling within each band. As the value threshold of each band increased, so did the amount of duty the articles in that band were liable to pay. In his amendment, Glyn-Jones sought to increase the value thresholds of each band with a view to reduce the amount of duty on cheaper articles. Though his reasons for such an amendment were not recorded, he likely thought that such an alteration would stimulate growth, particularly in small independent businesses. There was insufficient time for the Chancellor to consider Glyn-Jones' proposal but the matter would re-emerge in 1920 and, as discussed below (see section 2.8), would become a point of discord between the PATA and the AMBP.

## **2.6 The Establishment of the Association of Manufacturers of British Proprietaries**

Following the Armistice, in May 1919, the House of Lords considered the Ministry of Health Bill. The Bill was intended to consolidate and combine under one authority functions related to public health. Based on the recommendations of the Select Committee on Patent Medicines, Lord Bledisloe moved an amendment to the Bill to include amongst the powers of the Minister of Health the administration of law concerning the advertising and sale of patent, secret and proprietary medicines. He reminded those in attendance that the report was the most 'damning' ever made by a select committee and disclosed 'a network of fraud and deliberate crime against the physical well-being of the nation unparalleled in any other civilised country'.<sup>145</sup> Though other Lords were in agreement, they pointed out that the matter was complicated and difficult, and that Bledisloe's amendment would commit the Ministry of Health to assume responsibility for a system of regulation which was 'inadequate' and 'hardly more than illusory'.<sup>146</sup> Outnumbered, Bledisloe withdrew the amendment under the provision that the necessary proposals to

---

<sup>145</sup> 'Medical Notes in Parliament', *BMJ*, 17 May 1919, p. 620.

<sup>146</sup> *Ibid.*

enact satisfactory powers of regulation would be made as soon as possible to Parliament.

In June, in view of the uncertain outlook for manufacturers of proprietary medicines, a group of fifty individuals, representing major British manufacturers of proprietary articles, met at the Canon Street Hotel (a popular venue for meetings and conferences) to form a new association, the Association of Manufacturers of British Proprietaries (AMBP) (for a list of attendees at the AMBP's inaugural meeting, see Appendix II). At the meeting, several prominent attendees were elected to form a provisional committee including: W. H. Woodward (W. Woodward, Ltd.) as Chairman; C. Wylde (Thomas Keating, Ltd.) as Vice-Chairman; Kenningham (Condy & Mitchell, Ltd.) as Treasurer; F. Brown (Lincoln and Midland Counties Drug Co.), W. E. Farr (C. E. Fulford, Ltd.); F. W. Gamble (Allen & Hanburys, Ltd.); E. King (Stephen Smith & Co., Ltd.); N. Kingzett (The 'Sanitas' Co., Ltd.); J. Lawson (Boots Pure Dug Co., Ltd.); H. Parsons (Ashton & Parsons, Ltd.); C. H. Ratcliffe (A. J. White, Ltd.); J. H. Reed (Mrs. Pomeroy, Ltd.), C. Rowed (Thomas Beecham, Ltd.) and Harold E. Webb (Evans Sons Lescher & Webb, Ltd.). Several manufacturers represented at the meeting were long-serving members of the PAS (Thomas Keating, Ltd., A. J. White, Ltd. and Thomas Beecham, Ltd., for example) and the PATA (Allen and Hanburys, Ltd., Sanitas Co., Ltd., and Boots Pure Drug Co., Ltd., for example). The strong continuity in membership was also evidenced by the presence of Glyn-Jones. He addressed members at the inaugural meeting, emphasising the necessity of the Association's formation. He even provided the fledgling AMBP with space to work at the PATA's own headquarters in Temple Avenue in London; a gesture which underscored his perception that the two associations broadly shared the same objectives.

In the following weeks, the provisional committee outlined the aims of the Association which, again, were largely in keeping with those demonstrated by the PATA and the PAS: to promote cooperation between British subjects engaged with the manufacture of proprietary articles mainly sold by the drug trade; to make representations to government departments or other public bodies at home or abroad; to secure mutual support and cooperation in dealing with any demands as to wages and working conditions affecting the common interests of the industry; to initiate, support, or oppose legislation concerning

any matters connected with the industry; to take whatever action may be necessary to protect British industry and enable it to compete in the markets of the world; and to affiliate with any other organised body in the British Empire with similar objectives. In outlining the terms of members, the provisional committee stated that manufacturers of British-owned or -made proprietary articles (medicines, foods and cosmetics) 'mainly sold by the drug trade' were eligible for membership and that applications for membership should be submitted to it for approval.<sup>147</sup> To support the work of the Association, each member was to pay an annual levy, the total sum of which depended on the size of the business. For firms employing less than 20 people, the levy was £3 3s; for firms employing between 20 and 50 people, £5 5s; and for firms employing more than 50 people, £10 10s.

Two months after the AMBP's inaugural meeting, the Executive Committee sent a letter to the Minister of Health advising him of the existence of the Association with the offer that, in view of the anticipated Proprietary Medicines Bill, members would be willing to place their services at his disposal.<sup>148</sup> The letter contained the point that certain limitations on the sale of proprietary articles had been definitely laid down by the rules of the Association. This was intended to signal that the Association only represented reputable manufacturers and that members were bound to adhere to certain minimum standards of conduct. The terms required manufacturers to submit applications for membership accompanied by a specimen package of each preparation on which the application was based, together with copies of all statements related to its composition, origin, place of manufacture and therapeutic and 'dietetic' effects. The Association strictly disapproved of preparations 'offered or intended directly or indirectly for use as abortifacients, or for any other immoral or illegal purposes' and preparations 'advertised or recommended as a cure for diseases or conditions which [were] generally recognised as incurable by the simple administration of drugs'.<sup>149</sup>

---

<sup>147</sup> *Ibid.*

<sup>148</sup> PAGB Foundation Records, 29 August 1919, PAGB/1/1.

<sup>149</sup> PAGB Foundation Records, 17 July 1919, PAGB/1/1.

In October, the Executive Committee of the AMBP appointed a sub-committee to examine the specimen packages submitted by applicants.<sup>150</sup> The examination of printed matter occupied much of the sub-committee's time and attention and involved, in many instances, personal interviews with representatives of the firms concerned.<sup>151</sup> The terms of membership were so stringent that several applicants were only elected to membership after their promotional material was brought in line with the standards of the Association. For example, Daisy Ltd., Capsuloids Ltd., General Kaputine Syndicate Ltd., Iron-Ox Remedy Co. Ltd., Walton & Co. Ltd, and Whelpton & Sons Ltd. were all advised by the sub-committee to remove the word 'cure' from their printed matter. Other applicants were wholly rejected. In June 1920, for example, the sub-committee decided that they were unable to elect Messrs Kearsley, manufacturers of 'Widow Welch's Female Pills', to membership in view of the 'general tenor' of the circular issued with the treatment (there was a general perception that the pills were used to terminate unwanted pregnancies).<sup>152</sup>

## **2.7 The Proprietary Medicines Bill (1920)**

In 1919, Woodward and Kenningham were appointed by the AMBP's Executive Committee to enter into a series of private meetings with Laurence Brock of the Ministry of Health. In these meetings, it became apparent that the Ministry was pledged to make effective the recommendations of the Select Committee on Patent Medicines and to introduce a Proprietary Medicines Bill to Parliament. It also became apparent that the Bill would include a formula disclosure clause.<sup>153</sup> Brock assured Woodward and Kenningham that the

---

<sup>150</sup> PAGB Foundation Records, 14 October 1919, PAGB/1/1.

<sup>151</sup> PAGB Foundation Records, 24 June 1920, PAGB/1/1.

<sup>152</sup> *Ibid.*

<sup>153</sup> PAGB Foundation Records, 7 April 1920, PAGB/1/1.

interests of owners and manufacturers of reputable secret proprietaries would not be jeopardised. Nevertheless, in April 1920, on the motion of the Vice-Chairman, the AMBP resolved that a requirement for the disclosure or deposit of formula would not be accepted by the Association.<sup>154</sup> Following the resolution, the Executive Committee employed Mr. Millar, a 'well-known' parliamentary agent, and McKenna, the Solicitor of the PAS, to watch proceedings related to the Bill and to advise the Association thereon.<sup>155</sup>

The Proprietary Medicines Bill was introduced by Viscount Astor (the Parliamentary Secretary of the Ministry of Health) to the House of Lords in July 1920.<sup>156</sup> Based on the recommendations of the Select Committee, the Bill proposed that a register be made on which every proprietary medicine, surgical appliance and owners thereof would be listed; that the Minister of Health would have the authority to remove any owner of a proprietary medicine from the register if that remedy was found to dangerous; and that the Minister could compel the owner of such a remedy to disclose its ingredients to the Ministry of Health, with heavy penalties imposed for non-compliance. The AMBP had originally been in correspondence, via Millar, with Lord Burnham who had agreed to represent the interests of the Association to the House of Lords at the Committee Stage of the Bill.<sup>157</sup> However, due to the unforeseen absence of Burnham on 6 August, the Association was required, at the eleventh hour, to reach out to Lord Askwith and Lord Emmott. In the short time between the Second Reading and the Committee Stage, Wylde and Kenningham, presented to the Lords the AMBP's position on formula disclosure.

---

<sup>154</sup> *Ibid.*

<sup>155</sup> PAGB Foundation Records, 24 June 1920, PAGB/1/1.

<sup>156</sup> Proprietary Medicines Bill, House of Lords (13 July 1920, vol. 41, c.91), Hansard <<https://api.parliament.uk/historic-hansard/lords/1920/jul/13/proprietary-medicines-bill-hl>> [accessed 11 May 2021].

<sup>157</sup> Lord Burnham, as the Hon. Henry Lawson, had been on the 1912/14 Select Committee.

At the Committee Stage, Lord Bledisloe, who had sat on the Select Committee on Patent Medicines as Charles Bathurst (Conservative MP for Wilton or South Wiltshire), expressed the hope that there would be no attempt by the House to subvert the ‘admittedly drastic provisions’ of the Bill. He stated that never had there been told to any parliamentary committee ‘such a sad tale of human misery, mortality, and breakdown of health, following the deception of ignorant and credulous persons, particularly those who belong to those classes represented by domestic servants and shop assistants.’<sup>158</sup> He reminded the House that in ‘no civilised country in the world’ was there less protection afforded to this ‘class of imposition’ than in Britain. Nevertheless, the Bill was suspended. It was later reported by AMBP’s Vice-Chairman that, due to the actions of the Association, the House had agreed that the Ministry of Health should consult with representatives of the trade before the Bill went any further.

The next day, the AMBP received an invitation from the Ministry of Health to discuss the matter. The Association proposed that the Minister of Health, Dr. Christopher Addison (Liberal MP for Shoreditch), withdraw the disclosure clause from the Bill and, in substitution, only require the disclosure of substances listed in the Poisons Schedule. The Minister accepted the amendment but decided that the Bill had been so altered that it would only be possible to re-introduce it in the next parliamentary session. However, the amended bill was never brought before Parliament. The reasons for this are not clear but there are some contextual elements that, no doubt, impacted the situation. First, there was a general reluctance on the part of the Department of Customs and Excise to allow actions which might necessitate a revision to the medicine stamp acts (see section 2.8 and chapter 3). Secondly, the 1922 General Election was won by the Conservative Party (led by Andrew Bonar

---

<sup>158</sup> Proprietary Medicines Bill, House of Lords (6 August 1920, vol 41., cc. 947-1012), Hansard <<https://api.parliament.uk/historic-hansard/lords/1920/aug/06/proprietary-medicines-bill-hl>> [accessed 11 May 2021].

Law) and Conservative MPs were, it would appear, less interested than their Liberal and Labour counterparts in securing the passage of the Bill.<sup>159</sup>

## 2.8 An Independent Footing

In March 1920, the PATA sent a letter to the AMBP asking for the support of the Association in securing a decision in the forthcoming budget on medicine stamp duty.<sup>160</sup> The AMBP agreed and, together, they wrote to the Chancellor of the Exchequer, Austen Chamberlain, requesting an interview. Following a discussion with representatives of the two associations, Chamberlain agreed to revise the scale of medicine stamp duty which the Associations argued was too steep in graduation.<sup>161</sup> However, there were two key provisions: he wanted assurance that the yield of revenue would suffer no reduction and he required that the revisions be accepted by all the interests concerned. A meeting thus took place between the Commissioners of Customs & Excise, the PATA, the Local Associations Executive and the AMBP in order to put together a workable alternative.<sup>162</sup> The existing scale of duties ranged from 3*d.* for preparations not exceeding the value of 1*s* to £2 for preparations exceeding the value of 50*s*. In the meeting, a new scale was provisionally agreed upon which provided a more gradual increase in duties for products valued between 1*s* and 2*s*. The scale was as follows:

Articles to the value of 1*s* to bear a 3*d* stamp

---

<sup>159</sup> 1922 Conservative Party General Election Manifesto

<<http://www.conservativemanifesto.com/1922/1922-conservative-manifesto.shtml>> [accessed 21 April 2021].

<sup>160</sup> PAGB Foundation Records, 23 March 1920, PAGB/1/1.

<sup>161</sup> 'Medicine Stamp Duties', *Medico-Legal and Criminological Review* 5.4 (1937), 380-384, p. 381.

<sup>162</sup> Richmond and Stevenson, *The Pharmaceutical Industry: A Guide to Historical Records*, p. 403.

Articles to the value of 1s 3d to bear a 4d stamp

Articles to the value of 1s 7d to bear a 5d stamp

Articles to the value of 2s to bear a 6d stamp

Articles to the value of 3s to bear a 9d stamp

Articles to the value of 4s to bear a 1s stamp

And so forth in increments of 3d. The representatives of each association returned to their respective councils with the intention to vote on the proposed amendments, knowing that a single adverse vote would result in the complete abandonment of the modifications by the Chancellor.

The Council of the PATA endorsed the changes but members of the AMBP criticised the absence of any intermediate duty for articles valued at 2s to 3s. Based on these objections, the Executive Committee of the AMBP decided that though they welcomed the concessions made by the Chancellor, the Association was unable to accept the revised scale of stamp duties.<sup>163</sup> It is unclear as to whether the position of the AMBP represented the views of one or two prominent members or a majority position. As promised, the Chancellor rejected the amendments. In the following weeks, Glyn-Jones expressed the opinion that because the interests of the manufacturers of the AMBP were evidently not the same as those of the majority of members of the PATA, it would be desirable if the AMBP could secure their own offices.<sup>164</sup> Following Glyn-Jones' recommendation to be on 'an independent footing', it came to pass that, in June 1920, the AMBP moved out of the PATA's offices in Temple Avenue to 4 Verulam Building on Gray's Inn Road.<sup>165</sup>

In the same month, members of the AMBP attended a general meeting at Anderton's Hotel on Fleet Street, a popular venue for clubs and associations. In an address to those in attendance, the Executive Committee remembered

---

<sup>163</sup> The AMBP suggested an amendment: the inclusion of a duty of 7d. to carry articles valued at 2s 1d to 2s 4d and a duty of 8d to carry articles valued at 2s 5d to 2s 8d. If the amended was accepted by the Chancellor, the AMBP would accept the new scale.

<sup>164</sup> PAGB Foundation Records, 2 June 1920, PAGB/1/1.

<sup>165</sup> PAGB Foundation Records, 24 June 1920, PAGB/1/1.

that a year prior, there had been no 'distinctive' organisation which could be said to represent those concerned with the sale and manufacture of proprietary medicines.<sup>166</sup> Though the membership was not so large as the Executive desired, it was a matter of pride that the Association represented 'many of the oldest and most important [firms] in the industry'.<sup>167</sup> In a summary of the first twelve months of operation, the Executive stated, broadly, that they had 'done much in an unostentatious way to place the interests of Manufacturers of British Proprietaries on a more satisfactory basis than existed prior to the formation of the Association'.<sup>168</sup> However, they congratulated themselves specifically on blocking the Proprietary Medicines Bill which represented a 'danger' to owners and manufacturers of proprietary medicines and pointed to their continued commitment to the campaign against formula disclosure.<sup>169</sup>

In the address, the Executive Committee mentioned the Association's terms of membership and noted that the examination of promotional material submitted by applicants for membership had entailed 'continuous duty' throughout the year, 'occupying much [of the sub-committee's] time, and claiming much attention'. In this regard, the Executive stated, the Association had been able to be of 'very considerable service' to the various proprietors who had been consulted in regard to their print promotion. Some questions, however, remain. What was the precise service the Association provided to proprietors in evaluating their promotional material? How was manufacturers' adherence to the AMBP's advertising standards related to the Association's wider aim to protect the interests of the trade? In order to respond to these questions, the chapter moves on to investigate the contemporaneous example of the Proprietary Association of America; an association engaged more thoroughly and more outwardly with processes of advertising regulation.

---

<sup>166</sup> *Ibid.*

<sup>167</sup> *Ibid.*

<sup>168</sup> *Ibid.*

<sup>169</sup> *Ibid.*

## 2.9 The Origins of the Proprietary Association of America and the Adoption of Minimum Standards of Practice

In 1862, Congress passed a revenue act to levy a 4 per cent duty on everyday goods and services to raise revenue for the Union in the American Civil War.<sup>170</sup> In the 1880s, though the object for which the tax had come into being had been satisfied, the duty remained.<sup>171</sup> Long considered ‘extortionate’ by proprietors of patent medicines, the duty was now deemed ‘unnecessary’.<sup>172</sup> Frequent and informal meetings on the matter were held by proprietors in New York at the offices of Charles N. Crittenton (Charles N. Crittenton Co.) and Dr. Frederick Humphreys (Humphreys’ Homeopathic Medicine Company). In November 1881, with the intention of approaching Congress, proprietors who attended these meetings organised as the ‘Association of Manufacturers and Dealers in Proprietary Articles of the United States’. In the months following the inauguration of the Association, members sent a memorial to Congress demanding that the Revenue Act be amended. In March 1883, Congress removed the duty on several articles including medicinal preparations. Following this achievement, members soon found other areas of activity. Under the shorter and more euphonious title of the ‘Proprietary Association of America’ (PAA), the Association sought to protect members’ products from imitation and trademark infringement, represented manufacturers in protracted attempts with drug wholesalers and retailers to stop price cutting, lobbied against a tax on grain alcohol and secured a reduction in a new

---

<sup>170</sup> Revenue Act of 1862 (1 July 1862, ch. 119, 12 stat. 432).

<sup>171</sup> ‘The History of Organization Among Manufacturers and Wholesale Dealers in Proprietary Articles’, Herbert B. Harding (Treasurer of the Proprietary Association of America), *American Druggist and Pharmaceutical Record*, 36 (1900), 190-193.

<sup>172</sup> ‘Origins and History of the Association’, *Pharmaceutical Era*, 16 (1896), 900-905.

medicine stamp duty introduced by the War Revenue Act of 1898 in context of the Spanish-American War.<sup>173</sup>

In the late nineteenth century, a few minor attempts by Congress to regulate the proprietary medicine industry were obstructed by the PAA and other drug industry groups including the National Association of Wholesale Druggists, the National Association of Retail Druggists and the American Pharmaceutical Association.<sup>174</sup> Despite these successes, there was concern amongst members of the PAA at the growing demand for federal food and drug legislation. These concerns were well-founded. In 1903, Harvey Washington Wiley, the Chief Chemist in the United States Department of Agriculture, recommended printing the formula of any medicine on the medicine's label and advocated for the requirement that any remedy containing alcohol and cocaine should be sold on a physician's prescription.<sup>175</sup> He also proposed to expand the definition of medicines to include any substance intended to be used for the cure mitigation, or prevention of disease (the definition had, for years, been limited to medicines recognised by the US Pharmacopoeia and most packaged medicines were not). This was a response to representations made by a few proprietary drug firms who anticipated some market advantages from such a policy.<sup>176</sup>

National trade associations of wholesale and retail druggists, including the PAA, were vehemently opposed to such provisions and descended on Washington. In the face of such forceful opposition, Wiley was willing to work towards amending the proposed legislation.<sup>177</sup> However, in the following years, a slew of muckraking articles exposed in vivid detail the fraudulence and

---

<sup>173</sup> Young, *The Toadstool Millionaires*, p. 108.

<sup>174</sup> James Harvey Young, *Pure Food: Securing the Federal Food and Drugs Act of 1906* (Princeton, NJ: Princeton University, 1989), p. 169.

<sup>175</sup> Clayton A. Coppin and Jack C. High, *The Politics of Purity: Harvey Washington Wiley and the Origins of Federal Food Policy* (Ann Arbor: University of Michigan, 1999), p. 59.

<sup>176</sup> Young, *Pure Food*, p. 170; Coppin and High, *The Politics of Purity*, p. 59.

<sup>177</sup> Coppin and High, *The Politics of Purity*.

dangers of patent medicines, expanded the public's awareness of the pure food bill and broadened the base of public support, particularly amongst women's groups, for more rigorous legal provisions.<sup>178</sup> In this period of heightened public scrutiny, many commercial and business interests claimed to support progressive regulatory reform. In 1905, for example, the Associated Advertising Clubs of America (AACA) was founded and quickly allied with the editors of the trade journal, *Printer's Ink*, with a promise to expose fraudulent schemes and their perpetrators.<sup>179</sup> The PAA, by contrast, remained unequivocally opposed to any law inimical to patent medicines; a position which left members open to repeated attacks in the press. Ultimately, galvanised by enlarged public support and (some) large businesses, legislators were empowered to enact the Pure Food and Drugs Act in 1906.<sup>180</sup> Following the enactment of the Bill, several leading manufacturers of ethical medicines resigned from the PAA's membership, leaving the Association considerably deflated.<sup>181</sup>

---

<sup>178</sup> Examples of such articles include 'The Senate Plot against Pure Food' authored by Edward Lowry and published by *World's Work* in May 1905; 'The Patent Medicine Conspiracy against the Freedom of the Press' by Mark Sullivan, printed in *Collier's Weekly* in November 1905; and Samuel Hopkins Adams' eleven-part series in *Collier's*, published as 'The Great American Fraud' in 1906.

<sup>179</sup> Jones, D. G. Brian, Alan J. Richardson, and Teri Shearer, 'Truth and the Evolution of the Professions: A Comparative Study of "Truth in Advertising" and "True and Fair" Financial Statements in North America during the Progressive Era', *Journal of Macromarketing*, 20.1 (2000), 23–35, p. 27.

<sup>180</sup> Donna J. Wood argues that the provisions of federal legislation to protect consumers from false and fraudulent market practices – restrictions on market entry, powers over substitutes, price-fixing, etc. – was supported by large businesses who wanted to expand into interstate and international markets and secure a market advantage over domestic competitors. Donna J. Wood, 'The Strategic Use of Public Policy: Business Support for the 1906 Food and Drug Act', *The Business History Review*, 59.3 (1985), 403–432.

<sup>181</sup> 'The Proprietary Association of America', *Druggists' Circular*, 51.1 (January 1907), pp. 112-4.

Amongst other provisions, the Pure Food and Drugs Act required that the names and quantities of scheduled substances (alcohol, opium, cocaine, cannabis and so on) be listed on the labels of packaged medicines and prohibited the inclusion of any false or misleading statements as to the ingredients and therapeutic claims.<sup>182</sup> Though the labelling of medicines improved, in advertising, fraudulent practices persisted. Indeed, there was a growing sense that federal legislators had been misguided in their focus on labelling. Samuel Hopkins Adams, for example, wrote that the legislators had ‘aimed at the wrong side of the bottle’ and that they should have attacked advertisements in newspapers ‘where the real damage [was] done’.<sup>183</sup>

The PAA was demoralised by the events of 1906. However, in the following years, members’ profits rose substantially (with production increasing by 60 per cent between 1902 and 1912) and they became aware that they could operate with ease under the Pure Food and Drugs Act.<sup>184</sup> In 1913, the Association invited Lyman Kebler (a chief architect in the battle against adulterated and spurious medications) to address the Association.<sup>185</sup> In his address, Kebler urged members of the PAA to strengthen self-imposed restrictions on proprietary labelling and to develop its own code of ethics to cover advertising.<sup>186</sup> Two years later the PAA took the decision to follow Kebler’s advice. The Association was, perhaps, motivated by associated

---

<sup>182</sup> In *U.S. v. Johnson*, the Supreme Court ruled that the 1906 Pure Food and Drugs Act only prohibited false and misleading statements as to the ingredients or identity of a drug and not false therapeutic claims. In 1912, Congress enacted the Sherley Amendment to overcome the ruling in *U.S. v. Johnson*, prohibiting labelling medicines with false therapeutic claims intended to defraud consumers.

<sup>183</sup> James Harvey Young, *The Medical Messiahs* (Princeton, NJ: Princeton University Press, 1967), p. 41.

<sup>184</sup> *Ibid.*

<sup>185</sup> Dennis B. Worthen, ‘Lyman Frederick Kebler (1863-1955): Foe to Fakers’, *Journal of the American Pharmaceutical Association*, 50.3 (2003), 429-32.

<sup>186</sup> Young, *The Medical Messiahs*.

advertisers' contemporaneous pledge to 'truth in advertising' and the related establishment of the National Vigilance Committee and Better Business Bureaus which, together, sought to eliminate abuses in advertising across the United States.<sup>187</sup>

Thus, in November 1915, the PAA adopted a revised version of the 'minimum standards for patent medicines' proposed by the Commission of Proprietary Medicines of the American Pharmaceutical Association and used it as a basis to govern the admission and retention of members (see Appendix III). The minimum standards adopted by the PAA included a ban on the administration of 'habit-forming narcotic drugs' to children, on preparations advertised or recommended for 'immoral or illegal purposes' (particularly abortifacients) and on preparations advertised or recommended as cures for 'diseases or conditions which were generally recognised as incurable by the simple administration of drugs'.<sup>188</sup> In order to enforce adherence to the code of standards, the PAA additionally established a Requirements Committee which evaluated the claims made in members' labels and packaging. The work of the Requirements Committee in raising advertising standards was documented by the Association's monthly journal, *Standard Remedies* which was, similarly, established by the PAA in 1915 to attract new members to the Association and keep existing members alert to developments in the trade.<sup>189</sup> In 1919, for example, the editors of *Standard Remedies* happily reported that only 19

---

<sup>187</sup> Herbert W. Hess, 'History and Present Status of the "Truth-in-Advertising" Movement As Carried on by the Vigilance Committee of the Associated Advertising Clubs of the World', *The Annals of the American Academy of Political and Social Science*, 101 (1922), pp. 211-220.

<sup>188</sup> 'Proposed Minimum Standards for Patent Medicines', *Weekly Bulletin of the Department of Health*, City of New York, 4.39 (25 September 1915), pp. 309-310.

<sup>189</sup> Young states that the periodical provided the association with a means to attack its critics with 'a vigour and bitterness not seen since pre-law days'. Young, *Medical Messiahs*, p. 58.

members had not met the approval of the Requirements Committee and that a number of applicants for membership had been turned down.<sup>190</sup>

## 2.10 The Strategic Mobilisation of Advertising Standards

In the following years, the PAA stayed committed to its primary objective to protect members' operations. Representatives of the Association appeared in 43 state legislatures and at Congress, each of whom sought to block the passage of undesirable bills or amend them in such a way as to render 'their obnoxious features... harmless'.<sup>191</sup> A notable area of lobbying activity was related to the Eighteenth Amendment (which, enacted by Congress in 1919, prohibited the manufacture, sale, transportation, importation and exportation of intoxicating liquor for beverage purposes). The provisions of the Volstead Act (which provided enforcement of the Eighteenth Amendment) exempted medicinal preparations containing alcohol.<sup>192</sup> The editors of *Standard Remedies* stated that this exemption was due, 'very largely', to the 'good work done by the representatives of the drug trade' which ensured that the prohibition legislation would not impinge on the legitimate manufacture of chemicals and pharmaceuticals, to which alcohol remained an essential component.<sup>193</sup> However, states could still prohibit or restrict the use of alcohol for medicinal use and, due to a perception that the market was being flooded with substitutes for liquor supplied under the guise of medicine, there was strong support in

---

<sup>190</sup> *Standard Remedies*, V (April 1919), pp. 30-31.

<sup>191</sup> *Standard Remedies*, VII (May 1921), p. 12.

<sup>192</sup> The National Prohibition Act or the Volstead Act was passed by Congress in 1919 to grant the federal government and states the power to enforce by 'appropriate legislation' the Eighteenth Amendment to the Federal Constitution which prohibited the manufacture, sale, transportation, importation and exportation of intoxicating liquor for beverage purposes. The Act came into effect in January 1920.

<sup>193</sup> 'The Prohibition Law', *Standard Remedies*, V (October 1919), p. 9.

certain states for such measures. *Standard Remedies*, for example, brought the attention of readers to legislative developments in ‘the South’, particularly in Kentucky and Virginia, which sought to ‘wipe out everything which contained alcohol, no matter whether it was absolutely necessary as a solvent or preservative or not.’<sup>194</sup>

To protect the industry from legislation which would prevent the sale of ‘ordinary commodities and remedies’ which contained alcohol, the PAA along with several other trade associations, publicly condemned the sale and distribution of preparations and compounds which were represented as medicinal but which were, in fact, substitutes for intoxicating beverages and pledged themselves to discourage the wrongful sale of these articles. With the help of the Interstate Manufacturers’ Association and the United Drug Company and local organisations of manufacturers and ‘jobbers’, the PAA sought to uncover violations of the prohibition law by manufacturers of ‘booze remedies’ which they report to government. In May 1921, E. F. Kemp, a representative of the PAA’s publicity committee declared that in 1920, the Association had uncovered 4,000 such cases.<sup>195</sup> In an evaluation of the PAA’s contribution to the enforcement of prohibition, Harry B. Thompson, general counsel of the Association, added that had it not been for the activities of the PAA in combatting illegitimate medicines during the last year, ‘every state would have enacted drastic laws that would have strangled the legitimate proprietary industry.’<sup>196</sup>

For the PAA, the situation related to alcohol-based medicines exemplified a wider problem: that the failures or shortcoming of one proprietary-medicine manufacturer damaged the reputation of all proprietary-medicine manufacturers. Consequently, in August 1920, *Standard Remedies* printed an announcement; namely, that special arrangements had been made with the Requirements Committee of the PAA whereby any subscriber to *Standard Remedies*, not already a member of the Association,

---

<sup>194</sup> ‘Annual Meeting of the Proprietary Association’, *Standard Remedies*, IV (May 1918), p. 10.

<sup>195</sup> *Standard Remedies*, VII (May 1921), p. 15.

<sup>196</sup> *Standard Remedies*, VII (May 1921), p. 12.

could submit their labels, advertising and printed matter for a ‘thorough going over by the same advertising, pharmaceutical, and legal experts that serve the Requirements Committee’, for the purpose of making his publicity ‘conform strictly to the state and federal laws.’<sup>197</sup> The Association explained that never had the ‘packaged medicine business been so closely under the scrutiny of reformers, cranks, organised medical politics and similar influences’, and stated that it was ‘absolutely unsafe to print a label, publish an advertisement, or enclose a booklet unless... sure that no statement on any of these violate[d] the provisions of the law’. The Association emphasised that it was ‘not enough to be honest at heart’ and that advertisers had to observe the technicalities of the law. Any proprietor who had regard ‘for their own welfare’, the editors concluded, could not afford to overlook the opportunity.<sup>198</sup>

In the early 1920s, these provisions became the basis of a ‘Service Bureau’ set up by the Executive Committee to which members (manufacturers, publishers, advertising agents etc.) could submit ‘problems’ (in the form of packaging, advertisements or formulae, for example) for ‘specialised’ and ‘unprejudiced’ examination and specialist advice.<sup>199</sup> In describing the achievements of the Service Bureau, the Association’s president, Frank A. Blair, summarised that it had done a ‘great deal of working in the policing of the general situation’ as it applied to the manufacture and distribution of packaged medicines.<sup>200</sup> In describing the Bureau’s broader significance, its Secretary explained that the time had long since passed when business could be conducted ‘for itself alone’ or when business could be conducted without due consideration of ‘the rights and advantages of and to the public’.<sup>201</sup> Only through rigorous internal discipline, he maintained, could the welfare of

---

<sup>197</sup> *Standard Remedies*, VI (August 1920), cover; see also, ‘Editorial’, *Standard Remedies*, VI (November 1920), p. 3.

<sup>198</sup> ‘External Vigilance Necessary’, *Standard Remedies*, VI (September 1920), p. 5.

<sup>199</sup> ‘Requirements Committee Report’, *Standard Remedies*, 8 (May 1922), p. 24.

<sup>200</sup> ‘Mr. Blair’s Report’, *Standard Remedies*, VIII (May 1922), p. 16.

<sup>201</sup> ‘Requirements Committee Report’, *Standard Remedies*, 8 (May 1922), p. 24.

business *and* the public be assured.<sup>202</sup> In doing so, the Association outwardly recognised that their business – the manufacturer of products for the relief or alleviation of illness – was one which by its very nature should be subject to regulation (as long as that regulation was based on the ‘right principles’ and ‘not upon a desire to eliminate competition, or to erect a monopoly’).<sup>203</sup> The Secretary of the Service Bureau stated, in no uncertain terms that ‘to decry such regulation [was] a folly’ and that ‘spasmodic efforts to turn back the hands of time [were] abortive, detrimental and injurious’ to the trade.<sup>204</sup>

## 2.11 Anglo-America Relations

By the 1920s, the US was the world’s largest exporter of medicines and supplied over one-fifth of the global import demand.<sup>205</sup> International markets provided US manufacturers with a crucial outlet for their goods which could no longer be absorbed solely by the US domestic market. The disruption of the Great War provided an opportunity for American manufacturers to make great commercial advances in Latin America (a market previously dominated by France and, though to a lesser extent, Germany, Italy, Spain and the UK).<sup>206</sup> In the 1920s, total importations of prepared medicines were valued by the United States Department of Commerce as being over \$20,000,000, with the Department estimating that about 50 per cent was supplied by the United States. Of that amount, at least half was consumed in South America including Colombia, Ecuador and Venezuela. These nations had no large domestic industry, few regulatory measures, no excessive import duties and had

---

<sup>202</sup> *Ibid.*

<sup>203</sup> *Ibid.*

<sup>204</sup> *Ibid.*

<sup>205</sup> Mary Cecelia Bergin, *Markets for Prepared Medicines* (Department of Commerce, Bureau of Foreign and Domestic Commerce, Trade Promotion Series, No.48, 1927), v.

<sup>206</sup> *Ibid.*, p. 11.

frequent and direct shipping connections from/to the United States.<sup>207</sup> Though promising, the expansion of US manufacturers into Latin America was not straightforward. At the PAA's annual convention in May 1921, the Association's Foreign Trade Committee urged greater diplomacy in handling business in Latin America, the 'most profitable' field of foreign business for the Association's members.<sup>208</sup> 'In Latin American countries', they reported, 'a revival of the regulations affecting proprietary medicines' had been noted, in Cuba and the Dominican Republic, for example, where 'new and drastic regulations' had been passed.<sup>209</sup> In all but the Dominican Republic, these laws remained pending enforcement, but the Committee urged the continued protest of members against the presence of such 'onerous' regulations.

The UK was a large export market for the United States, second only to Latin America. Annual exports of US proprietary medicines to the UK in the 1920s were valued by the US Department of Commerce as amounting to over \$3,300,000 which amounted to about 45 per cent of total imports (with Russia

---

<sup>207</sup> *Ibid.*

<sup>208</sup> 'Proprietary Association Holds Annual Convention', *Standard Remedies*, VII (May 1921), p. 15; for 'most profitable', see *Standard Remedies*, VI (May 1920), p. 21.

<sup>209</sup> In October 1919, the American Military Government of Santo Domingo in the Dominican Republic passed an order that required all proprietary medicines to be registered and approved by the Department of Sanitation. The registration application had to be accompanied by two samples of the preparation and the formula which was treated confidentially by the Department. In Cuba, a decree became effective in January 1921, which required that domestic and foreign business concerns pay 4 per cent tax if their capital exceeded £10,000 or if their profits exceeded \$2,000. For Dominican Republic, see 'Sanitary Regulations in Santo Domingo', *Standard Remedies*, VII (June 1921), p. 22; Bergin, *Markets for Prepared Medicines*, p. 65. For an account of the Executive Order see Reynolds Hayden, 'Review of the Reorganisation of the Sanitary and Public Health Work in the Dominican Republic under the United States Military Government of Santo Domingo', *The American Journal of Tropical Medicine*, 2.1. (January 1922), 41-57. For Cuba, see 'Legislation', *Standard Remedies*, VII (February 1921), p. 17.

accounting for 45 per cent and France, for 10 per cent).<sup>210</sup> For that reason, the editors of *Standard Remedies* followed developments in the UK market closely. In May 1920, they published an article with details of the proposed Proprietary Medicines Bill.<sup>211</sup> The publication was opposed to the provisions of the act which, it feared, would ‘saddle upon British proprietors’ the ‘freak burdens’ which legislators in the United States sought to place upon themselves. The editors of *Standard Remedies* advised ‘legitimate’ proprietors in Britain to keep a particularly watchful eye on the medical profession who was behind such ‘oppressive’ legislation:

‘Keep your searchlights trained always on the organised medical men, especially upon the medical politicians. They move in the dark, but swiftly and effectively. Most of the opposition you meet will come from that source – the incompetent, unionised, freedom-hating medical tyrant. Turn the light on them.’

When, in the following years, it became apparent that the Proprietary Medicines Bill would never pass, *Standard Remedies* announced that the Bill was ‘happily dead’.<sup>212</sup> Nevertheless, the periodical maintained that though American proprietors did not wish to see the enactment of an ‘oppressive’ piece of legislation such as the Proprietary Medicines Bill, it was ‘unfortunate’ that the United Kingdom did not have a law corresponding to the Pure Food and Drugs Act. The editors maintained that in the United States the Act had established ‘definite standards’ in the manufacture and promotion of packaged medicines, ‘rule[d] out fakes’, and put ‘no serious restriction on any *bona fide* medicine’. Elaborating on the matter, the editors maintained that newspapers in the United Kingdom owed a duty to their readers not to print such ‘extravagant’ publicity and that, in the United States, the largest publications had awoken to this fact so thoroughly that some of them were now

---

<sup>210</sup> Bergin, *Markets for Prepared Medicines*, p. 25.

<sup>211</sup> ‘Britain to Regulate Proprietaries’, *Standard Remedies*, VI (June 1920), p. 20.

<sup>212</sup> ‘Regulation is Necessary’, *Standard Remedies*, VIII (June 1922), pp. 4-7.

‘unfortunately leaning over backwards’ and that ‘even among the so-called cheaper papers there exist[ed] a degree of censorship’. It concluded that the ‘intelligent regulation’ of proprietary medicines and the ‘intelligent censorship’ of proprietary medicine advertising were not only ‘desirable’ but necessary for ‘the safety of the industry and the public.’

Such commentary in *Secret Remedies* indicates that there was perhaps a degree of mutual interchange between proprietary-medicine manufacturers in the United States and the United Kingdom. Further investigation confirms this supposition. At the annual convention in May 1922, the PAA’s President stated that the Association had ‘penetrated’ Latin America and that its ‘reputation and standing’ had ‘attracted the ‘attention of manufacturers in Europe, who [had] been studying [the] methods [of the PAA] with a view to attempting duplication at home’.<sup>213</sup> The likelihood of this being the AMBP is evidenced by the fact that the two clauses related to abortifacients and ‘incurable disease’ in the PAA’s ‘code of standards’ were repeated, verbatim, in the AMBP’s own terms of membership. There is also evidence that the AMBP sought interactions with the PAA. In May 1925, for example, the 43rd Annual Meeting of the PAA was held jointly with the PATA of Canada in Montreal.<sup>214</sup>

---

<sup>213</sup> He stated, additionally, that relations with the ‘sister’ organisation across ‘the invisible line’, the Proprietary Association of Canada (PAC), had been ‘most cordial’ and noted, in particular, the valuable contribution of Hon. Henry Miles, President of the Leeming, Miles Co., Montreal, President of the Proprietary Association of Canada, and President of the Proprietary Articles Trade Association (PATA) of Canada. ‘Annual Meeting – Proprietary Association, May 3-4-5, 1922’, *Standard Remedies*, VIII (May 1922), p. 21.

<sup>214</sup> In March 1925, the Proprietary Articles Trade Association (PATA) of Canada was formally organised under the direction of Sir William Glyn-Jones (Secretary of the PATA of Britain) with the intention to secure an irreducible selling price of proprietary articles to the consumer and, as a corollary, a fixed minimum wholesale price to the retailer. Though such a combination was deemed anti-constitutional in the United States, the PAA was thoroughly interested in the development of retail price maintenance in Canada and the UK, not least because US manufacturers exported to these markets. However, the PATA of

Present at the meeting – described by *Standard Remedies* as the ‘largest meeting of proprietary manufacturers ever held in the world’ – were Sir William Glyn-Jones and Kenningham (the Secretary of the AMBP) who both gave ‘notable’ addresses on the ‘packaged medicine’ market in Britain.<sup>215</sup> Finally, in 1926, the AMBP renamed itself the Proprietary Association of Great Britain explicitly to bring the nomenclature of the Association into line with that of the Proprietary Associations of the United States and Canada.<sup>216</sup> Given the degree of interchange between these two associations, I argue that it is considerably likely that the AMBP adopted a code of conduct in 1919 as an attempt to translate the feats of the PAA to the British context.

## 2.12 Conclusion

From the early years of the twentieth century, prominent manufacturers’ of British-owned and -made proprietary medicines were actively involved in campaigning to promote and protect their interests, particularly on the matter of compulsory formula disclosure. In 1904, the New Zealand Minister of Health sought to revive a dormant clause in the Public Health Act that required all

---

Canada was only in operation for a few years after a landmark legal decision in 1931 ruled that the association’s activities were against the public interest. See *Proprietary Articles Trade Association v. Attorney General of Canada* (1931).

<sup>215</sup> The AMBP was wrongly named the ‘British Association of Manufacturers of Proprietaries Articles’ in *Standard Remedies*. ‘Forty-Third Annual Session’, ‘Editorials’, *Secret Remedies*, XI (June 1925), p. 9.

<sup>216</sup> The Proprietary Association of Canada (PAC) was established in 1896, similarly, in context of a crusade against patent medicines from which emerged the Patent and Proprietary Medicines Act in 1908. Canada was an important market for American proprietary medicines, with trade between Canada and the United States being exceeded only by the United Kingdom and Latin America. By the 1920s, the Executive Committee of the PAA considered the PAC very much a ‘sister’ association. ‘Annual Meeting – Proprietary Association, May 3-4-5, 1922’, *Standard Remedies*, VIII (May 1922), p. 21.

patent medicines to be sold with an exact statement of their composition. The announcement provoked considerable protest amongst British manufacturers who exported to the country and the collective pressure they exerted on the Government of New Zealand was sufficient to bring about a repeal of the clause. Following these events, members of the LCC decided to establish the PAS with a view to lobby governments in British Dominions, and elsewhere, on any matters that impacted on the promotion and supply of proprietary articles. In the following years, with the support of other trade associations, namely the Manufacturers' Association and the PATA, the PAS was successful in guarding the interests of manufacturers in New Zealand and Australia (though developments in the United States were beyond their influence). The chapter views these trade associations as being products of and players in the system of imperial governance that integrated the economies of Great Britain and British Dominions and considers the origins of the AMBP as very much rooted in these imperial networks.

From 1912, the PAS sought to defend the interests of British manufacturers from unprecedented intervention by the UK Government. During the inquiry by the Select Committee on Patent Medicines (1912-1914), the PAS put forth the argument that consumers had the right to self-medicate and that reputable manufacturers provided consumers with safe and effective medication, particularly for minor ailments.<sup>217</sup> In the inquiry, the PAS distanced 'reputable' manufacturers from the most egregious examples of malpractice in the patent-medicine industry. Such practices included the sale of abortifacients and birth control devices, preparations purporting to affect sexual virility, and so-called 'cures' for diseases such as cancer, consumption, locomotor ataxy, Bright's disease, diabetes and syphilis. The PAS maintained that such practices were the preserve of a minority of manufacturers in an 'otherwise', 'reputable' trade. Based on the evidence provided by the PAS, the Select Committee rejected the view put forth by the BMA that, in order to protect the public, proprietors of patent, secret or proprietary medicines should be required to disclose the composition of their preparations. However, the Select Committee did recommend that all proprietary medicines be

---

<sup>217</sup> Ueyama, *Health in the Marketplace*, pp. 53-4.

registered with a government department with an exact and complete statement of their formulae.

Though the Great War disrupted plans for reform, in 1919, the newly established Ministry of Health sought to implement the recommendations of the Select Committee. In response, a small group of members of the PAS formed a new association – the AMBP – with a view to frustrate any attempts to enact a clause that required the registration of formulae. The chapter argues that opposition to the policy of compulsory disclosure was the principal objective of the AMBP. This is different from Nevett’s proposal that the Association was founded with a specific view to establish schemes for regulating the conduct persons and firms engaged in the promotion and supply of medicines and treatments.<sup>218</sup> However, the chapter recognises that the AMBP’s adoption of terms of membership was a key instrument in the Association’s operation. The terms of membership signalled to the newly established Ministry of Health that the Association represented reputable manufacturers of proprietary medicines who were willing to conform to certain minimum standards of practice. The chapter has additionally argued that AMBP’s adoption of terms of membership was likely an attempt by the Association to translate the achievements of the PAA to the UK context. In so doing, it has underscored the AMBP’s trans-imperial connections as well as a triangular North Atlantic relationship with associated manufacturers in America and Canada. The chapter additionally discovers that William Glyn-Jones – a totemic figure in the history of British pharmacy – was thoroughly involved in the emergence of the AMBP but that, after endorsing the Association, soon fell out with the Executive Committee over the issue of medicine stamp duty. Such a finding provides a more nuanced assessment of the relationship between the AMBP and Glyn-Jones who has been credited by Peter Homan, Briony Hudson and Raymond Rowe as responsible for setting up the Association.<sup>219</sup>

The question remains as to what extent the AMBP’s terms of membership helped the Association block the Government’s enactment of

---

<sup>218</sup> Nevett, *Advertising in Britain*, pp. 163-165.

<sup>219</sup> Homan, Hudson and Rowe, *Popular Medicines*, pp. 8-9.

compulsory formula disclose. The chapter considers it likely that the Association's commitment to certain terms of membership increased the credibility of the Association's representations to the House of Lords and the Ministry of Health. However, though the Association managed to suspend attempts by the House of Lords to enact a system of compulsory formula disclosure, the chapter recognises that there were other mitigating factors including a general reluctance on the part of the Department of Customs and Excise and members of the Conservative Party to introduce any measures which might impact on revenue generated by medicine stamp duty. This situation will be addressed thoroughly in the next chapter.

In the next few years, there were no further serious legislative developments in Britain that affected the interests of members of the AMBP. However, legislative developments in the British Dominions were considered by the Association to be of sufficient concern to justify its continued existence. In June 1921, for example, the Executive Committee reported that new regulations under the Queensland Health Act had been announced which would seriously affect preparations owned by members of the AMBP and would 'practically bar all advertising in Queensland'.<sup>220</sup> Similarly, in 1922, McKenna was instructed by the AMBP to make urgent contact with Colonial Pharmacy Board and the South African Ministry of Health in order to block the enactment of a formula-disclosure clause as proposed by the South African Medical, Dental & Pharmacy Bill.<sup>221</sup> In a summary of the situation, the authors of the AMBP's 'Third Annual Report' published in July 1922 stated plainly that

---

<sup>220</sup> The regulation in question proposed that a label or advertisement to any package containing a patent or proprietary medicine should not contain any statement which suggested that the medicine be used as an abortifacient, invited the user to correspond with the vendor, bore the name of a fictitious person or contained fictitious testimonials. PAGB Foundation Records, 2 June 1921, PAGB/1/1.

<sup>221</sup> The Bill required that any drugs set out in a schedule termed 'habit-forming drugs' should be disclosed.

there had never been a time when the necessity for such an association had been more apparent.<sup>222</sup>

---

<sup>222</sup> PAGB Foundation Records, 11 July 1922, PAGB/1/1.

## Chapter 3 – Medicine Stamp Duty, Formula Disclosure and ‘Branding and Destamping’: The Passage of the Pharmacy and Medicines Act, 1925-1941

### 3.1 Introduction

Scholars have noted that the PAGB contributed to the drafting of the Pharmacy and Medicines Bill (enacted by the UK Government in 1941) though the precise contribution of the Association has not been the subject of scholarly investigation.<sup>223</sup> The following chapter demonstrates that the engagement by members of the PAGB in actions of passing off and trade-mark infringement, in connection to ‘branding and destamping’, engendered new inquiry by government departments into trade-mark law which, in the late 1930s, resulted in the expansion of the rights of owners’ of registered trade marks. The chapter argues that these new rights were of paramount importance to members of the PAGB who, granted the exclusive right to use their registered marks, were prepared to disclose the formulae of their preparations in exchange for the repeal of medicine stamp duty. The chapter argues that the attitudinal shift of the PAGB in relation to formula disclosure provided the necessary conditions for the passage of the Pharmacy and Medicines Act which prohibited the promotion and supply of secret remedies.

‘Branding and destamping’ was the term given to the process by which manufacturers brought their products within the *known, admitted and approved* remedy exemption of the Medicine Stamp Acts (see section 2.3) and protected their trade-marked products from imitators by securing injunctions against passing off and trade-mark infringement. For manufacturers of popular proprietary medicines, imitation and substitution was a considerable problem. In the 1930s, a significant number of manufacturing chemists promoted own-brand products that, they claimed, were pharmacologically equivalent to and

---

<sup>223</sup> Lesley Richmond, Julie Stevenson, and Alison Turton, *The Pharmaceutical Industry: A Guide to Historical Records* (Aldershot: Ashgate, 2003), pp. 413-414.

significantly cheaper than popular trade-marked products. This is evidenced in the chapter through an array of comparative advertisements and pamphlets that purportedly disclosed the analyses of popular proprietary medicines with a view to sell cheaper, comparative treatments.<sup>224</sup> The chapter argues that these types of advertisements were, in some ways, a long-term legacy of the publications *Secret Remedies* (1909) and *More Secret Remedies* (1912), published by the British Medical Association (BMA). These publications have predominantly been understood by scholars as instruments by which the medical profession campaigned against the promotion and supply of patent, secret and proprietary medicines.<sup>225</sup> The following chapter, by contrast, argues that they provided manufacturing chemists with authoritative formulae with which to sell cheap, imitation products.

The chapter demonstrates that, throughout the 1930s, members of the PAGB were engaged in co-ordinated legal actions against those who sold imitation- or substitution-products. These actions were promising, with numerous injunctions granted by the Chancery Division of the High Court against passing off. However, a decision in *Irving's Yeast-Vite v. Horsenail* (1933) posed a considerable set-back for owners of registered trade marks, establishing that the use of another's mark in comparative advertising did not

---

<sup>224</sup> The chapter understands the promotion of these products as relying on claims of equivalence and difference but does not understand them as being examples of 'generic drugs' which, according to Jeremy Greene, emerged in the mid- to late twentieth century. Jeremy Greene, *Generic: The Unbranding of Modern Medicine* (Baltimore: John Hopkins University Press, 2014).

<sup>225</sup> See, for example, Peter Bartrip, 'Secret remedies, medical ethics, and the finances of the British Medical Journal', in *The Codification of Medical Morality*, ed. by Robert Baker (Dordrecht: Springer, 1995), 191-204; Lori Loeb, 'Doctors and patent medicines in modern Britain: professionalism and consumerism', *Albion: A Quarterly Journal Concerned with British Studies* 33.3 (2001): 404-425; Takahiro Ueyama, *Health in the Marketplace: Professionalism, Therapeutic Desires, and Medical Commodification in Late-Victorian London* (Palo Alto, California: The Society for the Promotion of Science and Scholarship, Inc., 2010), pp. 27-28.

amount to an infringement of that mark. Thereafter, the PAGB was engaged in a campaign to secure for trade-mark owners an exclusive right to the use of their marks. The chapter argues that the Association was instrumental in securing this legal amendment; first by the Trade Marks Act in 1938 and then by the Court of Appeal in *Bismag Ltd. v. Amblins (Chemists) Ltd.* in 1940. Knowing that members' trade marks were protected from comparative advertising, the PAGB could lobby more strongly for the repeal of the Medicine Stamp Acts by committing members to a policy of formula disclosure.

By investigating the campaign by the PAGB to counter the sales of imitation or substitution products, the chapter demonstrates that the use of trade marks in the 1930s – as envisaged by the Association but also by the wider business community – went much further than very narrow legal definition of 'trade mark' which referred to the *origin* of the product being sold. By the 1930s, owners of registered marks were arguing that the narrow legal definition was out-of-step with the needs of 'modern' business which invested increasingly in branding.<sup>226</sup> They applied considerable pressure on successive government departments to expand the definition so as to strengthen the legal protection that a registered trade mark could offer brands. In this way, the chapter speaks to the scholarship of Graeme Gooday and Stathis Arapostathis who argue that the functions of patents at the turn of the century reached far beyond the confines of the license that conferred the right to exclude others from making, using or selling the patented object.<sup>227</sup>

---

<sup>226</sup> Stefan Schwarzkopf, 'Turning Trademarks into Brands', in *Trademarks, Brands, and Competitiveness*, ed. by Teresa da Silva Lopes and Paul Duguid (New York, NY: Routledge, 2010), 165-94, p. 169; Stefan Schwarzkopf, 'Discovering the consumer: Market research, product innovation and the creation of brand loyalty in Britain and the United States in the interwar years', *Journal of Macromarketing*, 29 (2009), 8-20.

<sup>227</sup> Graeme Gooday and Stathis Arapostathis, *Patently Contestable: Electrical Technologies and Inventor Identities on Trial in Britain* (Cambridge, MA: MIT Press, 2013). See also, James Stark, 'Introduction: Plurality in Patenting: Medical Technology and Cultures of Protection', *The British Journal for the History of Science*, 49.04 (2016), 533-40; *Making and Unmaking Intellectual Property:*

The chapter connects the passage of the Pharmacy and Medicines Act firmly to developments in the rights of owners of registered marks and, in so doing, casts new light on the passage of the Act which has been understood by scholars such as Chantal Stebbings and John Abraham as arising predominantly from legal-fiscal reform.<sup>228</sup> By establishing a link between changes in the rights of owners of registered marks and the passage of the Pharmacy and Medicines Act, the chapter also proposes that changes in intellectual property law became a basis for therapeutic reform in Britain. The argument speaks to the scholarship of Joseph Gabriel and Jeremy Greene, for example, who provide accounts of the relationship between pharmaceutical patenting and therapeutic reform in the United States in the nineteenth and twentieth centuries.<sup>229</sup>

The following chapter is based on minutes of the PAGB, records from Beechams Pills Co. Ltd., records of court proceedings, and articles and advertisements from newspapers and periodicals. Where possible, the chapter also uses objects. The material properties of packaged medicines were essential to processes of destamping and substitution, and an investigation of these properties is particularly necessary for understanding how vendors of imitation products avoided accusations of trade-mark infringement and

---

*Creative Production in Legal and Cultural Perspective*, ed. by Mario Biagioli, Peter Jaszi and Martha Woodmansee (Chicago: The University of Chicago Press, 2011); and Geoff Bowker, 'What's in a patent?', in *Shaping Technology/Building Society: Studies in Sociotechnical Change*, ed. by Wiebe E. Bijker and John Law (Cambridge, MA: MIT Press, 1992).

<sup>228</sup> Chantal Stebbings, *Tax, Medicines and the Law: From Quackery to Pharmacy* (Cambridge: Cambridge University Press, 2018); John Abraham, 'The Political Economy of Medicines Regulation in Britain, The Regulation of Science and Technology', in *The Regulation of Science and Technology*, ed. by Helen Lawton Smith (London: Palgrave Macmillan, 2002), 221-263, pp. 234-235.

<sup>229</sup> Joseph M. Gabriel, *Medical Monopoly: Intellectual Property Rights and the Origins of the Modern Pharmaceutical Industry* (Chicago: University of Chicago Press, 2014); Greene, *Generic*.

passing off.<sup>230</sup> The chapter commences in the mid-1920s when the PAGB expressed awareness of the circulation of price-comparison pamphlets that promoted own-brand preparations based on the analyses of popular proprietary medicines. Though there were many pamphlets in circulation, the chapter argues that a publication by Walfox Ltd. emerged as a point of common concern amongst members of the PAGB, eventually becoming the subject of a considerable legal campaign co-ordinated by the Association. Despite the numerous injunctions against passing off secured by members of the PAGB, the decision in *Irving's Yeast-Vite vs. Horsenail* confirmed that, in certain cases, the use of comparative advertising was legally permissible. The chapter proposes that, thereafter, the PAGB was engaged in a campaign to extend the rights of proprietors of registered marks; rights which were extended with the passage of the Trade Marks Act in 1938. The last section focuses on the PAGB's decision to adopt a policy of formula disclosure which, the chapter argues, provided the necessary conditions for the passage of the Pharmacy and Medicines Act.

### **3.2 Substitution: 'A Severe Menace'**

In the early twentieth century, substitution – along with price-cutting – was a matter of considerable concern to prominent manufacturers of proprietary medicines.<sup>231</sup> The term refers to the practice whereby a retailer provided a

---

<sup>230</sup> By thinking and writing more explicitly about objects (including their production, display and exchange), the chapter invites material culture into its methodological scope to understand how vendors sought to imbue therapeutic objects with authenticity, authority and legitimacy. Serena Dyer, 'State of the Field: Material Culture,' *History*, 106 (2021), 282-292.

<sup>231</sup> The matter of substitution had long been an issue in retail pharmacy. Roy Church, for example, provides an account of Burroughs, Wellcome & Co. aggressive attack on substitution or 'trade piracy' in the late nineteenth and early twentieth century which, he explained, contributed to a deterioration in relations between the company and retail chemists. Roy Church, 'Trust,

purchaser with an article other than that which was distinctly asked for. There were several ways by which this could occur; through a deliberate attempt by the vendor to pass off one product for another, or by supplying the purchaser with an imitation or sufficiently similar product to that which was originally requested. There was an implicit agreement that if manufacturers joined the Proprietary Articles Trade Association (PATA), retailers would, in exchange for the manufacturers' recognition of retailers' right-to-profit, not make any attempt to sell an article in its place.<sup>232</sup> In the 1920s, there existed some retail chemists who felt bound as a matter of 'fair play' to this principle.<sup>233</sup> However, numerous others considered the situation differently. Letters of correspondence published by the *Chemist and Druggist*, for example, repeatedly asserted that it was simply a matter of fair competition for a retail chemist to push his own preparations instead of another's and that there was no obligation to give a PATA article preference over the chemist's own.<sup>234</sup> For larger retailers, substitution was a key part of business strategy. Boots Pure Drug Co. and Timothy Whites and Taylors, for example, were engaged in the development of a wide range of own-brand goods to substitute more expensive nationally advertised articles. The Co-Operative Wholesale Society and the Civil Service Supply Association similarly sought to replace PATA articles with cheaper products of their own manufacture.<sup>235</sup>

---

Burroughs Wellcome & Co. and the foundation of a modern pharmaceutical industry in Britain, 1880–1914', *Business History*, 48.3 (2006), 376-398.

<sup>232</sup> It should be stated that manufacturers did not join the PATA for this reason but, rather, were compelled to join due to the sheer strength of retailers' organisation. Sydney W.F. Holloway, *Royal Pharmaceutical Society of Great Britain, 1841-1991: A Political and Social History* (London: Pharmaceutical Press, 1991), p. 316.

<sup>233</sup> 'Commonsense', 'The Profit Squeeze – and Other Aspects', 'Correspondence', *Chemist and Druggist*, 13 September 1924, p. 404.

<sup>234</sup> Xrayser, 'Observations and Reflections', *Chemist and Druggist*, 6 September 1924, p. 365.

<sup>235</sup> Peter Scott and James T. Walker, 'Retailing Under Resale Price Maintenance: Economies of Scale and Scope, and Firm Strategic Response, in the Inter-War

In the early to mid-1920s, the Association of Manufacturers of British Proprietaries (AMBP) were aware of a number of vendors who circulated pamphlets that promoted imitations of members' products.<sup>236</sup> The AMBP sought to deal with incidents of substitution as they arose and became involved in a case related to Partons Ltd. (New Cross, South London). Since 1912, Albert Parton, had addressed small audiences in different regions of Britain on the ills of patent medicines.<sup>237</sup> In these addresses, he circulated a small pamphlet titled 'The Greatest Exposure of Modern Times'. In this pamphlet, he compared the formulae and prices of popular patent medicines to his own, cheaper products. These products were based on the formulae outlined by the BMA in *Secret Remedies* and *More Secret Remedies*. In 1925, the AMBP brought the incident to the notice of the BMA. In 1927, the BMA applied for an injunction to restrain Parton from publishing and distributing the pamphlet; not only on the basis of an infringement of copyright but also for attempting to sell preparations in circumstances that suggested he was acting under the auspices of the BMA. In the High Court, the presiding judge granted a perpetual injunction against Parton and he was forced to cease his operation.<sup>238</sup>

However, within a few months, Parton began to distribute slightly amended pamphlets (Figures 3.1 and 3.2).<sup>239</sup> One such pamphlet, titled 'Partons Famous Prescriptions', urged readers to compare the enclosed list of Parton's preparations with 'advertised patent medicines'. The contents of the pamphlet was divided into two columns: on the left, the names and analyses of

---

British Retail Pharmacy Sector', *Business History* 60.2 (2018), 807-832, p. 810, p. 815; Holloway, *Royal Pharmaceutical Society*, 315.

<sup>236</sup> Sixth Annual Report, PAGB Executive Committee Minutes, 22 July 1925, PAGB/1/1.

<sup>237</sup> In his statement to the Chancery Division of the High Court in London in November 1927, Parton stated that, as early as 1912 he had received a letter from the BMA threatening an action for infringement. 'Legal Reports, Infringement of Copyright Alleged', *Chemist and Druggist*, 12 November 1927, 598-599.

<sup>238</sup> 'An Apology', *Chemist and Druggist*, 22 June 1929, p. 16.

<sup>239</sup> 'Partons Famous Prescriptions', Partons Ltd., BP/1/3/29/10.

well-known proprietary medicines; on the right, in direct juxtaposition, a series of numbered Parton's preparations. The pamphlet was designed in such a way as to suggest the pharmacological equivalence or near equivalence of Parton's preparations to well-known proprietary medicines, and to describe the considerable difference in price between these articles, despite the similarity of their ingredients. For example, on the reverse side of the pamphlet the author had listed 'Kidney and Bladder Pills' which were sold in competition with the popular, 'Doan's Backache Kidney Pills'. Beneath the name of the product, the author had listed not the ingredients of 'Kidney and Bladder Pills' but rather the analysis of 'Prescription No. 191' which was claimed as containing 'Pot. Nit., Methylene Blue, Oil of Juniper, Liquorice, Ext. Cascara, etc.'

*Mr. Hunt*

# PARTONS

QUALIFIED CHEMISTS

NEW CROSS, S.E.14 Telephone  
NEW CROSS 3024

---

*Partons*  
Famous  
Prescriptions




All to be obtained from  
your Local Agent.

**COMPARE THESE GUARANTEED PRESCRIPTIONS  
with  
ADVERTISED PATENT MEDICINES**

The enclosed prescriptions show that there is NO  
mystery in Patent Medicines.

They are ALL excellent MEDICINES and  
Remedies for what they advertise.

The only fault PARTONS can find is the  
EXTORTIONATE price the public have to pay

Where do the enormous profits come from,  
which are made from

**SO-CALLED "PATENT" MEDICINES ?**

*Who pays for the costly advertisements, etc. ?*  
— YOU DO !!

**BE WISE — PARTONISE —**  
and  
**Save Money on your Medicines**

All Prescriptions Manufactured only by Qualified Chemists  
See the word CHEMISTS on every label

---

PARTONS, Chemists  
The Broadway, Walham Green, S.W.6.

## Be Wise PARTONISE

---

<p><b>IRON "JELLS."</b></p> <p>Analysis of Prescription No. 186 : Ferrous Carb. Sacch. q.s. Excip.</p> <p>Why Pay 1/3 for 30 Tablets ?</p> <p><b>THERMO-WOOL</b></p> <p>Analysis of Prescription No. 187 : Gossypium, Methyl. Salicyl, Camphor, Capsicum, Terebene, Cajepnut, etc.</p> <p>Why Pay 1/3 for small box ?</p> <p><b>KAOLIN POULTICE</b></p> <p>Analysis of Prescription No. 190 : Kaolin, Boracic Acid, Thymol, Methyl. Salicyl., Oil of Peppermint, Glycerine</p> <p>Why Pay 1/9 for 5 oz. ?</p> <p><b>KIDNEY AND BLADDER PILLS</b></p> <p>Analysis of Prescription No. 191 : Pot. Nit., Methylene Blue, Oil of Juniper, Liquorice, Ext. of Cascara, etc.</p> <p>Why Pay 3/- for 40 Pills ?</p> <p><b>THE LINIMENT</b></p> <p>Analysis of Prescription No. 199 : Oil of Saffrol. Oil of Camphor Oil of Succini Powdered Capsicum</p> <p>Why Pay 2/- for 2 oz. bottle ?</p> <p><b>PINE TABLETS</b></p> <p>Analysis of Prescription No. 202 : Ol. Resin. Cubeb. Ol. Menth. Pip. Ol. Anisi. Ext. Capsici Liq. Ol. Eucalypt. Ext. Tussil. Liq. Bals. Tolu Ext. Glycyrrh Ext. Pini. Con. Liq.</p> <p>Why Pay 1/3 per box ?</p> <p><b>BILE OVALS</b></p> <p>Analysis of Prescription No. 521 : Pv. Zingib. Jalap Pv. Glycyrrh Ext. Cascara Ext. Coloe. Co. Pv. Aloes</p> <p>Why Pay 1/3 for 40 Pills ?</p>	<p style="text-align: right;"><b>PRESCRIPTION No. 186</b></p> <p>Iron Tablets No. 186 for Women Iron Tablets No. 186A with Quinine for Men. Prescription Guaranteed equal to the Ad- vertized article</p> <p style="text-align: right;">Our Price, 100 Tablets for 1/6</p> <p style="text-align: right;"><b>PRESCRIPTION No. 187</b></p> <p>Thermo-Wool has a direct action. Warms, Comforts and Stimulates. Also Gauze Covered to keep it from breaking away</p> <p style="text-align: right;">Our Price, 1/- per large box</p> <p style="text-align: right;"><b>PRESCRIPTION No. 190</b></p> <p>The Poultice that never fails— for congestion or drawing. No. 190 holds the heat where others fail</p> <p style="text-align: right;">Our Price, 4 oz. for 9d., 1/3 for 8 oz., 2/3 for 1lb.</p> <p style="text-align: right;"><b>PRESCRIPTION No. 191</b></p> <p>The well-known Kidney Pills, which turn the urine a green shade and excreting all the Uric Acid from the Kidney and Bladder</p> <p style="text-align: right;">Our Price, 50 Pills for 1/6 100 " " " 2/9</p> <p style="text-align: right;"><b>PRESCRIPTION No. 199</b></p> <p>" Kills Pain " instantly. Prescription guaranteed equal to the Foreign Advertised article</p> <p style="text-align: right;">Our Price, 6 oz. bottle 1/6</p> <p style="text-align: right;"><b>PRESCRIPTION No. 202</b></p> <p>For Coughs, Colds, and Bron- chitis. etc. Dose—One tablet as required. Instant Relief</p> <p style="text-align: right;">Our Price, 9d. per large box</p> <p style="text-align: right;"><b>PRESCRIPTION No. 521</b></p> <p>The most recent discovery for all Liver and Stomach troubles. A pure vegetable Laxative. The Public know their worth</p> <p style="text-align: right;">Our Price, 100 Pills for 1/6</p>
---	---

---

Be Wise PARTONISE

RANDOLPH-HURST & SONS, Ltd. Printers, S.E.5.

*Figures 3.1 and 3.2, Pamphlet for 'Partons Famous Prescriptions', Partons Ltd., BP/1/3/29/10, St. Helens Archive Service.*

The composition corresponded somewhat to the analysis in *Secret Remedies* which described Doan's Backache Kidney Pills as containing oil of juniper, hemlock pitch, potassium nitrate, powdered fenugreek, wheat flour and maize starch.<sup>240</sup> Beneath each preparation, the pamphlet included the price of the product: on the left, 'Kidney and Bladder Pills', priced at 3s for 40 pills; on the right, 'Prescription No. 191', priced at 1s for 50 pills. The author claimed that

<sup>240</sup> *Secret Remedies: What they cost and what they contain: based on analyses made for the British Medical Association* (London: BMA, 1909), pp. 67-69.

the ‘advertised patent medicines’ listed in the pamphlet were ‘ALL excellent MEDICINES and Remedies’ and that their only fault was their ‘EXTORTIONATE price’. The author asked the reader, ‘Where do the enormous profits come from, which are made from SO-CALLED “PATENT” MEDICINES? Who pays for the costly advertisements, etc.? – YOU DO!!’ The author reminded the reader to ‘BE WISE – PARTONISE - ...and... Save Money on your Medicines’.

Parton and other retailers engaged in such trade practices were able to offer products at such comparatively cheap prices because their products were exempted from medicine stamp duty: that is to say, they were sold by registered chemists and their formulae was *known, admitted and approved*. Thus, the price of the article did not have to include the price of the medicine stamp. However, they claimed that savings were made in other ways too. The Watford Pharmacies, for example, stated explicitly that they did not ‘waste money on elaborate containers which do nothing towards making your medicine more effective’ and that they had no ‘brilliant display counters and windows fancifully dressed at a high cost’.<sup>241</sup> They also asserted that they were not driven by profit but, rather, motivated by the simple objective of helping the public buy genuine medicines at reasonable prices. This, they maintained, was in direct contrast to proprietors of popular medicines who ‘wish[ed] to make a fortune out of a credulous public’.<sup>242</sup> The circulation of pamphlets such as Parton’s absorbed much of the AMBP’s time and attention which, in 1926, was renamed the Proprietary Association of Great Britain (PAGB). In 1928, members noted that there was ‘a great number of firms in the country purporting to furnish the public with preparations absolutely similar to those owned by members of this Association’.<sup>243</sup>

Though perhaps, as insisted by the PAGB, these products bore no resemblance to the ‘genuine article’, they were, nevertheless, priced very

---

<sup>241</sup> ‘Patent Medicines and the Health of the People: Containing the Truth About Secret Formulae Together with Price Lists of Patent Medicines and Our Prescriptions Sold in Competition’, The Watford Pharmacies, 2 Dudley’s Corner, Clarendon Road, Watford, p. 4, BP/1/3/29/10.

<sup>242</sup> *Ibid.*

<sup>243</sup> PAGB Executive Committee Minutes , 7 November 1928, PAGB/1/1.

competitively – often at around 6d.<sup>244</sup> The availability of these articles was in keeping with the overall decline in prices during the period. The tendency towards cheaper goods was generated, in part, by the dynamic competition between British retailers in the 1920s and 1930s: department stores, multiple shops, ‘sixpenny bazaars’ (such as Marks and Spencer’s and Woolworth’s) and ‘cheap shops’ which, collectively, drove down the price of everyday goods.<sup>245</sup> There was also a demand for cheap goods amongst British consumers, many of whom were enjoying greater disposable income as a consequence of the general rise in real wages with others struggling to make ends meet in context of waves of economic recession.<sup>246</sup> The pressure to supply cheaper products was evidently felt by members of the PAGB who stated that they were compelled to de-stamp their products in order to compete in such a marketplace.<sup>247</sup> The Association described co-operatives as particularly guilty of selling brand imitations.<sup>248</sup>

---

<sup>244</sup> *Ibid.*

<sup>245</sup> Peter Gurney, ‘Co-operation and the “new consumerism” in interwar England’, *Business History*, 54.6 (2012), 905-924, p. 911.

<sup>246</sup> Matthew Hilton, *Consumerism in Twentieth-Century Britain: The Search for a Historical Movement* (Cambridge: Cambridge University Press, 2003), p. 112.

<sup>247</sup> ‘Medicine Stamp Duties Select Committee’, *Chemist and Druggist*, 5 December 1936, p. 654.

<sup>248</sup> Peter Gurney argues that co-operatives faced intense pressures in the interwar years. They fell behind multiples and department stores which, increasingly, dominated many commodity areas including clothing, furnishings, vacuum cleaners and bicycles. He states that the difficulty experienced by co-operatives can be explained, in part, by campaigns against the co-operative movement. Manufacturers, for example, sought to shut co-operatives out of some of the most important markets including pharmaceuticals. See, Gurney, ‘Co-operation and the “new consumerism”’; for comments by PAGB, see PAGB Executive Committee Minutes, 13 November 1930, PAGB/1/2.

### 3.3 Phosferine Brand Tonic: A Case Study in Branding and Destamping

Stebbings proposes that pharmaceutical manufacturers became aware that they were able to exploit the terms of the *known, admitted and approved* remedy exemption by the mid-1920s.<sup>249</sup> However, the practice did not become the subject of widespread commentary in retail pharmacy until 1930 when ‘Phosferine’ was destamped. Phosferine was trade-marked by Ashton and Parsons Ltd. in 1906 and, for years, had been advertised as a general tonic for a wide range of ailments including insomnia, fatigue, nervousness, shock, influenza, sciatica, neuritis and headaches.<sup>250</sup> Phosferine (Ashton and Parsons) Ltd. was formed in 1928 and became the rights holder of the trade mark, Phosferine. The company continued to promote ‘Phosferine Brand Tonic’ which was widely advertised in the popular press as ‘The Greatest of All Tonics’. In 1930, the company took the decision to bring the product within the terms of the *known, admitted and approved* remedy exemption. Initially, according to correspondence in the *Chemist and Druggist*, this was achieved by a reference on the product to ‘Tonic P.F. 666’ (with ‘P.F.’ referring to publication, *Pharmaceutical Formulas*). However, it would appear that, sometime in the 1930s, the product’s label featured a list of the preparation’s ingredients. As demonstrated by Figure 3.3, the product was sold by retail chemists wrapped in an adhesive piece of paper, designed in a similar style to a government medicine duty stamp. The paper did not bear a declaration that

---

<sup>249</sup> Chantal Stebbings, *Tax, Medicines and the Law: From Quackery to Pharmacy* (Cambridge: Cambridge University Press, 2018), p. 187.

<sup>250</sup> ‘Phosferine’, *Daily Mail*, 16 January 1930, p. 11.



*Figure 3.3, Phosferine Brand Tonic, by Phosferine (Ashton & Parsons) Ltd., author's own.*

duty had been paid but, rather, stated that the product was a '3/- size' (see Figure 3.4). The incorporation and re-interpretation of the medicine stamp by the manufacturers as a means to communicate the price of the article, is evidence of the ongoing importance of the medicine stamp in visually communicating the credibility of the product to would-be consumers.<sup>251</sup> According to correspondents of the *Chemist and Druggist*, rather than deduct the whole price of the stamp (3d., 6d., or 1s.) for products sold via a registered chemist, Phosferine (A&P) Ltd. continued to charge the same price for their products. Thus, in 1930, Phosferine Brand Tonic cost consumers 1s. 3d., 3s. or 5s. whether they bought them unstamped from a registered chemist or stamped from a non-chemist retailer. The situation attracted the criticism of retail chemists. The *Chemist and Druggist* printed several letters by disgruntled members of the profession stating that manufacturers such as Phosferine

---

<sup>251</sup> Alan Mackintosh, *The Patent Medicines Industry in Georgian England: Constructing the Market by the Potency of Print* (Basingstoke, Palgrave Macmillan, 2018), 48-54; and Laura Robson-Mainwaring, 'Branding, Packaging and Trade Marks in the Medical Marketplace, c. 1870- c. 1920', (unpublished doctoral thesis, University of Leicester, 2019), pp. 58-128.

(A&P) Ltd. were taking advantage of chemists' privilege to sell medicines unstamped and that retail chemists were not being recompensated sufficiently for the advantages that they afforded manufacturers.<sup>252</sup> Many readers warned that the practice of destamping amongst manufacturers was developing 'rapidly' and 'extensively' and that sooner or later the Government would be compelled to take notice of what might prove to be a serious loss of revenue. One correspondent divined that the situation would lead to the repeal of chemists' 'valuable' right to sell medicines unstamped.<sup>253</sup> The situation was, indeed, observed by the Board of Customs and Excise with concern. In 1930, the Board calculated that the tendency of destamping amongst major manufacturers could result in £30,000 lost revenue a year.<sup>254</sup> The Government's administration of medicine stamp duty could soon become financially untenable.



*Figure 3.4, Phosferine Brand Tonic, by Phosferine (Ashton & Parsons) Ltd., author's own.*

---

<sup>252</sup> 'Correspondence', *Chemist and Druggist*, 8 February 1930, 177;  
'Correspondence', *Chemist and Druggist*, 15 February 1930, 202.

<sup>253</sup> 'Concessionaire', 'Correspondence', *Chemist and Druggist*, 15 February 1930, 202.

<sup>254</sup> Stebbings, *Tax, Medicines and the Law*, p. 188.

### 3.4 Walfox Brand Products

**The  
Public Prescription Service**

---



**WALFOX  
BRAND**  
REG. NO.  
506946

**COPIES  
OF  
FAMOUS  
REMEDIES**



**WALFOX  
BRAND**  
REG. NO.  
506946

---

**ALL TO BE OBTAINED WHERE YOU  
RECEIVED THIS CIRCULAR.**

---

Are you aware that enormous profits are made on  
proprietary Patent Medicines?

Are you aware that the costs of Advertisements, etc.,  
have to be paid by the purchaser?

Yet every patent medicine has been analysed, and the formula revealed in recognised authentic publications. Therefore, as the ingredients of every patent medicine are known, any one can be made and sold, providing the advertised name is not used. Remember that the name makes no difference to the medicine, the medicinal action being the same no matter what the medicine is called. For instance, Epsom Salts would still have the same effect if they were called Newmarket Salts. The name, however, makes an enormous difference in the price paid by the purchaser.

Overleaf is a list of medicines prepared according to published analyses of various well known patent medicines.

**COMPARE THE FORMULA.  
NOTE THE PRICES.  
SEE WHAT YOU SAVE.**

---

Always ask for Walfox Brand, and look for the Sign of the Fox.

*Figure 3.5, Public Prescription Service Copies of Famous Remedies Walfox Brand, BP/1/3/29/1-9, St. Helens Archive Service.*

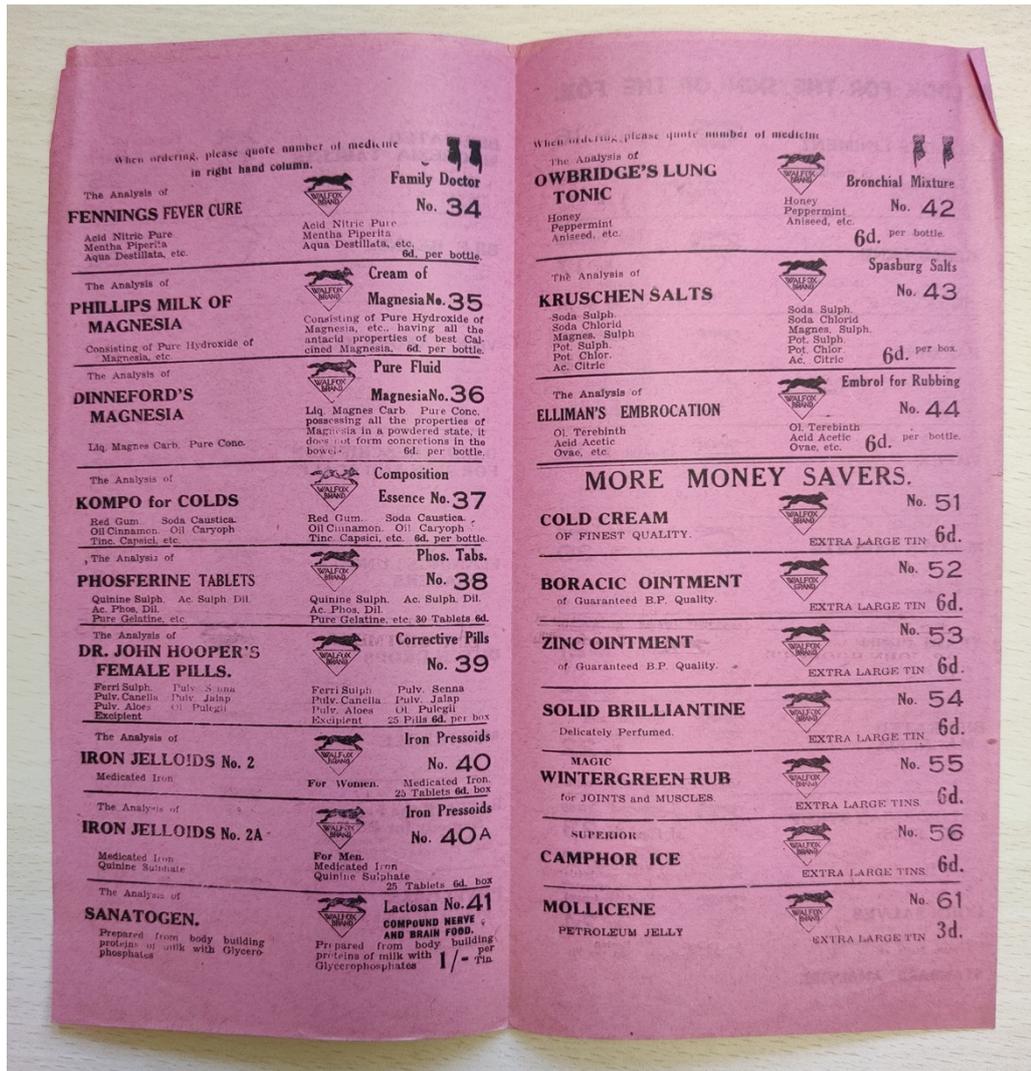


Figure 3.6, Public Prescription Service Copies of Famous Remedies Walfox Brand, BP/1/3/29/1-9, St. Helens Archive Service.

With regard to the substitution 'menace', members of the PAGB established common concern in relation to a particular leaflet circulated by Walfox Ltd. Walfox Ltd. was a manufacturing chemist based in Batley, Yorkshire which produced a large range of 'Walfox Brand' medicines and toilet preparations. According to newspaper advertisements, these products were retailed by 20,000 shops and grocers across the British Isles.<sup>255</sup> Such adverts urged readers to consult a copy of 'the famous Walfox Pink Leaflet' – available for free at 'leading grocers and stores everywhere' – which provided readers with a

<sup>255</sup> Advert, 'Let Walfox Keep You Well!', Walfox Brand Family Medicines, BP/1/3/29/10.

complete list of Walfox Brand products (see Figures 3.5 and 3.6). The leaflet was headed ‘The Public Prescription Service’; an identification which was used by many other manufacturers of substitution lines presumably as a means to indicate a specific provision of *6d.* prescriptions. Much like the pamphlet circulated by Parton, the Walfox pink leaflet asked readers: ‘Are you aware that enormous profits are made on proprietary Patent medicines? Are you aware that the costs of Advertisements, etc., have to be paid by the purchaser?’ The authors asserted that it made no sense to pay these prices when the ingredients of each of these medicines were known and recognised by ‘authentic publications’. Like Parton’s, the contents of the Walfox leaflet was divided into two columns. On the left, the names and analyses of well-known proprietary medicines; on the right, a series of numbered Walfox Brand preparations. For each product, the author provided a list of ingredients. Beecham’s Pills, for example, was described as containing ‘Aloes, Powdered Ginger, Powdered Soap, etc.’; the same ingredients as Walfox Brand ‘Head & Stomach Pills No. 2’. The formula, it would appear, was based on the composition provided by the BMA in *Secret Remedies*.<sup>256</sup> ‘Head & Stomach Pills’ were sold in packets of 60 for *6d.*; a price which compared favourably to the cheapest Beecham’s Pills which – though not detailed in the leaflet – were priced at 1s. *3d.*

The leaflet, and the type of trade practice that it encouraged, had been designed with considerable care. In a general statement to agents of Walfox Brand products, the directors of Walfox Ltd. – T. W. Walton and A. Sugden – assured readers that they were engaged in fair and honest trade practice.<sup>257</sup> ‘[M]isrepresentation’, the directors explained, would not only be ‘dishonest’ but ‘foolish and unnecessary’, as Walfox Brand products sold ‘by reason of their own intrinsic value’. The leaflet admitted, frankly, that the various preparations were *copies* of well-known proprietary medicines. But ‘Stomach Pills No.2’, for example, was not promoted as *being* ‘Beecham’s Pills’ but rather *sold to compete with*. The directors assured agents of these products that there

---

<sup>256</sup> *Secret Remedies*, p. 175.

<sup>257</sup> W. W. Walton and A. Sugden (Directors of Walfox Ltd.), ‘The Legal Position re Walfox Specialities’, BP/1/3/29/1-9.

was no consumer deception; customers knew the difference between these products and they were encouraged to ask for the Walfox Brand preparations rather than the name of the trade-marked article. If there was any confusion – if, for example, customers asked for a ‘6d Beecham’s’ or a ‘6d Cassell’s’ – the Directors encouraged agents to be honest: ‘tell the truth and say you do not sell those lines’. The Directors were emphatic: ‘there is no legal risk whatever, so long as you sell these lines, frankly, as we do, as copies of remedies.’

Walfox Brand products, materially, followed along these lines. The object depicted in Figures 3.7 and 3.8, ‘Public Prescription No. 27’ or ‘Quick Rub’ was sold as a substitute for ‘Vick’s Brand Vapour Rub’. The main ingredients of the product were disclosed on the edges of the product lid, a list which corresponded to that provided by the Walfox Pamphlet: oils of pine, eucalyptus, thyme, camphor, cedar, menthol, nutmeg, juniper, creosote, balsam of Peru and soft paraffin. The disclosure of these ingredients brought the object firmly within the *known, admitted and approved* remedy exemption. The Walfox pamphlet, of course, asserted that these were the same ingredients used to manufacturer Vick’s Brand Vapour Rub. Importantly, however, the product sold did not make any reference to any of these elements; neither the Vick’s brand nor the name ‘Vapour Rub’. When sold, Public Prescription No. 27 or Quick Rub was, to all intents and purposes, a Walfox Brand Product.

In practice, at the point of sale to customers, it would appear that this was not always the case. For the purpose of investigating the extent to which the Walfox Brand pamphlet was leading to ‘passing off’, Beechams Pills Co. Ltd. sent agents to make purchases from Walfox-Brand retailers. Agents reported that, in many instances, they asked for a box of Beecham’s Pills and received, in substitution, ‘Head & Stomach Pills No. 2’ without comment from the shop assistant. For example, in April 1932, two Beecham’s agents (a ‘purchaser’ and ‘witness’) made an order for Beecham’s Pills at Melias Ltd. on College Street in Rotherham. Melias Ltd. was a multiple grocers based in St. James Street, Liverpool but with some 200 branches in various parts of the country. The purchaser wrote the following statement:



*Figures 3.7 (above) and 3.8 (below), Prescription No. 27 or 'Quick Rub', Walfox Brand Product, author's own.*

'After making purchases from a dark strongly built woman about 27 years old, I said: "Oh! I'll have a 6d. Beecham's Pills." She did not reply but referred to the pink leaflet, after which she took a Walfox box of head and stomach pills from a Walfox showcase which was on the

counter. Then she wrapped up all the goods purchased, and gave me the parcel without anything further being spoken. I asked for the pink leaflet, and it was given to me.'

Some shop assistants were more careful. In April 1932, a witness for Beecham's wrote the following statement about a purchase at Melias Ltd. on Stafford Street, Hanley in Stoke-on-Trent:

'Purchaser and I entered the above shop and were attended to by a young lady assistant aged about 24 years, dark complexion. I made a purchase before asking for a 6d. box of Beecham's Pills. She said to me "Do you mean the number two". I said: "I don't know what they are; I want a 6d. box of Beecham's Pills." She went to the Walfox case and obtained a box of pills, and then said to me "They are not Beechams, but a substitute". Then she said "You know we are not allowed to call them Beechams."

Beecham Pills Ltd. were convinced that these exchanges amounted to instances of imitation, substitution and consumer deception.

### **3.5 A Successful Legal Campaign Against Walfox Ltd.**

Approximately a third of PAGB members were impacted by the contents of Walfox's pink leaflet and, collectively, they placed considerable pressure on the Executive Committee to attend to the matter.<sup>258</sup> Though sympathetic, the Executive Committee decided that the Association itself was not legally in a position to take any action. However, the PAGB's solicitor advised that if not

---

<sup>258</sup> Advert, 'Walfox Family Medicines', *Yorkshire Evening Post*, 14 February 1933, BP/1/3/29/10.

less than four firms brought successful actions against the imitators for passing off, the accumulated effect might 'frighten the sellers and cause them to refuse to stock the goods'.<sup>259</sup>

Beechams Pills Ltd., Veno Drug Co. Ltd., and Irving's Yeast-Vite Ltd. were confident that the manner in which Walfox Ltd. used their trade marks in the pink leaflet constituted an infringement of their statutory rights and that they would be granted an injunction and damages by the High Court on the ground of trade mark infringement. They also had 'no doubt' that the use of these pamphlets lead to the passing off of goods and 'deception of the public' as to the origin of the goods, and that there was a good case to be made for a passing-off action. In these circumstances, the companies' legal advisors – Sir Leslie Scott, KC and Kenneth R. Swan – proposed that the following actions be commenced by: Beechams against Walfox Ltd. and the co-operatives stores which sold Walfox Brand goods, for infringement of their trade mark 'Beechams' and for passing off; Veno Drug Co. Ltd against Walfox Ltd. and the relevant co-operative stores for infringement of their trade marks 'Cassells Tablets,' 'Veno's Lightning Cough Cure,' and 'Germolene' and for passing off; and Irving's Yeast Vite Ltd. against Walfox Ltd. and co-operative stores for infringement of their trade mark 'Yeast-Vite' and for passing off. The coordinated action was made possible by Beechams Pills Ltd.'s recent acquisition of Veno Drug Co. in 1928 and Irving's Yeast-Vite Ltd. in 1931.<sup>260</sup>

Thus, in May 1932, five motions came before the Chancery Division of the High Court: Beechams Pills Ltd. v. Melias Ltd.; Veno Drug Co. Ltd. v. Melias Ltd.; Beechams Pills Ltd., v. Walfox Ltd.; Veno Drug Co. Ltd. v. Walfox Ltd.; and Irving's Yeast-Vite Ltd., v. Partons Ltd. These actions were swift. In each case, the defendants consented to treat the motion as the trial of the action and readily submitted to injunctions restraining them from infringing the plaintiffs' trade marks; from issuing or distributing printed matter calculated to pass off

---

<sup>259</sup> PAGB Executive Committee Minutes , 12 February 1931, PAGB/1/2.

<sup>260</sup> For an account of Beecham Pills Ltd. in the interwar period, see T. A. B. Corley, 'The Beecham Group in the World's Pharmaceutical Industry 1914-70', *Journal of Business History* 39.1 (1994), pp. 18-30.

JULY 2, 1932      THE CHEMIST AND DRUGGIST      13

## IRVING'S YEAST-VITE LIMITED

PROCEEDINGS have recently been instituted by IRVING'S YEAST-VITE, LIMITED, against WALFOX, LIMITED, manufacturers of medicinal preparations, in consequence of their use and issue of certain leaflets headed:

"The Public Prescription Service, Copies of Famous Remedies, Walfox Brand."

On an Application for an Interlocutory Injunction which came before Mr. Justice Clauson on the 27th day of May, 1932, the Plaintiffs by their Counsel withdrawing any charge of dishonesty against the Defendants, the Defendants gave an undertaking in the following terms:

- (1) Forthwith to cease to display or issue the leaflets to the public or the Defendants' wholesalers or retailers, or any showcard, poster, advertisement, or literature reproducing the same.
- (2) To abstain in future in any trade literature displayed or issued by the Defendants to the public or to the Defendants' wholesalers, retailers, or servants from using the name "Yeast-Vite" except in connection with the sale of the Plaintiffs' goods, provided that if the Plaintiffs advertise the fact of this settlement having been arrived at, the Defendants shall not be precluded under the foregoing terms of the judgment from replying to such advertisement and in so doing using any of the said names.
- (3) Upon oath of their proper officer to deliver up to the Plaintiffs or destroy all leaflets, posters or other trade literature, use of which would be a breach of the aforesaid undertakings or either of them.
- (4) To send to their wholesalers or retailers a circular letter containing the terms of a draft initialled by Counsel.

It was further ordered that the Defendants should pay to the Plaintiffs the sum of £25, as agreed damages, together with their costs of the Action to be taxed by the Taxing Master.

Notice is hereby given that proceedings will immediately be taken against any person using the name referred to in the manner complained of in the above-mentioned proceedings.

B B

*Figure 3.9, Irving's Yeast-Vite Ltd v Walfox Ltd., Chemist and Druggist, 2 July 1932, p. 13*

their goods as those of the plaintiffs; and from displaying, issuing or using the pamphlets in question, or any show card, poster, advert or literature that reproduced the contents of the pamphlet.<sup>261</sup> The defendants also agreed to pay damages of up to £50 and the costs of the action. In accordance with the intention to 'frighten' retailers, details of these proceedings were featured in the *Chemist and Druggist* in a series of large announcements commissioned by the plaintiffs (Figure 3.9).<sup>262</sup> Each announcement contained the warning:

<sup>261</sup> 'Beecham's Pills & Veno Drug', *Aberdeen Press and Journal*, 25 May 1932, p. 9.

<sup>262</sup> Irving's Yeast-Vite Ltd., *Chemist and Druggist*, 2 July 1932, p. 13; Beechams Pills Ltd., *Chemist and Druggist*, 2 July 1932, p. 14; Veno Drug Co. Ltd., *Chemist and*

'Notice is hereby given that proceedings will immediately be taken against any person using the Trade Marks referred to in the manner complained of in the above-mentioned proceedings.'<sup>263</sup>

Following these actions, Louis Nicholas, Managing Director of Beechams Pills Ltd. *et al.* met with the Executive Committee of the PAGB and the Association's solicitor, Mr. Gwatkin of McKenna & Co. As Walfox Ltd., Melias, Ltd. and Partons Ltd., had consented to the actions brought against them, Nicholas strongly urged any members of the PAGB affected by the activities of Walfox and others to take immediate action stating that 'the time was now ripe for further proceedings to be commenced'.<sup>264</sup> Thus, on 5 July 16 motions were made against Walfox Ltd. in the Chancery Division of the High Court.<sup>265</sup> The first was by the Carter Medicine Co., proprietors of 'Carter's Little Liver Pills', and was to restrain infringement of their registered trade mark. The defendants immediately gave perpetual undertakings to abstain in future from using the name Carter's Little Liver Pills except in connection with the sale of the plaintiffs' goods.

There were 15 other motions against Walfox Ltd. by other members of the PAGB: Capsuloids Ltd. (a subsidiary of Cicfa Co. Ltd.), manufacturers of 'Capsuloids'; Lincoln and Midland Counties Drug Co. Ltd., manufacturers of 'Clarke's Blood Mixture'; Elliman, Sons & Co., manufacturers of 'Elliman's Embrocation'; Bismag Ltd., a subsidiary of Internal Chemical Co. Ltd., manufacturers of 'Bisurated' magnesia; Aspro Ltd., manufacturers of 'Aspro';

---

*Druggist*, 18 June 1932, p. 21; Irving's Yeast-Vite Ltd., *Chemist and Druggist*, 18 June 1932, p. 23.

<sup>263</sup> It should be noted that such a tactic had long been used by manufacturers of proprietary medicines to ward off would-be imitators. Roy Church, 'Trust, Burroughs Wellcome & Co. and the foundation of a modern pharmaceutical industry in Britain, 1880-1914', *Business History*, 48.3 (2006), 376-398; Robson-Mainwaring, 'Branding, Packaging and Trade Marks in the Medical Marketplace, c. 1870- c. 1920'.

<sup>264</sup> PAGB Executive Committee Minutes, 25 May 1932, PAGB/1/2.

<sup>265</sup> 'Legal Reports, Injunctions by Consent', *Chemist and Druggist*, 9 July 1932, p. 28.

W. T. Owbridge Ltd., manufacturers of 'Owbridge's Lung Tonic'; E. Griffiths Hughs Ltd., manufacturers of Kruschen Salts'; Proprietary Agencies Ltd., manufacturers of 'Phillip's Milk of Magnesia'; C. E. Fulford Ltd., manufacturers of 'Bile Beans' and 'Zam-Buk'; G. T. Fulford & Co. (of Canada) Ltd., manufacturers of 'Dr. Williams' Pink Pills'; Vick Chemical Co., manufacturers of 'Vick Vapour Rub'; Sterling Products Inc., owners of Bayer Co. which manufactured 'Bayer Aspirin'; Foster, McClellan Co., manufacturers of 'Doan's Backache Kidney Pills'; Musterole Ltd., manufacturers of 'Musterole Mustard Ointment'; and A. J. White Ltd., manufacturers of 'Mother Seigel's Syrup'.<sup>266</sup> In each case, Walfox Ltd. was willing to give an undertaking in the same terms as in Carter Medicine Co. (the only difference being in the name of the proprietary article).

In the following weeks, three more motions were made against Walfox Ltd. by Natural Chemicals, Ltd., who complained of the use of their registered trade mark 'Phyllosan'; Phosferine (A&P). Ltd., with relation to 'Phosferine'; and Iron Jelloids Co. Ltd., a subsidiary of Beecham Pills Ltd., in relation to 'Iron Jelloids'.<sup>267</sup> Injunctions, on the terms outlined above, were granted. Following these successes, members of the PAGB took actions against other concerns who they deemed equally guilty of passing off and trade-mark infringement. By October 1932, the PAGB and Beechams Pills Ltd., together, noted the names of approximately 40 'infringers' who had agreed to stop issuing or distributing printed matter calculated to pass off popular proprietary medicines as their own.<sup>268</sup> Examples of infringers include the People's Pharmacy, the Truth

---

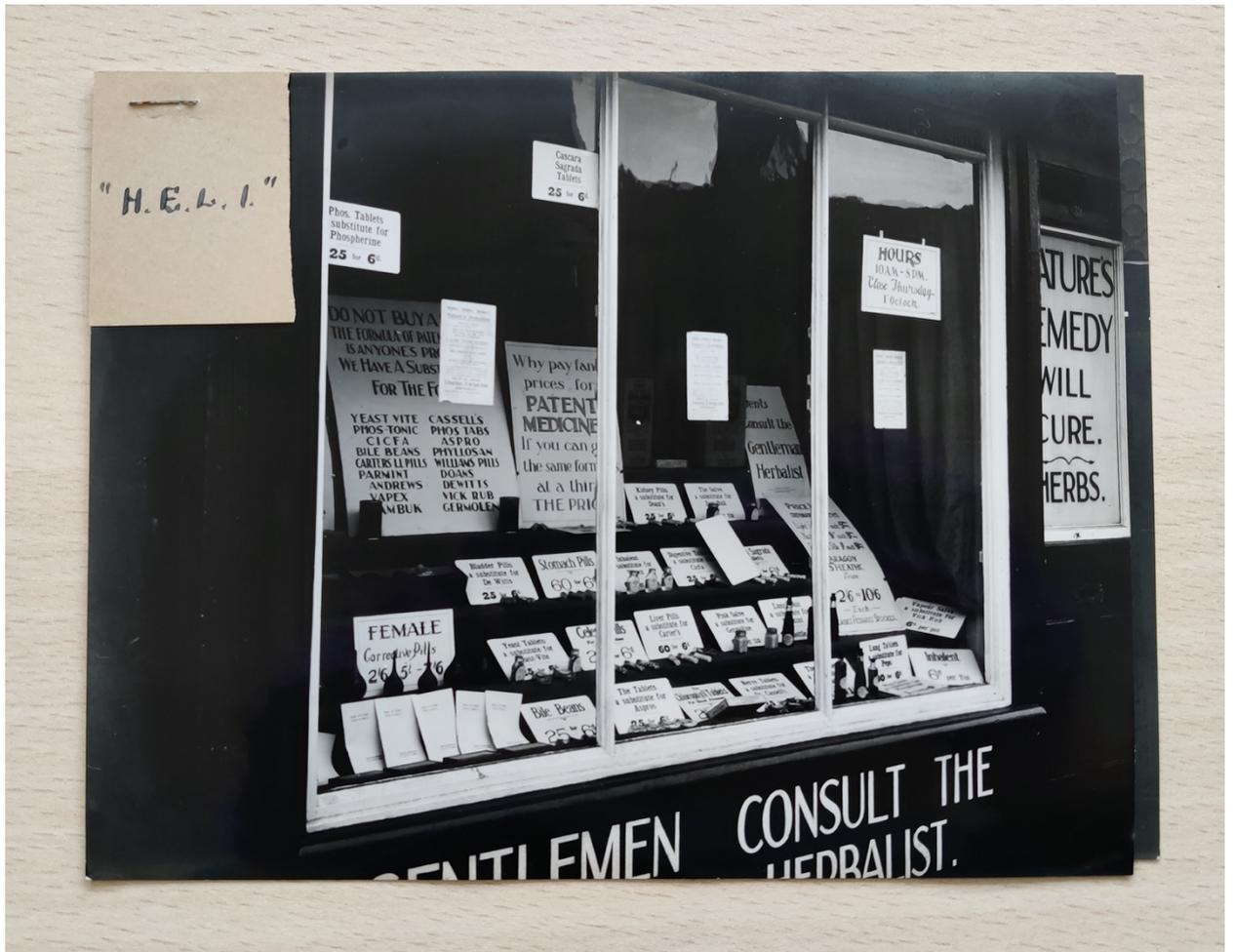
<sup>266</sup> 'Carter Medicine Company v. Walfox, Limited; And Eight Other Actions v. Walfox, Limited', *Times*, 6 July 1932, p. 4; Joseph C. Collins and John R. Gwilt, 'The Life Cycle of Sterling Drug, Inc', *Bulletin for the History of Chemistry*, 25.1 (2000), 22-29.

<sup>267</sup> 'Legal Reports, Injunctions by Consent', *Chemist and Druggist*, 23 July 1932, p. 78.

<sup>268</sup> Letter by PAGB to BP, 'Re Trade Mark Infringements by Walfox and Others', 3 October 1932, BP/1/3/29/10.

League, People's Proved Prescription and a myriad of other vendors across England.<sup>269</sup>

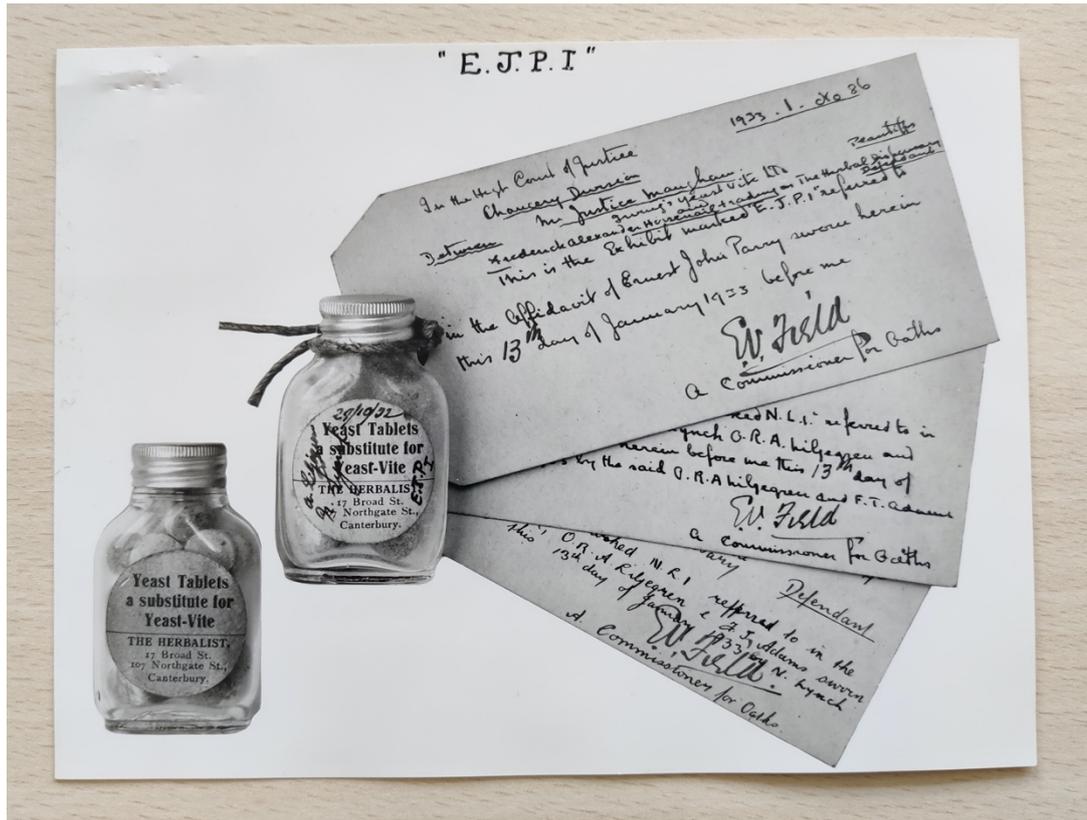
### 3.6 Yeast-Vite v. Horsenail: An Injunction for Trade Mark Infringement Dismissed



*Figure 3.10, Window display, Horsenail (1933), BP/1/3/22, St. Helens Archive Service*

In February 1933, Irving Yeast-Vite Ltd. brought an action against Frederick Alexander Horsenail, the proprietor of 'The Herbal Dispensary' in Northgate Street, Canterbury, who supplied a product called 'Yeast Tablets'. Horsenail

<sup>269</sup> *Ibid.*



**Figure 3.11, Yeast Tablets a Substitute for Yeast-Vite, BP/1/3/22, St. Helens Archive Service**

had used various window displays to promote the product. One such window display (Figure 3.10) contained several large adverts including announcements such as: ‘The formula of patent medicines is anyone’s property’ and ‘Why pay fancy prices for patent medicine if you can get the same formula at a third of the price?’<sup>270</sup> Beneath these signs were arranged numerous products including ‘Liver Pills a substitute for Carter’s’, ‘Pink Salva a substitute for Germoline’ and ‘Vapour Salve a substitute for Vick Rub’. Most notably, the window display included ‘Yeast Tablets a substitute for Yeast-Vite’, with the word ‘Yeast-Vite’ featured clearly on the product for ‘Yeast Tablets’ (Figure 3.11). In the court case, Scott and Swan, as representatives of the plaintiffs, were anxious to press for trade-mark infringement. They

<sup>270</sup> ‘Canterbury Trader’s Tablets’, *Dover Express*, 15 December 1933, 18.

explained that, since the date of registration (1925), Irving's Yeast-Vite had spent over half a million pounds to advertise the formula under the trade mark, 'Yeast-Vite'. The trade mark, they explained, was not simply an indication of origin but an advertisement which conveyed the product's quality, value and repute. The trade mark was, they maintained, a commercial asset in its own right and, therefore, a form of property. They argued that the defendant, Horsenail, could not sell his substitute – 'Yeast Tablets' – except by using the plaintiffs' trade mark and maintained that the importation of the trade mark into the defendant's goods was an infringement of that mark and a trespass on the plaintiffs' right of property.

Perhaps if Horsenail had been present, as in the other cases, he would have submitted to an injunction. However, he was not and so the presiding judge, Justice Bennett, had a chance to deliberate over these claims. Bennett was satisfied that Horsenail had committed acts which amounted to passing off. Crucially, however, he found that there was no trade-mark infringement. Scott and Swan had argued that Section 39 of the Trade Marks Act (1905) – '... the registration of a person as proprietor of a trade mark shall, if valid, give to such person the exclusive right to the use of such trade mark upon or in connexion [*sic*] with the goods in respect of which is registered...' – created and conferred an exclusive right of property in that trade mark in whatever form in connection with the goods. Bennett, by contrast, was bound by *Edward Young and Co. Ltd. v. Grierson Oldham and Co. Ltd.* (1924) which held that the defendants' use of an ox-cart device in relation to port wine was not a trade-mark infringement since the device was not used as a trade mark (to indicate the origin of the product) but rather, as was common in trade practice, to show an association with Portugal.<sup>271</sup> In accordance with this principle, Bennett ruled that Horsenail's use of the phrase 'Yeast Tablets, a substitute for Yeast-Vite', where the defendant described his product as *a substitute for* the registered mark, did not constitute a trade-mark infringement.

---

<sup>271</sup> Gail Evans, *Law Making Under the Trade Constitution: A Study in Legislating by the World Trade Organization*, 14 (Cambridge, MA: Kluwer Law International BV, 2000) p.155; *Edward Young and Co., Ltd. v. Grierson Oldham and Co. Ltd.* (1924) 41 RPC 548.

The plaintiffs were, naturally, disappointed with Bennett's decision. They considered that the Trade Marks Act should not only protect the public against deceptive use of trade marks but to secure for the owner of a registered mark the full benefit of the goodwill inherent in that mark and to safeguard the owner against unfair trade practice. Yeast-Vite Ltd. took the question of the proper construction of the Trade Marks Act to the Court of Appeal and then to the House of Lords. Both held that Section 39 carried only the implication of use of a registered trade mark for the purpose of indicating the origin of goods.<sup>272</sup> The decision in *Irving's Yeast-Vite Ltd v. Horsenail* became an explicit part of the statutory test for trade-mark infringement. Henceforth, a retailer could make use of the registered trade mark of another retailer to describe their own goods, provided they made it clear that the goods were not the goods of the proprietor of the registered trade mark. The PAGB responded solemnly to the matter. The Secretary noted that the many firms using members' trade marks to describe their inferior articles could continue this 'unfair method of trading'.<sup>273</sup> That was unless an alteration to the Trade Marks Act could be obtained.

### **3.7 The Extension of the Rights of Owners of Registered Trade Marks**

In January 1933, the Board of Trade appointed a Departmental Committee under the chairmanship of Viscount Goschen to consider and report whether any changes in the existing law and practice related to trade marks was desirable. The Committee was part of a long campaign by successive governments to modernise the Trade Marks and Merchandise Acts, starting in

---

<sup>272</sup> *Irving's Yeast-Vite, Ltd. v. F. A. Horsenail* (1933) 50 RPC 139 (Court of Appeal); (1934) 51 RPC 110 (House of Lords).

<sup>273</sup> Fifteenth Annual Report, 19 July 1934, PAGB/1/2.

1919 with the Merchandise Marks Committee.<sup>274</sup> Over the course of the inquiry, the Committee heard from a large number of witnesses and considered numerous observations and suggestions submitted in writing including a statement by the PAGB. In the letter, the PAGB advised the Committee, following the recent incidents of imitation and substitution, to strengthen the terms of the Trade Marks Act so as to provide registered owners of trade marks the exclusive right to the use of the trade mark in any manner or in any form upon or in connection with the article in respect of which it was registered.<sup>275</sup>

The report of the Committee was published in April 1934 in a lengthy volume titled 'Departmental Committee on the Law and Practice Relating to Trade Marks'. The report included several recommendations, many of which were described by the Board of Trade as being of 'considerable importance' and 'urgency' to the commercial and industrial interests concerned.<sup>276</sup> Amongst these, was a proposal to amend Section 39 of the Trade Marks Act and to make it clear that the exclusive right of registered owners of trade marks included the right to prevent the use of trade marks in relation to goods by other persons whether as a trade mark or in any other manner.<sup>277</sup> The proposal was made by the Committee with direct reference to *Irving's Yeast-Vite Ltd. v. Horsenail*. In the view of the Committee, the case 'unfairly' prejudiced the proprietor of a trade mark in that the use of the mark upon or in connection with goods of the same description by another person enabled that person to exploit the goodwill in the mark and, possibly, to injure its reputation.

In January 1937, a Trade Mark (Amendment) Bill was presented by Lord Templemore to the House of Lords, intended to give effect to the

---

<sup>274</sup> Schwarzkopf, 'Turning Trademarks into Brands'.

<sup>275</sup> Fourteenth Annual Report, 16 November 1933, PAGB/1/2; Fifteenth Annual Report, 19 July 1934, PAGB/1/2.

<sup>276</sup> Board of Trade Announcement, Report of Departmental Committee on the Law and Practice Relating to Trade Marks, 27 April 1934, TNA BT 13/139.

<sup>277</sup> *Ibid.*, pp. 49-50.

recommendations proposed by the Goschen Committee.<sup>278</sup> In presenting the Bill to the Lords, Templemore highlighted – amongst other key provisions – that Clause 15 newly established that the right given by the registration of a trade mark was deemed to be infringed by the use of a trade mark by a third party in relation to the relevant goods, not only when it was used by that third party strictly as a mark of origin, but when it was used in any other manner in which it might be taken to refer to the true owner of the trade mark or to his goods.<sup>279</sup>

In February, on behalf of the PAGB, Kenningham sent a letter to the Comptroller of the Industrial Property Department of the Board of Trade to take issue with Clause 15.<sup>280</sup> In his pre-amble, he explained that members of the PAGB were, from time to time, subject to the type of unfair competition referred to by the 1934 report. To illustrate the point, he enclosed a circular by Sanosave Stores of Wandsworth, London. The circular contained an alphabetical price list of well-known patent medicines and their formulas set against a comparative price list of numbered prescriptions offered by the seller. The circular stated that, although some patent medicines had genuine therapeutic value, they were extremely costly due to their extensive promotion in the press and on hoardings. That cost, claimed the circular, was paid for by consumers themselves when they bought advertised articles at excessive prices. It asked the reader ‘why pay for a NAME [*sic*] and such expensive luxuries as fancy packages and labels’ when the prescriptions supplied by Sanosave Stores were made up to the known analyses of these preparations?

In the letter, Kenningham wrote that the PAGB felt ‘very strongly’ that Clause 15, as it stood, would give ‘no relief at all’ to trade-mark owners in respect of the ‘parasitical competition’ referred to in the Sanosave example and

---

<sup>278</sup> Trade Marks (Amendment) Bill, House of Lords (28 January 1937, vol. 104, cc. 12-26), Hansard < [https://hansard.parliament.uk/Lords/1937-01-28/debates/5b436a6b-2165-47cf-9d43-d77f7fe5e6b3/TradeMarks\(Amendment\)BillHl](https://hansard.parliament.uk/Lords/1937-01-28/debates/5b436a6b-2165-47cf-9d43-d77f7fe5e6b3/TradeMarks(Amendment)BillHl)> [accessed 11 May 2021].

<sup>279</sup> *Ibid.*

<sup>280</sup> Letter by Kenningham to Board of Trade, ‘Trade Marks Bill’, 18 February 1937, TNA BT 209/321.

that it would ‘lead to litigation’ and ‘possible findings which would render illusory the protection intended to be given by the Bill’. He explained that Clause 15 was intended by the Board of Trade to extend the rights of the proprietors of registered trade marks but that, the language in which these provisions had been couched, created confusion. He highlighted the following text:

‘... and in such manner as to render the use of the mark likely to be taken either (a) as being used as a trade mark [or] (b) to import a reference to some person having the right either a proprietor or as registered user to use the trade mark or to goods with which such person as aforesaid is connected in the course of trade [*sic*].’

He maintained that, here, the word ‘likely’ was capable of raising legal difficulty and asserted that the user of the trade mark should be inhibited *per se* and not merely inhibited if it was *likely* to be taken to import certain things. Thus, the PAGB asked the Board of Trade that Clause 15 be brought in line, clearly, with the recommendation of the Goschen Committee which proposed that the use of the mark upon or in relation to any goods, *whether or not the use complained of was likely to lead to the belief that there was a connection*, consisted an infringement of that mark.

The Board of Trade replied to the PAGB in June 1937 with the statement that it was unable to take the necessary steps to achieve the desired amendment.<sup>281</sup> However, in the Trade Marks Act, as it was enacted by Parliament in April 1938, the legislators included the following amendment:

‘...and in such a manner as to render the use of the mark likely to be taken either – (a) as being used as a trade mark; or (b) *in a case in which the use is use upon the goods*

---

<sup>281</sup> Letter by Board of Trade to PAGB, ‘Trade Marks (Amendment) Bill, 2 June 1937, TNA BT 209/321.

*or in physical relation thereto or in an advertising circular or other advertisement issued to the public, as importing a reference to some person having the right either as proprietor or as registered user to use the trade mark or to goods with which such a person as aforesaid is connected in the course of trade.'* (own italics)

It is not possible to say whether the amendment was a response to Kenningham's letter though the amendment did address the matter that he raised.

### **3.8 The Select Committee on Medicine Stamp Duty**

With the intention to compete with multiple chemists' shops such as Boots Pure Drug Co. and Timothy Taylor, in 1935 Woolworth's (a non-chemist retailer) began to sell dutiable medicines without stamp duty. When the Department of Customs and Excise instituted proceedings against the company, it responded by launching an action against the Attorney-General arguing that the administration of the duty by the revenue authorities was illegal.<sup>282</sup> The Government, knowing that it was legally dubious, appointed a 'Select Committee on the Medicine Stamp Duty' in November 1936 to investigate the matter. When the Select Committee – under the chairmanship of Sir John Ganzoni (Conservative MP for Ipswich) – met for the third time in December 1936, they saw two witnesses: H. N. Linstead, the Secretary and Registrar of the Pharmaceutical Society of Great Britain (PSGB) and Kenningham, the Secretary of the PAGB.<sup>283</sup> The two men, as representatives of

---

<sup>282</sup> Stebbings, *Tax, Medicines and the Law*.

<sup>283</sup> The key functions of the Pharmaceutical Society – as provided for by the Society's Charter and the Pharmacy and Poisons Acts – were the supervision of the education, examination and registration of pharmacists; the registration and inspection of premises in which a chemist's business was carried on; the

their respective associations, proposed two contrasting positions on medicine stamp duty.

The position of the PSGB, as expressed by Linstead, was that there was a need to revise the existing Medicine Stamp Acts.<sup>284</sup> He stated that their provisions had long ceased to correspond with the actual state of the trade and that the consolidation and amendment of the acts was essential if they were to continue to generate any substantial revenue. In his representations to the Select Committee, Linstead emphasised two further points. First, he argued that the chemist was 'an essential element in the public health service' yet the existence of the chemist was 'increasingly threatened by the economic movements which in pharmacy as elsewhere' were 'leading to mass production and the substitution of the machine for the craftsman.' He argued that the Government and society at large had, under these 'modern conditions', 'an increasing responsibility to assure the pharmacist an adequate return for the cost of obtaining his qualification and a remuneration in keeping with the service he renders'. Second, he wished to emphasise that the Medicine Stamp Acts' original object of taxation was (and what he referred to as) 'quack medicines'. He argued that the value of the Select Committee's inquiry would be futile if the Committee did not deal with that larger problem. In an exposition of that problem, Linstead described two types of product which, in the PSGB's view, should be brought within the scope of inquiry: secret medicines and non-secret proprietary medicines. In relation to the former, he stated emphatically that no encouragement should be given to their sale and that all secret medicines, without exemption, should be dutiable. He described the features of latter as retailed through as many channels as were available; sold without prescription; advertised to the public; and promoted with 'frequently exaggerated' claims to therapeutic efficacy. He was emphatic that

---

disciplinary control of those carrying on this business; and the enforcement of those sections of the Pharmacy and Poisons Act which relate to the practice of pharmacy. Sydney W.F. Holloway, *Royal Pharmaceutical Society of Great Britain, 1841-1991: A Political and Social History* (London: Pharmaceutical Press, 1991).

<sup>284</sup> 'Medicine Stamp Duties Select Committee', *Chemist and Druggist*, 5 December 1936, pp. 649-650.

because of these characteristics, 'non-secret proprietary medicines' were essentially (what he referred to as) 'non-ethical' medicines. It was, consequently, undesirable to allow the exemption of these medicines from medicine stamp duty. He asserted, finally, that 'non-proprietary medicines' or *known, admitted and approved* medicines sold by chemists and druggists should continue to be exempted from duty, thereby preserving the chemist's privilege.

The position of the PAGB, as put forth by Kenningham, contrasted greatly to that of the PSGB.<sup>285</sup> Kenningham argued that the 'special competition' to which proprietary medicines had been subjected was 'particularly unfair' and owed its origins to 'attempts made by the BMA to discredit the use by the public of advertised remedies'. He cited the two publications, *Secret Remedies* and *More Secret Remedies*, explaining that they were intended by the BMA to show that the cost of the ingredients of popular proprietary medicines was 'infinitesimal' compared with the price paid by the public for the article. He maintained that these publications had had the 'opposite effect':

'...as there sprang up a class of manufacturer who circularised the public with pamphlets in which in columns were set out the name of the genuine proprietary medicine and the alleged analysis to be taken from "Secret Remedies," and offering an article purporting to be made according to that formula at half the price.'

The result, he stated, was an increased number of cheap preparations on the market. In order to meet the 'unfair competition of these substitutes', he argued, manufacturers of 'genuine' articles were 'compelled to destamp' and, in some cases, introduce a 6d-size product to the market.

---

<sup>285</sup> 'Medicine Stamp Duties Select Committee', *Chemist and Druggist*, 5 December 1936, pp. 654-655.

Kenningham contended that medicine stamp duty was, at the present time, a very unfair tax on medicines and, on behalf of the PAGB, he pressed strongly for the abolition of the duty. A key argument in his representations to the Select Committee was that medicines were subject to 'abnormally' high rates of duty. He proposed that the incidence and gradation of the duty were 'unnecessarily oppressive' and created a situation in which manufacturers were 'unable to give to the public the benefit of a large or smaller package at an intermediate price without penalising himself or the public in respect of the duty'.<sup>286</sup> In opposition to Linstead's argument that non-secret proprietary medicines should be taxed, Kenningham claimed that if medicines which had been, for many years, sold unstamped were suddenly liable to duty at the rate now imposed, it would 'inflict a very great hardship on the trade and the public' and would cause a 'diminution of business and unemployment'. He emphasised, moreover, that many of these preparations were 'essential to the health of the people'; an argument connected to an additional notion that medicines were, in themselves, unfit objects of taxation.

The report of the Select Committee was published in February 1937.<sup>287</sup> It recommended that the Medicine Stamp Acts should be repealed and replaced with a duty on preparations or substances of any sort recommended, held out or advertised either directly or indirectly for the prevention, cure or relief of any human ailment or for the protection or maintenance of health, and should be liable to a duty based on the retail selling price. The report attracted strong criticism. The PSGB strongly opposed the recommendations as it did not include a preferential treatment for chemists with respect to proprietary medicines.<sup>288</sup> Members of the PAGB were of the 'unanimous opinion' that the

---

<sup>286</sup> To illustrate the point, Kenningham explained that an article made to sell at 3*d.* attracted a duty of 3*d.* (150 per cent), an article made to sell at 1*s.* 1*d.* attracted a duty of 6*d.* (just under 50 per cent) and an article made to sell at 2*s.* 5*d.* attracted a duty of 6*d.* (just over 20 per cent.).

<sup>287</sup> 'Medicine Stamp Duties: Report of the Select Committee', *Analyst*, 1937, 62, 391-393.

<sup>288</sup> Stebbings, *Tax, Medicines and the Law*, p. 207.

recommendations in the report were in many instances, commercially impracticable and, if put into force, would bring about a very considerable reduction in profits for manufacturers and would result in the diminishing of revenue generated by medicine stamp duty instead of increasing it.<sup>289</sup> The Ministry of Health also objected to the report because the proposed scheme was too wide and raised the price of a range of simple and effective remedies that the public depended on.<sup>290</sup>

### 3.9 A Pharmacy and Medicines Bill

It was in response to these criticisms that, in March 1938, the Select Committee on the Medicine Stamp Duty advised the Chancellor of the Exchequer that he should ‘abandon the duty altogether’.<sup>291</sup> The Chancellor proposed such a repeal in the House of Commons in April 1939, explaining the situation thus:

‘These duties have a long history, and the present law, which mainly dates back to 1812, has been described by a learned Judge as “a mass of confused and obsolete verbiage,” in which it is often difficult to decide which medicines are liable to duty and which are exempt... I have therefore reached the conclusion that the only satisfactory solution is to repeal the tax entirely.’<sup>292</sup>

---

<sup>289</sup> PAGB Executive Committee Minutes , 4 March 1937, PAGB/1/2.

<sup>290</sup> Stebbings, *Tax, Medicines and the Law*, pp. 207-208.

<sup>291</sup> *Ibid.*, p. 208.

<sup>292</sup> ‘Medicine Stamp Duties’, Commons Chamber (25 April 1939, vol. 346, c. 990), Hansard <<https://hansard.parliament.uk/Commons/1939-04-25/debates/ff6cf643-c463-4ec1-b480-74f2d338edf1/CommonsChamber>> [accessed 11 May 2021].

The announcement, again, was met with widespread opposition from the professional pharmaceutical bodies including the PSGB and the National Pharmaceutical Union. The opposition of these societies stemmed from the desire of chemists to retain the commercial advantages that they enjoyed under the current situation.<sup>293</sup> The arguments put forth by these associations were expressed in terms of public interest. They maintained that other than the poisons legislation (see Chapter 5), the medicine stamp duty constituted the only control over the sale of proprietary medicines. They also asserted that medicine stamp duty, through the *known, admitted and approved* remedy exemption, encouraged formula disclosure and warned that if the duty was repealed there would be a return to secrecy. These arguments were echoed by the medical profession. In July 1939, the editors of the *BMJ* wrote that though the medicine stamp duties were 'irrational and absurd', they served a useful purpose by encouraging the disclosure of formulae which, in turn, protected the public from gross fraud and the danger of accidental poisoning.<sup>294</sup>

In response to these objections, the Executive Committee of the PAGB held a 'special meeting' to consolidate the Association's position on the matter.<sup>295</sup> The meeting was attended by over 40 members; the majority of whom had engaged in the process of branding and destamping. After some discussion and keen to secure a complete abolition of the duty, the Chairman of the PAGB passed a resolution that members were prepared to continue to disclose their formulae even after the repeal of the Medicine Stamp Acts. The Executive Committee hoped that the 'few' members – they were not named – who had not disclosed their formulae would see fit to do so but made it clear that they would not be required to do so. The Secretary of the PAGB forwarded the resolution to the Chancellor of the Exchequer in an attempt to smooth the repeal of the Medicine Stamp Acts. However, without a scheme of control to replace that which was claimed by professional societies to be exercised by

---

<sup>293</sup> Stebbings, *Tax, Medicines and the Law*, pp. 211-212.

<sup>294</sup> 'Medicine Stamp Duties', *BMJ*, 15 July 1939, p. 120.

<sup>295</sup> PAGB Executive Committee Minutes, 15 June 1939, PAGB/1/2.

medicine stamp duty, the repeal of the Medicine Stamp Acts was not possible. The Chancellor of the Exchequer was forced to postpone the matter.<sup>296</sup>

### 3.10 Bismag Ltd. v. Amblins (Chemists) Ltd.

On 21 December 1939, Bismag Ltd. sought an action against Amblins (Chemists) Ltd. (Harrow Road, London), for an injunction restraining infringement of the trade mark, 'Bisurated', in connection with magnesia (which was supplied by chemists as a medicinal stomach powder).<sup>297</sup> A number of materials were presented as evidence. One piece of evidence, a poster featured by Amblins Ltd. in a window display, read:

[T]he Millionaire Patent Medicine Firms have secretly got an Act passed which makes it illegal for us to mention the names of patent medicines in comparison with our copies so that we cannot say for instance: "30 tablets Amblo 6d. sold to compete with 10 tablets so-and-so at 6d".<sup>298</sup>

The Act referred to was the Trade Marks Act (1938). The poster then proceeded to explain that Amblins Ltd. had found a 'simple way' of showing the comparison and encouraged readers to 'ask for list of over 100 remedies'. The list referred to was a pamphlet which opened with an attack on patent medicines:

---

<sup>296</sup> Stebbings, *Tax, Medicines and the Law*, pp. 207-214.

<sup>297</sup> 'Legal Reports, Trade Marks Act Appeal', *Chemist and Druggist*, 20 April 1940, p. 294.

<sup>298</sup> 'Bismag Ltd. v. Amblins (Chemists) Ltd.', *Reports of Patent, Design and Trade Mark Cases*, 57.8 (8 August 1940), 209-244, p. 235.

'Some plain truths about patent medicines. Read the enclosed and you will save yourself money. Safeguard your health and be much happier as thousands of other people have proved for themselves by taking Amblins' famous medicines. For too many years have sufferers been exploited by manufacturers of branded medicines and charged shillings for medicines which cost pence to make'.

In the pamphlet, like the others discussed in this chapter, the authors stated that many advertised medicines were made according to well-known formulae, that millions of pounds were spent on advertising them, that every penny spent on advertising was paid for by a credulous public in the form of exorbitant prices and that precisely the same article could be supplied at a lower price. Crucially, Amblins' pamphlet finished with the statement: 'If you want the original advertised remedies, we can supply them to your order at the full prices. If you want Amblins' remedies, order by number or by Amblins' own name.' In the pamphlet, the authors had set out two columns: the left headed 'List of advertised patent medicines sold by us' and the right 'Amblins' Medicine (Brand) Prescriptions'. In the case of the plaintiffs' preparation, the left column read 'Bisurated Magnesia Tablets. Analysis: Bismuth Carb. Soda Carb. Magnesia Carb. Excipient. Price, Is. 3d. for about 50 tablets.' The right column, in immediate juxtaposition, read: 'Prescription No. 7. Bismuthated Magnesia Tablets. Analysis: Bismuth Carb. Soda Carb. Magnesia Carb. Excipient. Price, 30 tablets 6d., 75 tablets Is.'

The legal representative for Bismag Ltd., Trevor Watson KC, proposed that Amblins Ltd. had used the 'Bisurated' trade mark for the purpose of defining the goods and their contents (Bismuthated Magnesia Tablets), that those goods were being put forward as a substitute for those owned by Bismag Ltd. and that the comparison was used as a selling point. Such use of the 'Bisurated' trade mark, he argued, was prevented by the Trade Marks Act (1938). W. A. Barton KC, representing Amblins Ltd., argued that the pamphlet had been most carefully drafted so as to comply with the provisions of the Trade Marks Act. He argued that Amblins Ltd. had not incorporated the

plaintiffs' trade mark into any description of their own goods and that no purchaser was being invited to believe he was purchasing 'Bisurated Magnesia Tablets' if he purchased the respondents' 'Bismuthated' Magnesia Tablets'. Justice Simonds, who presided the case, held that the appellants' claim for an injunction restraining passing off succeeded but dismissed the claim against Amblins Ltd. for an injunction restraining the infringement of the trade mark 'Bisurated' in connection with magnesia.<sup>299</sup> The reason for this was because Simonds was unable to find in the language of Section 4 of the new Trade Marks Act an intention expressed with sufficient clearness to produce the result claimed by the plaintiffs. He held, in effect, that the difference in language in the new act had produced no effect whatever upon the rights of owners of registered trade marks.

In the Court of Appeal, in May 1940, Watson stated that the only question of interest to Bismag Ltd. was whether the mode in which Amblins Ltd. had used their trade mark was prevented by Section 4 of the Trade Marks Act. He made an impassioned plea, providing a detailed account of the 'evil' which Section 4 was designed to remedy:

'Certain firms in the country... expended enormous sums in building up a goodwill and were then faced with the competition of people who were very often people of comparatively small means, and they then found that a great deal of the goodwill which had been built up over a long period of years was filched from them by people who said that they could provide the identical article at a lower price.'

He was emphatic that whereas the former Trade Marks Act of 1905 and the law with regard to passing off were intended to protect the public against the risk of deception as to the origin of the goods, the Trade Marks Act of 1938

---

<sup>299</sup> 'Legal Report', *Chemist and Druggist*, 18 May 1940, p. 368.

safeguarded the goodwill built up under the protection of a registered trade mark.<sup>300</sup>

During the proceedings, the language of the act was subject to criticism by the presiding judges who described it, variously as ‘involved’, ‘crabbed’ and ‘difficult to construe’.<sup>301</sup> However, unlike Justice Simonds, the Master of the Rolls – Lord Greene – found that the law had been changed, even if the relevant section was written in a language that was ‘turgid and diffuse’. He stated that Amblins Ltd. brought themselves within the scope of the Act because they had used the *mark* (not a trade mark) ‘Bismuthated’, which resembled the registered trade mark ‘Bisurated’, in the course of trade, in relation to an identical class of goods, upon or in physical relation to that good, and used it in such a manner as to import a reference to Bismag Ltd. who had the right as registered users to use of the trade mark, ‘Bisurated’. He explained to those in attendance, ‘Does the use complained of import a reference to the Appellants’ “Bisurated” goods? Manifestly, since it is the whole object of that use that it should do so’.<sup>302</sup> He thus ruled that Amblins Ltd. was obtaining the benefit of Bismag Ltd.’s trade mark and granted the appeal.

*Bismag v. Amblins* raised for the first time the importance of Section 4 of the Trade Marks Act and the Master of the Rolls spoke upon the significance of the situation. He stated that the Trade Mark Act of 1938 effected ‘a radical alteration’ in the law relating to registered trade marks.<sup>303</sup> The law conferred upon the proprietor of the registered trade mark ‘a novel type of monopoly for which no consideration [was] given to the public’. It granted ‘a privilege in which the proprietor... [did] not share and prohibit[ed] for his benefit a form of trading which had previously been considered unobjectionable and is still unobjectionable except in the one case where a registered trade mark is in

---

<sup>300</sup> *Bismag Ltd. v. Amblins (Chemists) Ltd.*, *Reports of Patent, Design and Trade Mark Cases*, p. 220.

<sup>301</sup> *Ibid.*, p. 216, p. 232.

<sup>302</sup> *Ibid.*, p. 234.

<sup>303</sup> ‘Legal Report, Trade Marks Act Appeal’, *Chemist and Druggist*, 18 May 1940, p. 368.

question'. It was now, in essence, not lawful to make reference to a competitor's trade mark in comparative advertising.<sup>304</sup> The PAGB, who had been following proceedings closely, minuted that the decision was of 'paramount importance to members'.<sup>305</sup>

### 3.11 The Passage of the Pharmacy and Medicines Act (1941)

With the introduction of the purchase tax in 1940 the whole issue of medicine stamp duty re-emerged.<sup>306</sup> The purchase tax applied to transactions between wholesalers and retailers including medicines and was charged on the price of medicines including the medicine stamp duty. The PAGB made an emphatic protest against the situation, objecting to the 'whole noxious principle of double taxation of proprietary medicines' and the 'heavy burden' that it placed on a large section of the public who bought the medicines in question.<sup>307</sup> The Chancellor of the Exchequer agreed that the situation was impossible and decided that it was now crucial to abolish medicine stamp duty entirely. He invited professional pharmaceutical societies, pharmaceutical unions and retail, manufacturing and wholesale chemists to come to an agreement on terms which would allow the repeal of medicine stamp duty. These parties included: the PAGB, the PSGB, the National Pharmaceutical Union, the Scottish

---

<sup>304</sup> It should be noted that the decision continued to be the object of contestation. In *Aristoc Ltd. v. Rysta Ltd.* in 1945, two Lords went out of their way to state that they preferred the view on the matter of the judges who had held that the introduction of the Trade Marks Act in 1938 had not had the effect of altering the pre-existing law. Robert Burrell, 'Trade Marks Act 1938 – Suggested Amendments Part I – Articles and Reports', *Trademark Report* 44 (1954), 11-23, p. 13.

<sup>305</sup> Annual Report, 22 September 1942, PAGB/1/2.

<sup>306</sup> Stebbings, *Tax, Medicines and the Law*, p. 211.

<sup>307</sup> PAGB Executive Committee Minutes, 21 August 1940, PAGB/1/2; Stebbings, *Tax, Medicines and the Law*, p. 211.

Pharmaceutical Federation, the Company Chemists' Association, the Wholesale Drug Trade Association, the National Federation of Grocers, the Provision Dealers' Associations, the Parliamentary Committee of the Co-operative Congress and the Association of Wholesale Druggists and Manufacturers of Medicinal Preparations.<sup>308</sup>

The agreement arrived at by the various interests was that only qualified chemists or medical practitioners could sell by retail any medicine recommended for the prevention, cure or relief of a human ailment. This included salines, entire drugs of vegetable origin, simple chemical compounds, mineral waters, compounds for preparing mineral waters, and substances and preparations put up for medicinal use under a title consisting of a proprietary name or trade mark to which any person had or claimed to have an exclusive right. The PAGB stated that this agreement compensated chemists for the loss of the advantage of their existing rights whilst, at the same time, leaving most members of the PAGB free to sell their trade-marked articles as was, at present, permitted.<sup>309</sup> Though the agreement addressed the problem of medicine stamp duty, it did not provide any controls related to proprietary medicines. Highlighting the situation, the Ministry of Health stated emphatically that the proposed arrangement had no merits except in preserving the balance between the commercial interests involved.<sup>310</sup> It was clear to the Chancellor of the Exchequer that the duty could not be repealed until some other regulation was introduced.<sup>311</sup>

Thus, the conditions for the repeal of medicine stamp duty passed out of the hands of the Chancellor of the Exchequer and into the hands of the

---

<sup>308</sup> 'Pharmacy and Medicines Bill', House of Commons (6 August 1941, vol. 373 cc.1968-9W), Hansard <<https://api.parliament.uk/historic-hansard/written-answers/1941/aug/06/pharmacy-and-medicines-bill>> [accessed 11 May 2021].

<sup>309</sup> PAGB Executive Committee Minutes, 11 December 1940, PAGB/1/2.

<sup>310</sup> Stebbings, *Tax, Medicines and the Law*, p. 212.

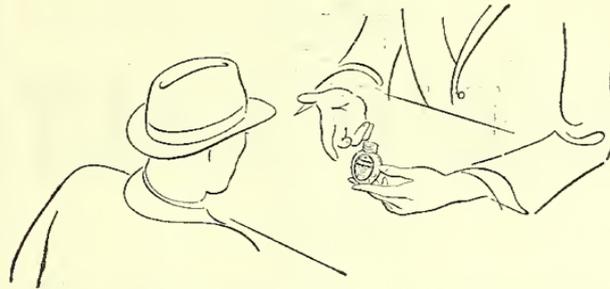
<sup>311</sup> *Ibid.*, pp. 212-213.

Minister of Health.<sup>312</sup> In July 1941, the Minister of Health introduced the Pharmacy and Medicines Bill to the House of Commons. He explained that, in the present state of the law, there remained opportunities ‘for the unscrupulous to trade on the credulity and fears of the ill-informed by the production of useless, or even harmful, secret preparations and... thereby to delay the seeking of proper advice and early treatment for serious diseases by advertising quack remedies’. That practice, he stated, would be stopped by the provisions of the proposed bill. He explained that from January 1942, all medicines would have to bear on their labels a statement of their composition, active constituents, or by reference to the formula in the *British Pharmacopoeia* or the *Pharmaceutical Codex*. Furthermore, future advertisements of treatments for certain diseases, or of articles for procuring abortion, would be stopped. In addition to these provisions, the Minister of Health asserted the Bill safeguarded the interests of chemists. He explained that, from the date of the repeal of medicine stamp duty, all medicines would be retailed exclusively by chemists (together with doctors and dentists) with the exception of herbal remedies, mineral waters and proprietary medicines not described in the *British Pharmacopoeia* or the *British Pharmaceutical Codex* (thus, preparations manufactured by the members of the PAGB could continue to be sold via non-chemist outlets).

---

<sup>312</sup> ‘Pharmacy and Medicines Bill’, House of Commons (8 July 1941, vol. 373, cc. 63-127), Hansard < <https://api.parliament.uk/historic-hansard/commons/1941/jul/08/pharmacy-and-medicines-bill> > [accessed 11 May 2021].

TRADE MARK 'TABLOID' BRAND ASPIRIN  
ALWAYS INSPIRES CONFIDENCE



'TABLOID' Aspirin has won world-wide recognition—yet it is not advertised to the public. Its reputation is founded solely upon exceptional purity, uniform accuracy and unvarying activity.

Prices in London to the Trade:  
'TABLOID' Aspirin, gr. 5  
Bottles of 25 and 100, at 10/-  
and 30/- per dozen (subject)



POINTS TO EMPHASISE

1. Always the same weight
2. Always reliable in action
3. Prepared from pure Acetylsalicylic Acid that is "Better than B.P."
4. Free from substances added to mask the B.P. tests



BURROUGHS WELLCOME & CO.  
LONDON

G 1593

COPYRIGHT

*Figure 3.12, 'Tabloid' Brand Aspirin, Burroughs Wellcome & Co., Chemist and Druggist, 6 February 1932, p. 29*

There was a considerable expression of support for the Bill in the House of Commons, though it did not escape criticism. Sir Ernest Graham-Little (a dermatologist and Independent MP for London University), addressed the House, explaining that after so long a period of waiting for a constructive measure the scope of the Bill was 'disappointing', particularly with regard to compulsory formula disclosure. He explained that the Bill did not make it

compulsory to describe the ingredients of the preparations in terms that could be understood by the general public and maintained that the use of scientific names on the container did not furnish the public with any useful information. To illustrate his argument he explained that there were a number of preparations which contained nothing but aspirin but which were sold under 'fancy names'. One such manufacturer, he declared, sold their product as 'pure acetylsalicylic acid' – the chemical name for aspirin – and were permitted to do so at a considerably inflated price because of the 'fancy name'. Though it is uncertain as to which manufacturer Graham-Little referred, Figures 3.12 and 3.13 demonstrate that Burroughs Wellcome & Co. promoted Tabloid Brand products in these terms with the reference 'acetylsalicylic acid' or 'pure acetylsalicylic acid' rather than 'aspirin'.<sup>313</sup> The intention was to distinguish Tabloid products from ordinary 'aspirin' in terms of 'purity', 'accuracy' and 'activity'.

It should be noted that Burroughs Wellcome & Co. was not a member of the PAGB, though the concern expressed by Graham-Little serves to demonstrate that problems with proprietary medicines were also relevant to those medicines advertised directly to the medical profession which, similarly, were subject to few constraints. The points raised by Graham-Little were echoed in a leading article by the editors of the *BMJ* who stated that the disclosure of formula might be in such 'pseudo-scientific terms as to constitute no disclosure at all'.<sup>314</sup> The editors were emphatic that in order for the Bill to achieve its purpose, it should be made compulsory to describe the ingredients in 'common terms', readily understood by the general public. The article followed previous complaints published by the *BMJ* relating to 'pseudo new remedies': well-known pharmaceuticals 'rebaptised' and offered to the profession and the consuming public 'at an increased price' and 'as a new drug

---

<sup>313</sup> 'Tabloid' Brand Aspirin, Burroughs Wellcome & Co., *Chemist and Druggist*, 6 February 1932, p. 29; 'Empirin', Burroughs Wellcome & Co., *Chemist and Druggist*, 14 October 1939, p. 17

<sup>314</sup> 'Pharmacy and Medicines Bill', *BMJ*, 19 July 1941, p. 90.

October 14, 1939 THE CHEMIST AND DRUGGIST 17

TRADE MARK 'EMPIRIN' BRAND

ACETYLSALICYLIC ACID

*A British weapon of precision*

There is a thrill in selling acetylsalicylic acid of this quality.

The name 'EMPIRIN' suggests its British origin, its far-flung utility and its unvarying dependability.

■■■ 'TABLOID' ■■■ 'EMPIRIN' ■■■ GR. 5  
 Bottles of 25 and 100 products. Also available, 0.5 gm.

■■■ 'TABLOID' ■■■ 'EMPIRIN' ■■■ COMPOUND  
 Bottles of 25 and 100 products

■■■ 'TABLOID' ■■■ 'EMPIRIN' ■■■ COMPOUND  
 WITH CODEINE  
 Bottles of 25 and 100 products

■■■ 'TABLOID' ■■■ 'EMPIRIN' ■■■ AND CAFFEINE  
 Bottles of 25 and 100 products

■■■ 'TABLOID' ■■■ 'EMPIRIN' ■■■ AND  
 DOVER POWDER  
 Bottles of 25 and 100 products

■■■ 'TABLOID' ■■■ 'EMPIRIN' ■■■ AND PHENACETIN  
 Bottles of 25 and 100 products




 BURROUGHS WELLCOME & CO., LONDON  
INCORPORATED

*Figure 3.13 'Empirin', Burroughs Wellcome & Co., Chemist and Druggist, 14 October 1939, p. 17*

of surpassing excellence'.<sup>315</sup> Evidently, there was still a sentiment amongst British medical practitioners that the public were still being duped into buying preparations, the price of which far exceeded the value.

In response to the second reading of the Pharmacy and Medicines Bill in the House of Commons, the Chairman of the PAGB was quoted in the *Chemist*

<sup>315</sup> E. W. Adams, 'Some New Drugs and Remedies', *BMJ*, 28 March 1936, p. 625.

*and Druggist* as stating that the proposed reforms were ‘long overdue’.<sup>316</sup> He claimed that the provisions of the Bill were not originally envisaged by the PAGB but that the Association welcomed the action, claiming that the compulsory disclosure of compositions would ‘once and for all time abolish all “secret” remedies’ and protect the public from ‘the wiles of unscrupulous vendors of quack medicines.’<sup>317</sup> Speaking on the same subject, a representative of Foster-McClennan & Co., a member of the PAGB, explained that whilst manufacturers were fully aware of the real and potential dangers of formula disclosure, particularly in regard to increased competition and an intensification of substitution on the part of unscrupulous traders, he regarded the provision not only as ‘a concession to enlightened public opinion’ but also as ‘a measure that will help to remove the reproach of “quackery” from this sorely tried and much-maligned industry’.<sup>318</sup> He was certain that, in the long term, formula disclosure would benefit all reputable products.

### 3.12 Conclusion

In a pertinent summary of the transformed attitude of the PAGB, one commentator in the *Chemist and Druggist* remarked that, formula disclosure, ‘ha[d] become so general in recent years as obviously to have lost its terrors for proprietors of remedies’ and added that, ‘a decade ago this would doubtless have been the most hotly contested part of the Bill.’<sup>319</sup> The chapter has demonstrated that the change in the PAGB’s attitudes to formula disclosure was connected to two developments: a desire amongst members to avoid the

---

<sup>316</sup> ‘Opinions on the Pharmacy and Medicines Bill’, *Chemist and Druggist*, 12 July 1941, p. 13.

<sup>317</sup> *Ibid.*

<sup>318</sup> *Ibid.*, p. 15.

<sup>319</sup> Kay Brothers, Ltd., Stockport, ‘Opinions on the Pharmacy and Medicines Bill’, *Chemist and Druggist*, 12 July 1941, p. 16.

burden of stamp duty and a related desire to secure the repeal of the Medicine Stamp Acts. These developments, the chapter has argued, were underpinned by a transition of manufacturers' property interests in the 1920s and 1930s from formulae to registered trade marks. The chapter has demonstrated that members of the PAGB successfully campaigned for the extension of the rights of proprietors of registered trade marks; a campaign which was crucial in providing manufacturers with the legal basis to curtail the practice of comparative advertising. After these legal changes, the PAGB could put the Association's support behind a policy of compulsory formula disclosure with a view to secure the repeal of the Medicine Stamp Acts, knowing that members' trade marks were protected. The chapter has found that this policy was not reflective of the position of *all* members of the Association but rather a majority of members led, powerfully, by Beechams Pills Ltd. and subsidiary companies.

By investigating the campaign by the PAGB to counter the sales of imitation or substitution products, the chapter demonstrates that the use of trade marks in the 1930s was much broader than the narrow legal definition of trade mark as referring to the *origin* of the product being sold. The arguments speaks to the scholarship of Graeme Gooday and Stathis Arapostathis who argue that the functions of patents in Britain at the turn of the century similarly reached far beyond their narrow legal definition.<sup>320</sup> Owners of registered marks argued vehemently that the legal definition of 'trade mark' was insufficient to safeguard the goodwill built up under their brands and they applied considerable pressure on successive governments to expand the definition so as to strengthen the legal protection that a registered trade mark could confer on brands. The chapter argues that the extension of the rights of owners of registered marks in the late 1930s provided the necessary conditions for the passage of the Pharmacy and Medicines Act. The finding casts new light on the passage of the act which has been understood by scholars such as Chantal Stebbings and John Abraham as arising

---

<sup>320</sup> Gooday and Arapostathis, *Patently Contestable*.

predominantly from legal-fiscal reform.<sup>321</sup> The chapter thus proposes that changes in trade mark law became a basis for therapeutic reform in Britain and, in so doing, speaks to the scholarship of Joseph Gabriel and Jeremy Greene who describe the historical relationship between developments in intellectual property law and therapeutic reform in the United States.<sup>322</sup>

Though representatives of the PAGB, by way of support of formula disclosure, sought to distance the industry from accusations of quackery, the chapter has demonstrated that criticism of proprietary medicines did not disappear with the passage of the Pharmacy and Medicines Act. Throughout the 1930s and into the 1940s, despite the popularisation of formula disclosure, there remained a pervasive notion that the public were being duped by manufacturers into buying preparations which had few therapeutic advantages and whose costs far exceeded their value. These criticisms were, of course, expressed by representatives of the medical profession who maintained that the public were not *fully* informed as to the composition of the medicines sold to them. But the chapter has demonstrated that criticism of secret remedies was substantially sustained by retail chemists themselves who had a commercial incentive to disparage popular proprietary medicines. Despite the passage of the Pharmacy and Medicines Act – and the enactment of compulsory formula disclosure – the chapter has argued that popular proprietary medicines were still widely characterised and criticised as being disreputable. These criticisms were no longer substantially based on accusations of secrecy but on their large-scale distribution, extravagant marketing techniques, the commercially-orientated interests of manufacturers, their direct sale to the public, their dubious therapeutic value and their cost.

---

<sup>321</sup> Stebbings, *Tax, Medicines and the Law*; Abraham, 'The Political Economy of Medicines Regulation in Britain'.

<sup>322</sup> Gabriel, *Medical Monopoly*; Greene, *Generic*.

## **Chapter 4 – Menopausal Treatments, Toothpaste and Testimonials: The Development of a British Code of Advertising Standards, 1919 – 1962**

### **4.1. Introduction**

In *Advertising in Britain*, Terence Nevett argues that in response to persistent ‘quackery’ in advertising in the early twentieth century, associated manufacturers of proprietary medicines set up the Proprietary Association of Great Britain (PAGB) to ‘provide for the establishment of schemes for regulating the conduct of persons, firms or companies engaged in the industry and for precluding the use of inaccurate or misleading practices’.<sup>323</sup> He explains that in the 1930s, the PAGB formalised its activities in the advertising field by introducing a code of advertising standards and that, by the early 1960s, the principle of the PAGB’s code had been extended by associated advertisers to every kind of advertising by way of a shared ‘British Code of Advertising Practice’ (1961). Chapter 2 has already challenged Nevett’s claim that the PAGB was established with the intention to regulate advertising. It was, rather, a strategy used by the PAGB to protect the operational freedoms and market advantages of the Association’s members.<sup>324</sup> However, Nevett invites further investigation into the relationship between the PAGB and the wider British advertising industry in the middle decades of the twentieth century. Whereas Nevett suggests that there was a relatively straightforward transmission of advertising standards from the PAGB to associated advertisers, the following chapter proposes a rather more complex narrative, arguing that there were specific areas of dispute which stopped associated advertisers from adopting

---

<sup>323</sup> Terence R. Nevett, *Advertising in Britain: A History* (London: The History of Advertising Trust, 1982), pp. 164-165.

<sup>324</sup> Argument inspired by Clea D. Bourne, ‘Producing Trust, Knowledge and Expertise in Financial Markets: The Global Hedge Fund Industry “Represents” Itself’, *Culture & Organisation*, 18.2 (2012), pp. 107-122.

the PAGB's code of advertising standards. By reconstructing these disputes, the chapter, furthermore, investigates the nature and significance of the shared British code of advertising standards, arguing that it was more aspirational than it was a co-ordinated reality.

The chapter commences in the early 1920s when the Executive Committee of the Association of Manufacturers of British Proprietaries (AMBP) suspended Clement & Johnson Ltd. from membership because of persistently extravagant promotional claims made in relation to their product, 'Yadil'. In the mid-1920s, the *Daily Mail* launched a campaign against Clement & Johnson Ltd. on the basis that Yadil was fraudulently ineffective in treating the ailments for which it was advertised. In order to evade criticism, the AMBP became a sustaining member of the National Vigilance Committee (NVC) which was set up in 1925 by associated members of the British advertising industry. From the 1920s, the AMBP worked with the NVC, renamed the Advertising Investigation Department (AID) in 1928, to devise advertising standards in relation to the promotion of patent, secret and proprietary medicines. The AID operated under the direction of the Advertising Association which, established in 1926, worked to transform the occupation of advertising into a profession and to protect the industry from government intervention.<sup>325</sup>

I argue that, in the early years, there was general consensus between the PAGB and the AID on the types of malpractice that were desirable to suppress but that, after the passage of the Pharmacy and Medicines Act in 1941, there were more instances of dispute between them. This is because the AID wanted to extend the code of advertising practice beyond the provisions of the Pharmacy and Medicines Act in ways that infringed on the operations of certain members of the PAGB. I propose that by the 1950s there was a marked deterioration in the relationship between the two organisations and particular

---

<sup>325</sup> Sean Nixon, "'Salesmen of the Will to Want': Advertising and Its Critics in Britain 1951–1967", *Contemporary British History*, 24.2 (2010), 213-233; Stefan Schwarzkopf, 'They do it with Mirrors: Advertising and British Cold War Consumer Politics', *Contemporary British History*, 19 (2005), pp. 133-150; Peter Gurney, 'Voice of Civilisation: Advertising and its Critics in Austerity Britain', *Contemporary British History*, 32.2 (2018), 190-208.

disagreement over whether the British Code of Standards should be extended to cover all commercial advertising (including cosmetics and foods). The situation was such that in 1961, the PAGB withheld support of the Committee of Advertising Practice's publication of the 'British Code of Advertising Practice'.

In the chapter, I demonstrate that it was difficult for members of the British advertising industry to develop and comply with a shared code of advertising standards. There were frequent disputes between regulatory bodies over what constituted appropriate advertising and the chapter highlights some notable examples including menopausal treatments, aphrodisiacs, testimonials and toothpaste. As well as disputes relating to certain types of advertising there was a desire on the part of associated advertisers to maintain autonomy in the development and implementation of codes of advertising practice. This meant that though the PAGB sought to be an authority in the development of advertising standards in relation to non-prescription medicines and treatments, its campaign was continually thwarted by the reluctance of the wider British advertising industry to grant the Association such authority. For these reasons, despite the formulation of common codes of advertising practice from 1948, the system of voluntary advertising regulation remained a distinctly de-centralised operation, with most associations maintaining separate (albeit overlapping) codes of practice.

Thus, I argue that the shared code of advertising standards as related to medicines and treatments in the mid-twentieth century was more aspirational than practical. The shared code provided a set of higher professional ideals, an indication that the advertising industry was speaking in one voice and had at its disposal a comprehensive apparatus for the enforcement of minimum standards of conduct. But I demonstrate that, in practice, the code was only ever a guide, laying out terms that advertising practitioners *should* – rather than had to or even wanted to – adhere to. Such an interpretation fits with the argument of Claire Jones that codes of conduct in medical practice did not necessarily correlate with the attitudes and behaviours of medical

practitioners.<sup>326</sup> That being said, the chapter demonstrates that codes of advertising standards were used throughout the period as instruments of accountability. The AID, in particular, was empowered to hold the PAGB to account for only following the letter, rather than the spirit, of the code of advertising standards. Codes of advertising standards, then, sufficiently mobilised, were a means by which actors could press claims against one another, to challenge claims of trust, respectability and authority, and to secure the amendment of certain types of advertising content. The common code of advertising standards was, therefore, an instrument that was able to forge and reconfigure relationships within the medical marketplace, not only between consumers and certain products, but between different regulatory bodies involved in the promotion and supply of those products.<sup>327</sup>

In charting the development of a shared code of advertising standards in relation to medicines, the chapter spans three major phases. In the first phase – the interwar period – there was a significant collective endeavour by associated advertisers to establish basic principles to regulate medicine

---

<sup>326</sup> Claire L. Jones, 'A Barrier to Medical Treatment? British Medical Practitioners, Medical Appliances and the Patent Controversy, 1870-1920', *British Journal for the History of Science*, 49.4 (2016), 601-625. See also, Peter Bartrip, 'Secret remedies, medical ethics, and the finances of the British Medical Journal', in *The Codification of Medical Morality*, ed. by Robert Baker (Dordrecht: Springer, 1995), 191-204; Lori Loeb, 'Doctors and patent medicines in modern Britain: professionalism and consumerism', *Albion: A Quarterly Journal Concerned with British Studies* 33.3 (2001): 404-425; Takahiro Ueyama, *Health in the Marketplace: Professionalism, Therapeutic Desires, and Medical Commodification in Late-Victorian London* (Palo Alto, California: The Society for the Promotion of Science and Scholarship, Inc., 2010), pp. 27-28.

<sup>327</sup> Claire L. Jones, *The Medical Trade Catalogue in Britain, 1870-1914* (Pittsburgh: University of Pittsburgh Press, 2016); Antoine Lentacker, 'Powers of the Script: Prescription and Performance in Turn-of-the-Century France', *Representations* 148.1 (2019), 57-85; Boris Jardine, 'State of the Field: Paper Tools', *Studies in History and Philosophy of Science Part A*, 64 (2017), 53-63.

advertising and to develop apparatus with which to enforce adherence to those principles. From 1930s, there were also repeated attempts by British parliamentarians to resuscitate the Proprietary Medicines Bill (1920). It was in this period that the PAGB published a code of advertising standards. The code was intended by the PAGB to demonstrate to the industry's critics that manufacturers were willing to adhere to an ethical code of conduct. It was also intended by the PAGB to serve as a template which would guide policy makers to develop and adopt advertising standards that were congruent with members' commercial interests.

The second phase is characterised by the period of rationing and austerity ushered in by the requirements and conditions of the Second World War. In this phase, associated advertisers enlarged the scope of regulatory action beyond the provisions of the Pharmacy and Medicines Act (1941). For those involved, the scheme had the immediate practical advantage of freeing up space for more reputable advertisers in a period where advertising space in newspapers and periodicals was vastly reduced.<sup>328</sup> It also provided associated advertisers' with the means to demonstrate that the industry acted in one voice with due consideration of the rights and advantages of and to the public. This allowed the advertising industry to meet the challenge of working in an environment governed by the Labour Government's (1945 – 1951) politics of austerity, consumer protectionism and socialist planning.<sup>329</sup>

The third phase extends from the 1950s to the early 1960s. The phase was characterised by a major increase in advertising expenditure (which rose from £134 million in 1953 to £323 million in 1959) and sustained public debate over the economic and social role of advertising in post-war Britain.<sup>330</sup>

---

<sup>328</sup> Graham Murdock and Peter Golding, 'The Structure, Ownership and Control of the Press: 1914-1976', in *Newspaper History from the 17<sup>th</sup> Century to the Present Day*, ed. by George Boyce, James Curran and Pauline Wingate (London: Constable, 1978), 130-148, p. 131.

<sup>329</sup> Peter Gurney, 'Voice of Civilisation: advertising and its critics in austerity Britain', *Contemporary British History*, 32.2 (2018), 190-208.

<sup>330</sup> For figures see Peter Gurney, *The Making of Consumer Culture in Modern Britain* (London: Bloomsbury Publishing, 2017), p.168. Sean Nixon, "'Salesmen of the

These debates were fuelled by the arrival of commercial television in 1955, cultural anxieties concerning Americanisation and an increasingly influential consumer movement. The chapter ends in 1961 when associated advertisers published the 'British Code of Advertising Practice' and the PAGB was excluded from joining the Code of Advertising Practice Committee which kept the provisions of the code under review.

The chapter focuses on a number of different product types, most notably menopausal treatments, aphrodisiacs, rheumatic remedies and dental products. Each of these products was manufactured by a member of the PAGB and each of them had an impact on the PAGB's interactions with other regulatory associations – sometimes generating consensus, at other times discord. It should be noted that though these products formed part of the mid-twentieth century healthcare landscape, the chapter does not treat them as typical of that landscape. This is in keeping with the overall aims of the thesis which does not look to construct narratives around particular medicines (save those, arguably, that were manufactured by members of the PAGB) but, rather, to investigate the particular socio-technical networks that produced, managed and disseminated information about non-ethical or non-prescription medicines.

#### **4.2. The Suspension of Clement & Johnson Ltd.**

As discussed in Chapter 2, in 1919, the AMBP adopted strict terms of membership. The Association required that each application for membership be accompanied by a specimen package of each preparation on which the application for membership was based, together with copies of all statements related to its composition, place of manufacture and therapeutic or dietary effects. It strictly disapproved of preparations offered, directly or indirectly, for

---

Will to Want": Advertising and Its Critics in Britain 1951–1967', *Contemporary British History*, 24.2 (2010), 213-233.

use as abortifacients or 'for any other immoral or illegal purposes'.<sup>331</sup> It also prohibited preparations recommended as a 'cure' for diseases or conditions 'generally recognised as incurable by the simple administration of drugs'.<sup>332</sup> The assessment of membership applications was, according to the Association's minutes, a considerable task and was described as entailing 'continuous duty' on the part of the sub-committee appointed by the Executive Committee to investigate specimen packages submitted by each applicant.<sup>333</sup>

Though there were stringent rules for entry, once elected to the AMBP, members were not required to submit new or amended promotional material to the Association for consideration. Thus, it came to pass that Clement & Johnson Ltd. (elected to membership in December 1919) were able to promote their product 'Yadil', with increasingly extravagant claims. The company claimed in advertisements that the preparation, a garlic-based antiseptic, was 'proven' to 'destroy' bacterial infections associated with diseases such as

---

<sup>331</sup> PAGB Foundation Records, 17 July 1919, PAGB/1/1.

<sup>332</sup> *Ibid.*

<sup>333</sup> PAGB Foundation Records, First Annual Report, 24 June 1920, PAGB/1/1.



## Out of the Shadow of Death

"When we have produced an antiseptic which can be taken internally without risk of injury to cell-tissue, we shall have conquered infectious disease."—LORD LISTER.

In my Press messages I have repeatedly stated that more than one hundred thousand lives a year can be saved, in the British Isles, by the timely use of my antiseptic, 'Yadil'. To some people this may seem an exaggeration. But it is a fact.

EVERY week, year in and year out, nearly ten thousand people of all ages die in this country. Most of these deaths are premature. Doctors tell us that we owe this appalling waste of life to a host of different diseases. Actually, the majority of our so-called "diseases" are merely symptoms of one single disorder, bacterial infection. 'Yadil' destroys this infection, and the symptoms we call "diseases" disappear. It is all very simple, and it means longer life for millions of people.

**PNEUMONIA**, congestion of the lungs and bronchitis together destroy some eighty thousand lives a year. As these troubles usually follow a cold or chill, the danger of neglecting such "minor" ailments is obvious. Seven years of medical experience prove that 'Yadil' rarely fails in these diseases. Were it always used in all cases, as well as in every cough, cold and chill, at least seventy thousand of these lost lives would be spared.

**INFLUENZA** and similar disorders, which yearly claim a heavy toll of life, are quickly conquered by a dose of 'Yadil' every hour, in orange or lemon juice. Complications never follow influenza when 'Yadil' is used.

**SUMMER** diarrhea, cholera, dysentery, enteritis, and other intestinal disorders are all symptoms of bacterial infection, which 'Yadil' promptly cures. They cause thousands of deaths which would be avoided if my antiseptic were always given at the very first symptom.

**MEASLES** and scarlet fever account for a heavy death rate amongst children. These fevers would seldom develop if, when a child appears listless, or refuses food and play, he was given half a teaspoonful of 'Yadil' in two or three ounces of orange juice every half hour, until the symptoms have disappeared, then the same dose two or three times a day for a few days, as a safeguard against their return. Within half a day, as a rule, all danger is gone, at a cost of two or three shillings for 'Yadil' and fruit. Isn't that better for the child, as well as more economical, than weeks of illness and isolation hospitals?

**DIPHTHERIA**, tonsillitis, whooping-cough and other throat infections bring to an untimely end thousands of children. These dangerous disorders can be stopped at the very first complaint of pain in the throat. Mix one tablespoonful of 'Yadil' with three of honey (bought from your chemist to make sure of its purity) and the juice of one lemon. Stir until well mixed. Give a teaspoonful—less in the case of infants—every quarter of an hour for three or four hours, then hourly for the rest of the day. This will make an end of all symptoms in the course of the day. When all fathers and mothers understand and carry out this simple and inexpensive treatment, diphtheria, tonsillitis and whooping-cough will have become plagues of the past. The same mixture brings quick relief to adults in all cases of sore throats.

To make it easy for any one to use my antiseptic in all disorders I have written THE YADIL BOOK, in which I indicate the right treatment in each of some 200 disorders. These treatments are not based upon theory, but upon the reports received from medical men who have used my antiseptic these last seven years. They can be depended upon in all circumstances.

Do you know that we should rarely be ill if we lived according to the laws of nature? Yet these laws are never taught in our schools, not even in our schools of medicine. Can you tell the reason why? Is it that we are eager as a nation to pass on to our children our taints and diseases? If so, for whose benefit are we ensuring to the next generation this heritage of pain and premature death? Is there some sinister reason for keeping the nation in ignorance of the true causes of its ailments? In THE YADIL BOOK you will find three chapters—What is Disease?—Causes of Disease—Doctors and Disease—which not only explain the fundamental laws governing health and long life, but raise a question which the authorities will have to answer: Why, and for whose profit, is the nation kept in disease?

'YADIL' fulfills every condition of the ideal antiseptic specified by Lord Lister. It is simple, inexpensive, absolutely safe to use externally or internally, and thoroughly effective. It makes possible, for the first time in the history of man, the complete disinfection of the human system, without risk of injury to the most delicate internal organs. It is entirely of harmless vegetable origin, its active principle being natural essential oil of garlic, produced in our own laboratories. But it never taints the breath or the body. It is as clear and lumped as water, and can be taken easily with light food or fruit.

WITH 'Yadil' Antiseptic and a copy of THE YADIL BOOK always at hand, you can keep the shadow of premature death away from your home. Don't wait for disease before arming yourself against it. Be prepared by getting the antiseptic and the book to-day from your chemist, or direct.

*Clara Clement*

**THE YADIL BOOK**, third edition, 288 pages, cloth bound. The most practical family medical book ever published. Gives treatments for some 200 disorders, all based on medical experience. Defines disease, its causes, and how to avoid it. Over 500 medical reports show the value of 'Yadil' in practically every disorder of bacterial origin. The three chapters—What is Disease?—Causes of Disease—Doctors and Disease—should be read in every home and in all schools to teach the coming generation how to attain old age free from pain and infirmities. If you value your own health and the health of those who are dear to you, secure a copy of this book without delay and read it carefully. A copy will be sent, post free, to any home or foreign address on receipt of 2/6—or you may get it from your chemist.

# 'YADIL' ANTISEPTIC

Ensures the complete internal disinfection of the human system without risk of injury to the most delicate cell-tissue

Prepared by Clement & Johnson Limited Research Medical Chemists 19 Sicilian Avenue London W.C.1.

Liquid	-	2 oz. 2/9	6 oz. 4/9	Pint 12/-	Quart 22/6
Pills	-	50 2/9	150 4/9	500 12/-	1,000 22/6
Ointment	-	1 oz. 1/9	4 oz. 5/-	Pastilles (for the Voice)	per tin 1/-
Lubricant (for Chapped Hands) Collapsible Tubes	2 oz.	1/6	Powder (for the Toilet) in Sprinkler Tins,	per tin	1/6

Of all Chemists, including all branches of Boots, Parkes Drug Stores, Ltd., Lewis & Burrows, Ltd., Army & Navy Stores, Taylor's Drug Co., Ltd., Waller & Riley, Ltd., Timothy White Co., Ltd., Hodder & Co., Needham's and Squire's, Hedges (Chemists), Ltd., Cockburn & Co., Ltd., Spill & Co., Ltd., and other Stores, or sent direct, post free, on receipt of remittance. For abroad, add 3/- for extra postage and packing. Excess money will be refunded.

Agents for Egypt, Sudan, Syria, Mesopotamia, and Palestine: The Egyptian and British Trading Co., Corner Sharia Maghraby and El-Mad-el-Din, Cairo. In India, Ceylon, Burma, Straits Settlements, and China, all good Chemists can obtain supplies through London Shippers.



The word 'YADIL' is registered.

Pronounce it YAH-dil.

W.B.

Figure 4.1, 'Yadil' Antiseptic, Times, 1 April 1924, p. 19

influenza, consumption, typhus, cholera and dysentery (Figure 4.1).<sup>334</sup> Yadil was one of many treatments advertised to the public in the 1910s and early

<sup>334</sup> 'Yadil' Antiseptic, The Times, 3 December 1923, p. 17.

1920s that promised to treat influenza.<sup>335</sup> Other treatments included Turkish baths, carbolic vapourisers, medicated wines and anti-bacterial lozenges. The proliferation of these products was a response to the public panic provoked by successive influenza epidemics.

The Executive Committee of the AMBP intervened in May 1923 when Clement & Johnson Ltd. claimed that Yadil could *cure* consumption, with the use of the word 'cure' being in breach of the AMBP's terms of membership.<sup>336</sup> When pressed by the Executive Committee for an explanation, Mr. Clement stated that the claim had been included in certain advertisements without his consent and that present advertisements merely claimed that Yadil could 'kill' the 'tubercle germ'.<sup>337</sup> In a 'lengthy discussion', the Executive Committee threatened the member with suspension unless the advertisements were adequately amended. Despite these threats, the company continued to advertise Yadil as a cure for consumption and various other diseases such as typhoid, diphtheria and scarlet fever. In November, the Executive Committee, once again, considered the matter. For members of the Committee, it remained an 'open question' as to whether consumption could be classed as a disease generally recognised as 'incurable by the simple administration of drugs'.<sup>338</sup> But, as several members pointed out, Yadil was being promoted in some advertisements as a 'cure' for other contagious diseases which amounted to a

---

<sup>335</sup> Lori Loeb, 'Beating the Flu: Orthodox and Commercial Responses to Influenza in Britain, 1889–1919', *Social History of Medicine*, 18.2 (2005), 203–24.

<sup>336</sup> PAGB Foundation Records, 16 May 1923, PAGB/1/1.

<sup>337</sup> *Ibid.*

<sup>338</sup> PAGB Foundation Records, 30 November 1923, PAGB/1/1; 16 May 1923, PAGB/1/1.

clear infringement of the Association's policy. The Executive Committee unanimously resolved that the company be suspended.<sup>339</sup>

Following the suspension of Clement & Johnson Ltd., Stuart Hirst suggested to the Executive Committee of the AMBP that it was desirable for the Association to send the press guidance on what, in the experience of the Association, was regarded as desirable lines on which to advertise and, further, as to undesirable statements to make in advertising.<sup>340</sup> Hirst was the Advertising and Marketing Director of C.E. Fulford, Ltd., a Leeds-based manufacturing company credited, most notably, as manufacturing 'Bile Beans for Biliousness' which, since 1897, had been extensively advertised to the British public for a range of ailments including biliousness and constipation, headache, indigestion, impure blood, sallow skin, dizziness, bad bile, debility, liver and stomach troubles, rheumatism and obesity.<sup>341</sup> Hirst had become a notable figure in British advertising via his chairmanship of the Publicity Club of Leeds and his enthusiastic campaigning for the development of the industry. His suggestion that the AMBP should help 'clean up' the wider advertising industry was connected to advertising practitioners' collective interest in promoting truthfulness, honesty and integrity in advertising. Practitioners' commitment to such principles was evidenced, in the following weeks, by British advertisers' pledge to 'truth in advertising' at the AACW's convention in July 1924 in London.<sup>342</sup> Hirst, in fact, gave an address at the convention on 'the Truth about Circulation', explaining that, though in America 'space-value'

---

<sup>339</sup> On 27 March 1924, the Executive Committee report that Clement & Johnson had resigned from the AMBP as they considered the rules of membership to be a 'drag on initiative in endeavours to stamp out disease'. PAGB Foundation Records, 27 March 1924, PAGB/1/1.

<sup>340</sup> PAGB Foundation Records, 29 May 1924, PAGB/1/1.

<sup>341</sup> For an account of the product's history, see Raymond C. Rowe, 'Bile Beans', *International Journal of Pharmaceutical Medicine* 17 (2003), 137–140.

<sup>342</sup> Daniel Navon, 'Truth in Advertising: Rationalizing Ads and Knowing Consumers in the Early Twentieth-Century United States', *Theory and Society*, 46.2 (2017), 143–76

(measured by the quantity and quality of circulation) was 'scientifically studied' as a matter of course, in 'dear old England' many advertisers 'only vaguely' understood the principles of space buying.<sup>343</sup>

After some discussion, the Executive Committee came to the decision that such an action was not to the advantage of the Association. The reason for the Executive Committee's decision was not elaborated upon in the Association's minutes. It could simply be that the Executive Committee did not consider such a commitment as being necessary to advance the interests of the AMBP's membership. Another reason, perhaps, is that the Executive Committee suspected that such a pledge would draw the Association into a program of regulation to which it did not want to be held responsible for and/or accountable to. Relatedly, the pledge to 'clean up' advertising might expose the Association to unwanted scrutiny and criticism which could, furthermore, undermine the Association's approaches to government departments. Nevertheless, so as to avoid a repeat of the Yadil incident, the Executive Committee amended the rules of membership so that members were required to bring to the notice of the Association any vital alterations in the printed matter issued with any of their preparations.

On 29 July 1924, the Executive Committee became aware of an exposé in the *Daily Mail* on the fraudulent claims put forth by Clement & Johnson Ltd. in relation to Yadil.<sup>344</sup> The article, published on 22 July and written by Sir. William J. Pope (Professor of Chemistry at the University of Cambridge), asserted that Yadil was not 'trimethenal allylic carbide' (a term which Pope claimed did not exist) but rather a dilute water solution containing formaldehyde, garlic and mustard, sold some sixty times the actual cost of manufacture with no valid evidence that it was efficacious in the treatment of disease.<sup>345</sup> The exposé was of particular concern to the Executive Committee of the AMBP who thought that it could be the first step in a larger campaign by

---

<sup>343</sup> 'Demand for Net Sales', *Daily Mail*, 16 July 1924, p. 13.

<sup>344</sup> Nevett, *History of Advertising*, p. 163.

<sup>345</sup> William J. Pope, 'Yadil: An Exposure', *Daily Mail*, 22 July 1924, p 9.

the *Daily Mail* against proprietary medicines. The Director of the newspaper tried to reassure the Executive Committee that the attack was confined entirely to Yadil and that the newspaper had no intention of ‘enlarging the scope of their agitation’. Nevertheless, following these events, the possibility of a public pledge to ‘clean up’ advertising re-emerged.<sup>346</sup> The Executive Committee maintained that it was not to the advantage of the ‘province’ of the Association to make such a pledge. But, probably in a bid to distance the Association from the Yadil incident, the Executive Committee circulated a letter to the press, highlighting the aims and objectives of the AMBP and the Association’s strict terms of membership.

### 4.3 The AMBP Makes a Public Pledge to ‘Clean Up’ Advertising

As a consequence of the circular, in November 1924, the Secretary of the AMBP, J. A. Kenningham, was invited to speak on behalf of manufacturers at a meeting organised by the Publicity Club of London at Hotel Cecil on the subject of medicine advertising. The Publicity Club of London was part of a network of social clubs connected to advertising which provided members with a forum for ‘congenial company and informal business talk’.<sup>347</sup> It sought to bring together members of the industry and to provide lectures, debates and discussions on developments in the field, particularly with regard to advertising education.<sup>348</sup> The Publicity Club of London was distinctive insofar as any member of the industry – advertisers, media owners, agents and consultants – could belong to the club for a nominal fee which provided a

---

<sup>346</sup> PAGB Foundation Records, 29 May 1924, PAGB/1/1.

<sup>347</sup> Sean Nixon, ‘Gentlemanly professionals and men-about-town: Occupational identities amongst London advertising men, 1951–67’, *Cultural and Social History* 13.3 (2016), 377-401, p. 381.

<sup>348</sup> Allan Garth, *A History of the Publicity Club of London* (London: C. Nicholls & Co., 1978), HAT.

degree of financial and social accessibility that was denied by other, more exclusive clubs such as the Thirty Club of London.

At the meeting, Gilbert Russell (a member of the Publicity Club of London and the contributing editor of *Advertising Fortnightly*) presented his personal views on medicine advertising.<sup>349</sup> He stated that, though advertisements 'in general had undoubtedly been a 'social good', 'one exception must be admitted – namely, patent medicine advertisements'. In his address, Russell described two types of advertisement for patent medicines: the 'unobjectionable type' that made only reasonable and justifiable claims and the 'undesirable type' which made exaggerated or even fraudulent claims. He argued that the appearance of such advertisements did 'much harm to the whole profession of advertising'. 'Every lie', he claimed, 'harmed the honest advertiser' and 'a growing section of the public' refused to believe any advertisements at all.

In reference to the *Report of the Select Committee on Patent Medicines* (1914), Russell explained that, at present, there was 'no legal remedy' to the situation.<sup>350</sup> He proposed, therefore, that advertisers themselves found a solution. He admitted it was difficult for advertising managers to refuse undesirable advertisements and suggested that if a censorship board, composed of advertisers and manufacturers, could decide on a formal list of 'objectionable' advertisements, the difficulty experienced by advertising managers would disappear, since they would be empowered, through industry consensus, to refuse such adverts. On behalf of manufacturers, the Secretary of the AMBP, responded to these suggestions. He stated that his association stood for 'the more reputable class of proprietors' and – somewhat misleadingly – that it had been formed 'with the object of trying to clean up patent medicine advertising'. He 'welcomed' Russell's proposal, explaining that if any

---

<sup>349</sup> Sarah Dominici, *Travel Marketing and Popular Photography in Britain, 1888-1939: Reading the Travel Image* (Routledge: Abingdon, 2018).

<sup>350</sup> *Report of the Select Committee on Patent Medicines* (London, HMSO, 1914).

committee could be formed 'to exclude the disreputable advertisements from the newspapers', the AMBP would be entirely in favour of it.

The AMBP's attendance at the meeting was given some favourable publicity in *The Lancet*. The author of the article in question parroted Kenningham's claims, describing the AMBP as 'formed with the object of trying to clean up patent medicine advertising' and as representing the 'more reputable class of proprietors'.<sup>351</sup> Furthermore, the author stated that the AMBP had given support to a resolution moved by the Publicity Club of London that called for the immediate introduction of legislation along the lines laid down by the Select Committee on Patent Medicines in 1914. Such publicity brought the AMBP to the attention of G. P. Blizzard, the Honorary Secretary of the Public Health Advisory Committee of the Labour Party, who called at the offices of the Association to discuss its attitude towards medicine legislation.<sup>352</sup> Thereafter, the AMBP kept in touch with the Health Advisory Committee and was, eventually, called upon by the Committee for its assistance when the next Proprietary Medicines Bill was promoted in the early 1930s (see Section 4.6).

#### **4.4 The Establishment of the National Vigilance Committee**

In the following year, in February 1925, thanks to financial contributions secured from newspaper proprietors at the London Convention, representatives of various British publicity associations established a National Vigilance Committee (NVC). The name was a direct reference to the National Vigilance Committees of the United States which were founded by the associated advertising clubs of America, with a view to protect (what they described as) the 'respectable' trade and ensure that perpetrators of deceptive and misleading advertisements were prosecuted.<sup>353</sup> Representatives at the

---

<sup>351</sup> 'Patent Medicine Advertising', *The Lancet*, 29 November 1924, pp. 1146-1148.

<sup>352</sup> PAGB Foundation Records, 17 December 1924, PAGB/1/1.

<sup>353</sup> Gordon E. Miracle and Terence Nevett, 'A Comparative History of Advertising Self-regulation in the UK and the USA', *European Journal of Marketing* (1988).

inaugural meeting of the British NVC included the Women's Advertising Club of London, the Incorporated Association of Retail Distributors, the Association of Advertisement Managers, Publicity Clubs (London, Manchester, Bradford, Newcastle and Ulster), the Regent Advertising Club, the Association of British Advertisers, the Thirty Club of London and District 14 (the British branch of the Associated Advertising Clubs of the World).<sup>354</sup> The stated aims of the NVC were to promote and retain confidence in advertising through the correction or suppression of 'abuses' which it deemed to undermine that confidence upon which return from advertising and sales effort depended.<sup>355</sup> Accordingly, the Committee made investigations into specific cases of supposed fraudulence in advertisements. Where the case investigated was of a definitely misleading or fraudulent character, the Committee sought to communicate with the advertiser responsible with a view to persuade them to eliminate the deceptive or unfair elements in their advertising. If the Committee was unable to secure a retraction, it exposed the fraudulence of the advertiser to supporting members by means of 'intelligence bulletins'.

Within a few months, the Executive Committee of the NVC established a 'Patent Medicines Sub-Committee'. Matters for the consideration of the Patent Medicines Sub-Committee were submitted by newspapers such as *The Daily Chronicle*, *The Lincolnshire Chronicle* and *The Bolton Evening News* and from associations such as the Incorporated Society of British Advertisers, the Newspaper Society and the AMBP. In November 1925, for example, *The Bolton Evening News* submitted enquires on advertisements for 'Elmer Shipley', 'Aspro' and 'Rinex', and members of the AMBP submitted enquiries on advertisements for the Weidhaas Institution, the Cantassium Company and 'Napolean Cough Cure'. These examples serve to demonstrate that claimants were not end-consumers but rather representatives of professions, institutions or associations who claimed to be protecting their services from unscrupulous advertisers.

---

<sup>354</sup> Minutes, 27 February 1925, ASA 1/1/1.

<sup>355</sup> Minutes, 21 January 1927, ASA 1/1/1.

The NVC operated on the basis that advertisers would voluntarily comply with the Committee's recommendations because of the threat of exposure. This was not always the case. For example, when the Committee considered advertisements for two publications, *Everyday Chronic Maladies* and *The Red Lamp*, authored by Maurice Ernest – a 'prominent commentator' on human longevity, old age and rejuvenation – they were concerned that the author might bring an action against the NVC should they warn newspapers that the adverts in question were inappropriate.<sup>356</sup> When the NVC issued a bulletin to newspapers (the details of which were not minuted), these concerns were confirmed and Ernest undertook legal action against the Committee. In the following months, as a consequence of these proceedings, the NVC was forced to reverse much of the content of the bulletin and promised to take no further action against the author.<sup>357</sup> The example demonstrates that the NVC's lack of authority provided a space for advertisers to challenge and resist the recommendations of the Committee and that there was, potentially, substantial commercial interest in doing so.

In 1926, the British section of the AACW converted from District 14 into the incorporated Advertising Association. The Association was sustained through financial contributions made annually by the Association's members; a sprawling federation of trade clubs and organisations.<sup>358</sup> It had one broad

---

<sup>356</sup> James Stark, *The Cult of Youth: Anti-Ageing in Modern Britain* (Cambridge: Cambridge University Press, 2020), p. 90.

<sup>357</sup> Minutes, 6 June 1926, ASA 1/1/1; Minutes, 4 March 1927, ASA 1/1/1; Minutes, 18 March 1927, ASA 1/1/1.

<sup>358</sup> In the early years of the association, members included: the British Direct Mail Advertising Association, British Poster Advertising Association, Business Research Association of Great Britain, Church Advertising Association, Envelope Makers' and Manufacturing Stationers' Association Federation of Master Printers, Federation of Master Process Engravers, Incorporated Sales Managers' Association, Incorporated Society of Advertisement Consultants, Incorporated Society of British Advertisers, Institute of Incorporated, Practitioners in Advertising, Lancashire and North Western Counties Poster Advertising Association, London Poster Advertising Association, Ltd., Manchester Publicity

objective which was to elevate the occupation of advertising to the status of a profession. In order to do this, the Association sought to advance the profession of advertising through the establishment of formal instruction with the institution of courses of study, the holding of examinations and the awarding of diplomas; to establish advertising as an essential component of modern business; and to promote and conserve public confidence in advertising and advertised goods through the correction or suppression of abuses. With the attainment of these objectives, the Association hoped that, advertisers would become 'exponents of a calling', with a specialised skill and service, an intellectual and practical training, a fiduciary relationship with clients, a sense of collective responsibility to the profession and standards of professional conduct.<sup>359</sup> When the Advertising Association was established, it brought the NVC under its jurisdiction. Through the correction and suppression of abuses, the Advertising Association hoped to give lend credibility to claims that their services constituted a profession which was based on collective adherence to shared ethical standards. The cultivation of trust in advertising practitioners would, the Association assumed, cultivate trust in advertising (as a methodology, strategy and medium) which would increase investment in and financial returns from advertising campaigns.

---

Association, Newspaper Society, (Periodical Trade Press and Weekly) Newspaper Proprietors Association, Press Advertisement Managers' Association, Thirty Club of London, Women's Advertising Club of London, Advertising Clubs of Hull, Newcastle-upon-Tyne and Ulster, Aldwych Club, Fleet Street and Advertising Club, Publicity Clubs of Birmingham, Bradford, Cardiff, Glasgow, Dublin, Leeds, Leicester, London, Nottingham and Oxford, and the Regent Advertising Club. The A. A. News, The Journal of the Advertising Association, 2.1 (May 1928), HAT.

<sup>359</sup> The A. A. News, The Journal of the Advertising Association, 2.1 (May 1928); P. Elliott, *The Sociology of the Professions* (New York: Herder & Herder, 1972), p. 5.

## 4.5 The AMBP Joins the National Vigilance Committee

In November 1926, the NVC decided that in addition to, what it described as, ‘police work’ in tracking down fraud and misrepresentation in advertisements, it was necessary that the Committee establish ‘general legislation’ which would provide general rules and regulations as to the types of advertisements which should be prohibited.<sup>360</sup> Money-lending, ‘land sales abroad’ and ‘patent medicines’ were cited by members of the Committee as examples of the most egregious forms of malpractice in the industry. After some discussion, in which members agreed that this work should be tackled trade-by-trade, the Committee decided that it would investigate patent medicines first. Thus, the Committee established a ‘Patent Medicine (Policy) Sub-Committee’ to focus on ‘the protection of the public’ from ‘extravagant claims’ (understood as all guarantees of ‘cure’, especially in the case of serious complaints such as cancer, consumption, epilepsy and lung troubles) and ‘dangerous propaganda’ (included advertisements which suggested that proper medical or surgical supervision and advice was unnecessary).<sup>361</sup>

The Secretary of the AMBP – now the Proprietary Association of Great Britain – sent a letter to the NVC with the request that he be made a member of the Patent Medicine (Policy) Sub-Committee.<sup>362</sup> Much to his frustration, the NVC appeared to ignore his request. He sent another letter, explaining that the PAGB had joined the Committee with the intention of being able to contribute to operation of such a committee. He explained that he had not heard anything from the NVC and warned that, ‘at any moment’, he might have to report on this unsatisfactory matter to his Executive Committee.<sup>363</sup> The reason for Kenningham’s insistence that he be made a member of the sub-committee was two-fold. First, it was to ensure that any resulting policy did not

---

<sup>360</sup> Report, 26 November 1926, ASA 1/1/1.

<sup>361</sup> Report, 31 December 1926, ASA 1/1/1.

<sup>362</sup> Minutes, 21 September 1926, ASA 1/1/1.

<sup>363</sup> Minutes, 21 January 1927, ASA 1/1/1.

encroach on the interests of the PAGB's membership. Two, it afforded the PAGB an opportunity to exert an influence on manufacturers of British-owned, -made and -marketed products who were not in membership of the Association (which only represented a portion of manufacturers). Much to Kenningham's frustration, the Secretary of the NVC responded with the statement that members of the Patent Medicine (Policy) Sub-Committee had already been appointed for that year. However, in February 1927, a representative from Allen & Hanbury Ltd. (a company not in membership of the PAGB) resigned from the sub-committee urging, instead, that Kenningham was the 'best man' to represent proprietary firms.<sup>364</sup> The reasons for the action have not been established during the research for this thesis but, as a consequence of the action, the NVC invited Kenningham to participate.

Over the next six months, the Patent Medicine (Policy) Sub-Committee consulted a considerable volume of advertisements related to patent medicines. In a preliminary report in July 1927, they made some 'broad and simple recommendations' on advertisements related to cancer, consumption, rheumatism, epilepsy, rupture, diabetes and pain cures. They divided these advertisements into three main categories. First, advertisements which deliberately sought to deceive the public with fraudulent and dangerous claims that 'serious' diseases could be cured with the advertised remedy. They stated that such adverts were 'particularly cruel and dangerous'; cruel because they raised hopes that could not be realised and dangerous because they often prevented or delayed proper medical or surgical treatment. Second, adverts which contained 'grossly exaggerated claims' for remedies which may be in themselves useful or harmless. Third, advertisements of remedies that contained drugs that could be 'injurious to certain people in special circumstances'. Pain cures, for example, could contain acetanilid, 'or other powerful drugs', such as acetylsalicylic acid, phenacetin and amidopyrine.

The sub-committee recommended actions for each category of advertisement. It stated that 'the only satisfactory way' to deal with advertisements in the first category was to compile and circulate a list of those advertisements with a view to ban them from newspapers and periodicals. In

---

<sup>364</sup> Minutes, 16 February 1927, ASA 1/1/1.

reference to the second category, members suggested that the word 'cure' should be eliminated from all patent medicine advertisements and, if that could not be achieved, then no advertisement should claim that the preparation was a cure for cancer, consumption, diabetes, epilepsy, rheumatoid arthritis or rupture. These recommendations were largely in keeping with the PAGB's terms of membership. For the third category, they recommended that preparations which contain drugs such as acetanilide, phenacetin, acetylsalicylic and amidopyrine should not be advertised as 'harmless'. This was the only recommendation by the sub-committee which was not already part of the PAGB's own terms of practice. And it should be noted that the PAGB did not subsequently incorporate the recommendation into its own terms of membership. The sub-committee's recommendations were adopted by the NVC and, in May 1928, the Patent Medicines (Policy) Sub-Committee, having fulfilled its purpose, adjourned.

The NVC was renamed the Advertising Investigation Department (AID) in January 1928.<sup>365</sup> The reason for the change of the name was not minuted though Stefan Schwarzkopf suggests that it marked the point at which the NVC was formally reorganised, sponsored and staffed by the Advertising Association.<sup>366</sup> Over the following years, the AID investigated a substantial number of advertisements. Medical advertising represented a very large portion of the department's work and included examples such as Professor Sylvester Hill's Remedy for Superfluous Hair, Colgate Dental Cream, Overbeck's Rejuvenator, Vin-Q-Lin (the 'no injections treatment for diabetes'), Idolok and Xodo Iodine Locketts, Thomas Heaton's Gallstone Treatment, Dr. Chalmer's Revitalator, Nurse Sinclair's Slimming Treatment and Nu-Ray Lamps Ltd. Other types of advertisements that occupied the department's attention included those for financial relief and insurance services such as the First Mortgage Co-Operative Investment Trust Ltd., Pall Mall Building Society, North

---

<sup>365</sup> Minutes, 7 May 1928, ASA 1/1/1.

<sup>366</sup> Stefan Schwarzkopf, 'Sources for the History of Advertising in the United Kingdom: The Records of Advertising Agencies and Related Advertising Material at the History of Advertising Trust', *Business Archives*, 90 (2005), 30.

and South Insurance Corporation Ltd. and the National Distress Relief Association.

#### **4.6 The PAGB Adopts a Code of Standards**

In June 1929, Labour MPs formed a minority government under the leadership of James Ramsay MacDonald (Labour MP for Seaham, County Durham). About 18 months later, in early 1931, the Public Health Advisory Committee of the Labour Party called on the PAGB to assist in the delivery of the Proprietary Medicines Bill.<sup>367</sup> The proposed bill was similar in type to that introduced by the Ministry of Health in 1920 (see Chapter 2) and proposed, amongst other things, that every proprietary medicine should have its composition disclosed to the Government and that they should bear a government registration number on the label. In the hope of reaching consensus on the provisions outlined in the Bill, the Public Health Advisory Committee invited the PAGB and other interested bodies to review the Bill before introducing it to Parliament with the promise that the Committee was prepared to consider slight amendments. After several meetings, it became evident to the Executive Committee of the PAGB that there was no prospect of obtaining 'substantial amendments' to the Bill (namely, the withdrawal of formula disclosure) and resolved that there was no alternative but to offer 'uncompromising opposition' to it.<sup>368</sup> When the Bill was introduced to Parliament by Dr. Somerville Hastings (Labour MP for Reading) in May 1931 it was, consequently, blocked by the PAGB's parliamentary agent on each occasion it appeared on the Order Paper and was finally withdrawn before the end of the parliamentary session on the order of Arthur Greenwood (Labour MP for Nelson and Colne) allegedly 'owing to the state of [parliamentary] business'.<sup>369</sup>

---

<sup>367</sup> PAGB Executive Committee Minutes, 5 January 1931, PAGB/1/2.

<sup>368</sup> *Ibid.*

<sup>369</sup> T. A. B. Corley, 'UK Government Regulation of Medicinal Drugs, 1890–2000', *Business History*, 47.3 (2005), 337–351, p. 340.

The Proprietary Medicines Bill was resuscitated in the following years by the Parliamentary Committee on Food and Health. The Committee was, according to the *BMJ*, a pre-war committee revived by Charles E. Hecht, the Honorary Secretary of the Food Education Society, with a view to promoting compulsory formula disclosure along the same lines as the Proprietary or Patent Medicine Act in Canada (see Chapter 2).<sup>370</sup> The Committee observed that, though there had been several attempts to introduce legislation for the control of advertisements for medicines (and surgical appliances), it had been impossible, in the past, to secure the agreement of the many interests concerned. With a view to reach a measure of agreement on the issue, the Committee engaged in discussions with ‘all the important interests affected’ including the PAGB, the Advertising Association, the Association of Municipal Corporations, the BMA, the County Councils Association, the Institute of Incorporated Practitioners in Advertising, the National Association of Insurance Committees, the PSGB, the National Pharmaceutical Union, the Surgical Instrument Manufacturers’ Association Incorporated, the Society of Medical Officers of Health, the Newspaper Society and the Newspaper Proprietors’ Association.<sup>371</sup> Given these diverse interests, it was a considerable feat when, in 1935, these organisations reached an agreement with relation to legislation for the control of advertisements related to medicines (and surgical appliances) and presented to the Minister of Health (Sir Howard Kingsley Wood, Conservative MP for Woolwich West) a ‘Medicines and Surgical Appliances (Advertisement) Bill’. In comparison to the 1931 Proprietary Medicines Bill, it was extremely limited in scope and aimed, simply, to prohibit the advertisement of medicines, surgical appliances or forms of treatment as effective for the cure or prevention of certain specified ailments and to prohibit the publication of invitations to members of the public to obtain the diagnosis or treatment of these ailments by correspondence.

Despite these shortcomings, the Minister of Health expressed huge appreciation for the work done by the Committee and congratulated members

---

<sup>370</sup> ‘The Law and Patent Medicines’, *BMJ*, 4 November 1932, p. 238.

<sup>371</sup> Medicines and Surgical Appliances (Advertisement) Bill, *BMJ*, 13 July 1935, p.

on the great measure of agreement that they had secured.<sup>372</sup> He reminded those in attendance that though ‘much useful work’ in the regulation of advertisements was already being done voluntarily by the Advertising Association and that many newspapers had ‘already set a very high standard in the matter’, some legislation was ‘undoubtedly needed’. The work conducted by newspapers to which the Minister of Health referred was based, mainly, on that conducted by the Joint Copy Committee of the Newspaper Proprietors Association and the Newspaper Society (the former representing national newspapers, the latter representing provincial newspapers). The Committee largely existed to generate consensus related to advertising content which could not be achieved at the level of the individual newspaper or the newspaper group.<sup>373</sup> However, members did not appear to be bound to the Committee’s recommendations and were certainly not required to publish content that the Committee deemed acceptable (see Chapter 5). The Copy Committee of the Periodical Proprietors Association provided the same function for periodicals and trade, technical and specialised publications as the Joint Copy Committee did for newspapers.

Despite consensus on the part of these interests, there was still a vociferous reaction to the proposed bill, notably from the Health Practitioners’ Association which gave representation principally to herbalists and osteopaths. The Association maintained that the provisions of the Bill ‘curtail[ed] the liberty of the subject by prohibiting free contact between one able to heal or relieve suffering and one anxious to obtain a cure or relief in certain specified diseases and ailments’; sought to establish a monopoly for a class confined to registered medical practitioners, dentists and other allied registered interests; restricted and punished all unregistered therapeutics by prohibiting diagnosis and treatment by correspondence; and that it impeded

---

<sup>372</sup> *Ibid.*

<sup>373</sup> Adrian Bingham, *Family Newspapers? Sex, Private Life, and the British Popular Press 1918-1978* (Oxford: Oxford University Press, 2009), p. 68.

‘scientific progress for the alleviation of pain and suffering in mankind’.<sup>374</sup> As a consequence of such opposition, in March 1936, the Medicines and Surgical Appliances (Advertisement) Bill came to an abrupt end in the Second Reading in the House of Commons. After a short debate at which fewer than forty members were present it was ‘counted out’ and the Ministry of Health made no pledge to reintroduce it.

The PAGB was greatly disappointed by these events and, in the following months, would also struggle to secure the repeal of medicine stamp duty (see Chapter 3). Privately, the Association held the medical profession responsible. In a memorandum circulated to members in October 1937 the Executive Committee explained that the profession was, and always would be, antagonistic to the ‘habits of self-medication’ and wrote that the profession had an ‘obvious influence’ on the views of the Government’s health department, given that its Executive Offices generally recruited medical men.<sup>375</sup> The memorandum went on to explain that the PAGB had been established in 1919 with a view to unite ‘more reputable manufacturers’ for the protection of their interests and for the purpose of disassociating themselves from those manufacturers ‘whose preparations and methods of advertising and selling justly attracted criticism’. It concluded that, despite the efforts of reputable manufacturers to disassociate themselves from those that engaged in malpractice, they were all, ultimately, tarred with the same brush by critics.<sup>376</sup>

---

<sup>374</sup> ‘Health Practitioners’ Association’, 8 December 1934, *Chemist and Druggist*, p. 685; ‘Health Practitioners’ Association’, 5 January 1935, *Chemist and Druggist*, pp. 8-9.

<sup>375</sup> Explanatory Memorandum on Suggested Revised Rules, October 1937, PAGB/1/2.

<sup>376</sup> Reference, here, was made by the Executive Committee to the recent South African bill that was promised, when promoted, to not be directed against the ‘*bona fide* and respectable’ manufacturer but against those manufacturers who put worthless preparations on the market and made ‘preposterous claims’. Ultimately, the whole industry was subjected to the same ‘oppressive regulations’. *Ibid.*

The attitude was very similar to that expressed by the Proprietary Association of America (PAA) in the early 1920s (see Chapter 2).

As a solution to these matters, the Executive Committee proposed that membership to the PAGB should not merely be an indication of 'respectability and commercial rectitude' but a demonstration of members' 'willingness to adhere to an ethical code'. To that end, the Executive Committee proposed that the rules of membership be remodelled to include a code of standards based on the provisions proposed by the Medicines and Surgical Appliances (Advertisement) Bill. Thus, in December 1937, the PAGB adopted a code of standards which was to be observed by members of the Association in relation to the advertising and sale of proprietary medicines and allied proprietary articles (Appendix V).

The code incorporated elements of the Medicines and Surgical Appliances (Advertisement) Bill. These included the prohibition of products held out as abortifacients, aphrodisiacs or effective in the prevention, cure or relief of serious diseases; that diagnosed or treated by correspondence; that misled persons into believing that the product was recommended by medical practitioners or medical institutions; that did not use honest testimonials; and/or, that contained illustrations which distorted or exaggerated in such a manner as to convey a false impression. The PAGB also included additional provisions in keeping with the Association's own objectives, notably, that no member of the Association should make use of any advertising which used the trade marks or names of competitors or any advertisement that directly or indirectly disparaged or criticised other advertised goods or services (see Chapter 3). The Executive Committee envisaged that the code of standards could, in future, serve as a basis for any legislation for the control of proprietary medicines and they made it a requirement that every member took steps to provide his advertising agent with copies of the code, presumably, as a means to promote its content.<sup>377</sup> In addition to the adoption of a code of standards, the Executive Committee of the PAGB co-opted three additional members: G. Russell Chapman (Secretary of the Advertising Association), John Coope (a Director of the Northcliffe Newspaper Group Ltd.) and Dr. Alfred Cox

---

<sup>377</sup> *Ibid.*

(the late Secretary of the BMA) who was appointed as a medical advisor to the Association.<sup>378</sup> Though the reasons for this move were not elaborated upon in the Association's minutes, the manoeuvre was likely intended to bring a degree of credibility to the Association's operation.

The immediate outcome of the decision was, at least in the short term, to bring about a closer partnership between the PAGB and the AID. In the late 1930s, subsequent to the PAGB's adoption of a code of standards, the Advertising Association began to direct more attention toward the formulation and enforcement of advertising standards.<sup>379</sup> The precise reasons for this renewed campaign remain unclear though and it was likely connected to *ad hoc* attempts by the AID to consolidate its recommendations and guidelines. In September 1938, Justin R. Weddell (Managing Director, Erwin Wasey & Co.) addressed the Advertising Association on the matter of advertising related to medicines and treatments.<sup>380</sup> Previously, members had discussed imposing new regulations on patent-medicine advertising with the help of the BMA. There was a suggestion that the BMA might be able to endorse, like the American Medical Association (AMA), certain medicines and treatments by means of a mark. However, in a discussion on the matter, Weddell explained that in the US practically no proprietary products used the AMA's seal of approval in advertisements. This was because the Association's censorship of advertising copy was 'so stringent' that advertisers found that they could say 'practically nothing' about their products. He shared the opinions of some individuals in the United States on the matter including a representative of the PAA who stated that the AMA was, at present, 'discredited' and that co-operation with the PAA had proved 'the best way of avoiding government tampering'. Weddell, therefore advised that the Advertising Association work more closely with the PAA's counterpart, the PAGB, rather than the BMA, in the policing of patent-medicine advertising.

---

<sup>378</sup> Minutes, 15 March 1938, PAGB/1/2.

<sup>379</sup> Schwarzkopf, 'Sources for the history of advertising', p. 30.

<sup>380</sup> Minutes, 15 September 1938, ASA 1/1/4; Minutes, 19 July 1938, ASA 1/1/4.

In light of Weddell's advice, the AID re-established the Patent Medicine (Policy) Sub-Committee and invited the PAGB to nominate two of its members to serve.<sup>381</sup> From November 1938, the AID – together with the Chairman and Secretary of the PAGB – developed policy related to the advertising of medicines and treatments. The outcome of these discussions was uncertain. In the 'Twentieth Annual Report' in April 1940, the PAGB stated that the Advertising Association had 'adopted' the PAGB's code of standards, presumably in its entirety.<sup>382</sup> By contrast, the AID maintained that they had only incorporated 'certain portions' of the PAGB's code of standards into their recommendations.<sup>383</sup> It is unlikely that these differing accounts was the outcome of innocent confusion. There was a desire on the part of the PAGB to be seen as an authority in the formulation of advertising and, likely, a desire on the part of the AID to keep the two codes separate. Though the reason was never addressed explicitly, it was later suggested by the AID that such an arrangement ensured the maintenance of each association's 'freedom of action'.<sup>384</sup>

#### **4.7 The Appropriateness of Menopausal Treatments Subject to Dispute**

In 1940, newsprint was rationed, on a statutory basis, in order to preserve paper (now a scarce wartime resource) and to ensure its fair distribution.<sup>385</sup> Newspaper editors voluntarily curtailed the amount of advertising they took because newsprint rationing reduced the size of newspapers considerably.

---

<sup>381</sup> PAGB Executive Committee Minutes , 23 November 1938, PAGB/1/2.

<sup>382</sup> PAGB Executive Committee Minutes , 3 April 1940, PAGB/1/2.

<sup>383</sup> Minutes, 23 November 1938, ASA 1/1/4.

<sup>384</sup> Minutes, 18 June 1942, ASA 1/1/5.

<sup>385</sup> James Curran and Jean Seaton, *Power Without Responsibility: Press, Broadcasting and the Internet in Britain* (London and New York: Routledge, 2018), p. 62.

This restriction was formalised in 1942 by new regulations which restricted the portion of newspaper space that could be allocated to advertising. These changes were the basis for a shift in the relationship between newspapers and advertisers: in the 1920s and 1930s, newspaper proprietors had been dependent on advertising revenue; now they derived the most substantial proportion of their revenue from sales and could be far more selective over the types of advertisements they chose to publish.<sup>386</sup> The situation was frustrating for advertisers who struggled to secure advertising space in print publications to promote their products and services.

In considering the situation in 1942, the Chairman of the AID reasoned that the paper quota had been cut and was due to be cut still further and predicted that, in order to preserve space for editorial matter, publishers would further reduce the space reserved for advertising. This, he stated, would give rise to 'the necessity for a further choice between equal rationing for all advertisers and rejection of less desirable types of advertisement.'<sup>387</sup> The shortage of advertising space was a particular concern for the PAGB which, in May 1942, appealed to the AID to facilitate fuller co-operation on the part of publications (particularly *The Chemist and Druggist*) which, the Association claimed, accepted 'so many advertisements which were no credit to advertising' and rejected those about which 'no complaint had been made'.<sup>388</sup> Thus, that year, the AID resolved that the dramatic reduction in available advertising space afforded an opportunity to take 'drastic action' against certain types of advertisement.<sup>389</sup>

In accordance with this decision, the AID circulated several new recommendations. These recommendations included the discouragement of persistent overstatement in advertisements of rheumatic remedies, the

---

<sup>386</sup> *Ibid.*, p. 63.

<sup>387</sup> Minutes, 5 February 1942, ASA 1/1/5.

<sup>388</sup> Minutes, 14 May 1942, ASA 1/1/5.

<sup>389</sup> Minutes, 5 February 1942, ASA 1/1/5.

prohibition of treatments for high blood pressure and a ban on aphrodisiacs.<sup>390</sup> Importantly, the AID also recommended the rejection of all treatments advertised for ailments attributed to (what the Department referred to as) ‘the change of life’ on the grounds that the services of a qualified medical man should always be sought in such instances.<sup>391</sup> The actions of the AID did not find favour with the PAGB. In June 1942, the Secretary of the PAGB wrote a terse letter to the department explaining that, though the department reserved ‘the right of independent action’, the PAGB felt that, in future, it would be ‘expedient’ for them to give them an opportunity to express the views of its members before any action was taken.<sup>392</sup> The grounds for the PAGB’s discontent was that the promotion of ‘Dr. Williams’ Pink Pills for Pale People’ by G. T. Fulford Co. Ltd. (of Canada), a long-serving member of the Association, was negatively impacted by these terms.<sup>393</sup> This deserves a short explanation.

In the early part of the twentieth century, there was a large market for menopausal treatments including tonics and pick-me-ups.<sup>394</sup> This was due to the persistence of cultures of self-medication in Britain and, according to Julie Marie Strange, because medical practitioners had a tendency to devolve responsibility for menopausal experiences onto women.<sup>395</sup> Advertisements for these products made reference to suffering and poor health and, simultaneously, promised ‘vigour’ and ‘vitality’. Amongst these products featured Dr. Williams’ Pink Pills. The product had, since the late-nineteenth

---

<sup>390</sup> Minutes, 16 April 1942, ASA 1/1/5; pp. 43-44; Minutes, 14 May 1942, ASA 1/1/5, p. 46.

<sup>391</sup> Minutes, 16 April 1942, ASA 1/1/5, p. 44.

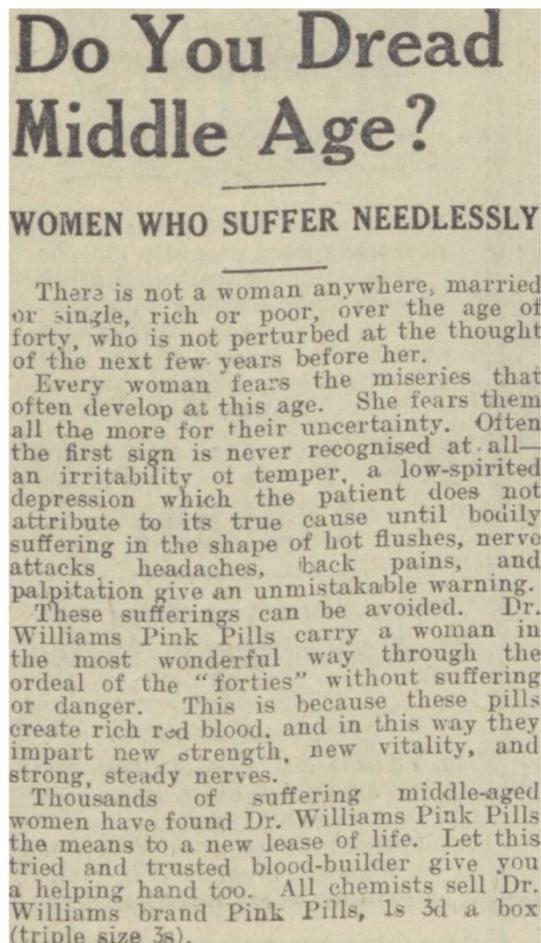
<sup>392</sup> Minutes, 18 June 1942, ASA/1/2, pp. 51-52; Minutes, 18 June 1942, ASA/1/2, pp. 51-52.

<sup>393</sup> *Ibid.*, p.52.

<sup>394</sup> Julie Marie Strange, ‘In Full Possession of Her Powers: Researching and Rethinking Menopause in early Twentieth-century England and Scotland’, *Social History of Medicine*, 25.3 (2012), 685–700.

<sup>395</sup> *Ibid.*

century, been advertised to the British public as a treatment for a range of ailments including, for example, anaemia, depression, poor appetite and lack of energy, but it was also frequently advertised as a treatment for menopause. Such advertisements featured statements like 'When Middle Age Tells', 'Nerves racked at Middle Age' or 'Do You Dread Middle Age?' and claimed that though every woman feared 'the miseries' associated with middle age – 'irritability of temper', a 'low-spirited depression', 'hot flushes, nerve attacks, headaches, back pains, and palpitation' – these 'sufferings' could be avoided with the use of Dr. Williams' Pink Pills (Figure 4.2).<sup>396</sup> This, the adverts asserted, was because the iron-rich tonic imparted on the user, 'new strength, new vitality,



*Figure 4.2, 'Do You Dread Middle Age?', Dr. Williams' Pink Pills for Pale People, Exeter & Plymouth Gazette, 9 June 1939, p. 16*

<sup>396</sup> 'Do You Dread Middle Age?' *Exeter and Plymouth Gazette*, 9 June 1939, p. 16.

and strong, steady nerves'.<sup>397</sup>

Sympathetic to the position of the PAGB and in an apparent attempt to seek compromise, the AID agreed that they would not recommend a prohibition of Dr. Williams' Pink Pills to members and allow the PAGB to secure any necessary amendments to the promotional material.<sup>398</sup> Despite this concession, the matter of menopausal treatments continued to be a point of conflict between the two associations. In late 1942, Menopax Ltd. applied for membership to the PAGB. Menopax Ltd. promoted a product of the same name, which was advertised as a remedy for women going through 'The Change' (see Figure 4.3).<sup>399</sup> The PAGB saw no objection to Menopax advertisements either on grounds of the unsuitability of the subject or of the terms in which the advertisements were couched and invited the company to become members of the Association. The AID, however, ruled that advertisements for Menopax did not conform to the department's policy on menopause. They asked that the PAGB request that their member withdraw and amend their adverts and

---

<sup>397</sup> Interestingly, Dr. Williams' Pink Pills were also advertised as a treatment for girls in their 'early 'teens' which adverts described as 'perilous years' in which girls outgrew their strength, became 'thin, pale and irritable'. With a course of Dr. Williams' Pink Pills, the adverts asserted, teenage girls could be 'transformed'; becoming 'full of life and energy, with colour in her cheeks, sparing eyes and buoyant spirits'. 'Perilous Years For Girls', *Western Times*, 21 April 1939, p. 8. For a history of rejuvenation and anti-ageing in twentieth-century Britain see James Stark, *The Cult of Youth: Anti-Ageing in Modern Britain* (Cambridge: Cambridge University Press, 2020).

<sup>398</sup> A review of advertisements for Dr. Williams' Pink Pills thereafter suggest that G. T. Fulford Co. Ltd. removed references to 'middle age' from advertisements but continued to advertise the product as a tonic for middle-age women, who were promised 'increased energy, keen appetite, strong steady nerves and robust health'. 'Youthful At Forty-five', *Western Gazette*, 5 April 1946, p. 6; 'When You Are "All Nerves"', *Western Gazette*, 27 August 1943, p. 6.

<sup>399</sup> 'Advertisement and Notices', *Bath Chronicle and Weekly Gazette*, 11 April 1942, p. 1.

**HELP FOR WOMEN OVER 40**

The sufferings of women over 40 are usually greater than those of women of any other age. Easily depressed and nervy, they often feel that life holds little for them. Today women over 40 can enjoy life as before — be healthy and happy—for the phase through which they are passing — "The Change"—has been robbed of most of its depressing, wearing-down symptoms. Menopax is the most up-to-date treatment for "The Change."

If you are over 40 and suffer from Sudden Hot Flushes of the Face and Neck, Nerves, Insomnia, Tiredness, Giddiness, Palpitation, Constant Headaches, Ear Noises, etc., it is because your system cannot adjust itself quickly enough to the rapidly changing needs of body metabolism. To overcome these symptoms you need a medicine specially compounded to restore the upset somatic balance. then nerves will once again be strong, irritability ceases, and you will feel, and look, years younger than for a long time. Such a medicine is Menopax, regularly prescribed by hundreds of doctors.

**MENOPAX**

Relieves symptoms of "The Change."

Menopax tablets are obtainable in three sizes, 2/10, 5/7½, 11/7, including purchase tax, from Boots, Timothy Whites, Taylors and all leading chemists. An interesting book, "The Crisis in a Woman's Life," explains fully why suffering is so intense at this time of life. This book may be taken FREE from most chemist's counters, or will be sent for three penny stamps direct by: CLINICAL PRODUCTS LTD., 2 The Green, Richmond, Surrey.

*Figure 4.3, 'Help For Women Over 40', Menopax, Bath Chronicle and Weekly, 11 April 1942, p. 1*

warned that if such an action was not forthcoming, the AID would recommend to the members of the Advertising Association that the product was unsuitable to advertise.<sup>400</sup>

In a discussion on the matter, and desirous that joint endeavours to improve the status of the patent-medicine business should 'speak with one voice', each association agreed that if Menopax Ltd. was prepared to place prominently on the inside covers of the promotional pamphlet a note earnestly requesting women to visit their doctor, then advertisements for Menopax would satisfy the AID's standards.<sup>401</sup> From these events, members of the AID raised the question of whether or not it would save 'time and trouble' for the department if it were to refer to the PAGB all questions concerning patent-medicine copy and act upon its advice and judgement.<sup>402</sup> Various views were expressed on this subject (details of which were not recorded) but it was ultimately agreed by members that the AID could not delegate its responsibilities to

the PAGB, 'thereby losing in great measure its freedom of action'.

<sup>400</sup> Minutes, 6 October 1942, ASA 1/1/5, p. 42.

<sup>401</sup> Minutes, 10 December 1942, ASA 1/1/5, p. 74.

<sup>402</sup> Minutes, 18 June 1942, ASA 1/1/5, pp. 51-52; Minutes, 18 June 1942, ASA 1/1/5, pp. 51-52.

## 4.8 The Advertising Association Establishes a Joint Code of Advertising Standards

During the Second World War, rationing, price controls and austerity led to a considerable reduction in rates of personal consumption in Britain.<sup>403</sup> These policies were promoted by government as being imperative to the British war effort and, later, to post-war reconstruction.<sup>404</sup> Moreover, the Government's campaign for fair prices, fair profits and fair share were broadly supported by the British public.<sup>405</sup> Peter Gurney argues that, in this context, there was considerable disquiet amongst advertisers, who feared that their industry was increasingly regarded by the public as 'at best wasteful, at worst downright unpatriotic'.<sup>406</sup> During the war, advertising practitioners adapted to these conditions by emphasising advertising's support of a free press, public morale and the provision of consumer guidance.<sup>407</sup>

Advertisers' anxiety continued into the immediate post-war years. A new Labour government was elected in 1945, under the premiership of Clement Atlee (Labour MP for Limehouse, Stepney in London) and there was a continuation of rationing and wartime controls. Advertising continued to be restricted in volume and, therefore, according to advertisers, 'in vigour and attack'.<sup>408</sup> There was a desire amongst advertisers to promote the contribution

---

<sup>403</sup> Gurney, *The Making of Consumer Culture in Modern Britain*, pp. 157-162.

<sup>404</sup> Ina Zweiniger-Bargielowska, *Austerity in Britain: Rationing, Controls, and Consumption, 1939-1955* (Oxford: Oxford University Press, 2000).

<sup>405</sup> Mark Roodhouse, *Black Market Britain: 1939-1955* (Oxford: Oxford University Press, 2013).

<sup>406</sup> Gurney, 'Voice of Civilisation', 190-208.

<sup>407</sup> Philippa Haughton, 'Justifying British Advertising in War and Austerity, 1939-51', *Twentieth Century British History*, 28.3 (2017), 390-413; Stefan Schwarzkopf, 'They do it with Mirrors: Advertising and British Cold War Consumer Politics', *Contemporary British History*, 19.2 (2005), 133-150.

<sup>408</sup> 'Convention Target', *Advertiser's Weekly*, 6 February 1947, p. 260.

that advertising could make to post-war British society. The need for such a campaign was compounded by the Labour government's strong anti-advertising sentiment. That sentiment was confirmed in March 1946 when the Minister of Health, Aneurin Bevan (Labour MP for Ebbw Vale, Monmouthshire), stated that he was sympathetic to demands to protect consumers from false and misleading advertising, and threatened to impose tighter legislation on adverts for patent medicines.<sup>409</sup> With a view to adopt a conciliatory approach toward the Labour government, the Advertising Association decided to produce a tougher, single code of advertising standards with relation to medicines and treatments.<sup>410</sup> Privately, the AID envisioned that by establishing such a code, the department would maintain a high measure of control in the development of the code thereafter.<sup>411</sup>

Thus, in early 1946, the AID founded a British Code of Standards Sub-Committee to which it nominated William K. Fitch (Editor and Publications Manager of *The Pharmaceutical Journal*), C. W. Francis (Advertisement Manager of the *British Medical Journal*), C. W. Robinson (Wholesale Drug Trade Association or, from 1948, the Association of the British Pharmaceutical Industry) and J. S. Walmsley (Secretary of the PAGB) as members.<sup>412</sup> The

---

<sup>409</sup> 'Patent Medicines', House of Commons (28 March 1946, vol. 421, cc. 558-9), Hansard <<https://api.parliament.uk/historic-hansard/commons/1946/mar/28/patent-medicines>> [accessed 11 May 2021].

<sup>410</sup> Sean Nixon, *Hard Sell: Advertising, Affluence and Transatlantic Relations, c. 1951-69* (Manchester: Manchester University Press, 2016), 164; Gurney, 'Voice of Civilisation'.

<sup>411</sup> Minutes, 11 July 1946, ASA 1/1/5, p. 204.

<sup>412</sup> The Wholesale Drug Trade Association was formed in 1938 and, before that, was a loosely knitted association known as the Drug Club which had existed for the promotion of discussion between members of the wholesale drug trade and for the protection of their interests. The association was renamed the Association of the British Pharmaceutical Industry (ABPI) in 1948. It represented the interests of manufacturers of 'ethical' (or prescription) medicines and operated to reconcile their divergent interests and present them to government departments, particularly, the Ministry of Health. *The Structure*

addition of representatives from the PSGB and the BMA was likely intended by the AID to enhance the credibility of the AID's operation. The British Code of Standards Sub-Committee was tasked by the AID to review every point of prohibition or restriction covered by the existing codes used by the Advertising Association, the Newspaper Proprietors Association, the Newspaper Society and the PAGB, and to formulate a common code of standards based on shared principles in these existing codes which represented 'best existing practice' in relation to the advertising of medicines and treatments.<sup>413</sup>

In June 1946, members of the sub-committee prepared and circulated a report to members of the AID, outlining the key features of the 'British Code of Advertising Standards for Medicines and Treatments' (hereafter, 'British Code of Standards').<sup>414</sup> Unanimity, they stated, had been reached on nearly all points but some required further consideration, including provisions related to menopausal treatments and testimonials. The situation related to menopausal treatments, as indicated above, was that the PAGB had no objection to the promotion of products for menopausal conditions whereas the AID had sought a prohibition of such products. With regard to testimonials, the AID (as well as the Newspaper Proprietors Association and the Newspaper Society) took the position that proprietary medicine advertisers should not be allowed to include in testimonials claims which would not be allowed in their copy.<sup>415</sup> The PAGB, by contrast, maintained that *paid* testimonials were not permissible but were happy to use unpaid testimonials in adverts to make indirect promotional claims for their products.

Despite these points of dispute, the AID went ahead and sent a copy of the British Code of Standards to sixteen key members of the Advertising

---

*of British Industry: A Symposium, Vol. II*, ed. by Duncan Burn (Cambridge: Cambridge University Press, 1964), p. 359.

<sup>413</sup> Minutes, 6 June 1946, ASA 1/1/5.

<sup>414</sup> *Ibid.*

<sup>415</sup> Minutes, 25 May 1944, ASA 1/1/5, p. 137.

Association and appealed to members to lend their support to the code.<sup>416</sup> The letter contained a note that the two sections on menopausal and testimonials were ‘under re-consideration’.<sup>417</sup> The PAGB immediately protested against the AID’s action. Walmsley’s signature had been included in a letter of appeal that was sent by the AID along with the draft British Code of Standards which appeared to indicate that the PAGB had endorsed the code.<sup>418</sup> Because the terms negatively impacted on members’ commercial interests, this was an impossible position for the PAGB and Walmsley was instructed by the Executive Committee to withdraw his name from the draft British Code of Standards.<sup>419</sup> The action resulted in the suspension of the PAGB from the British Code of Standards Sub-Committee and the Patent Medicine (Policy) Sub-Committee.

The Newspaper Proprietors Association and the Newspaper Society did not pledge their support to the British Code of Standards either. They replied to the AID with the statement that they were ‘satisfied with the present arrangements’.<sup>420</sup> It is possible that this decision, like that of the PAGB, was based on specific proposals within the British Code of Standards. I have been

---

<sup>416</sup> These included the Newspaper Proprietors’ Association, Newspaper Society, Periodical Trade Press, Weekly Newspaper Proprietors Association, British Direct Mail Association, British Federation of Master Printers, British Poster Advertising Association, London Poster Advertising Association, Incorporated Advertising Managers’ Association, Incorporated Society of British Advertisers, Institute of Incorporated Practitioners in Advertising, Press Advertisement Managers’ Association, BMA, National Pharmaceutical Association, The Pharmaceutical Association of Great Britain and The Wholesale Drug Trade Association. Report of the Code of Standards Sub-Committee to the AID Committee of the Advertising Association Presented to Council, 18 July 1946, HAT 33 Advertising Controls Medical/Pharmaceutical Industries.

<sup>417</sup> *Ibid.*

<sup>418</sup> PAGB Executive Committee Minutes , 3 February 1948, PAGB 1/1/2.

<sup>419</sup> Minutes, 11 October 1946, ASA 1/1/5, pp. 200-201.

<sup>420</sup> *Ibid.*

unable to establish whether or not this was the case. Based on the minutes of the Advertising Association, it appears more likely that they wanted more satisfactory representation on the British Code of Standards sub-committee.<sup>421</sup> It is for this reason perhaps, the two associations entered into separate negotiations with the PAGB. Though the PAGB, themselves, were keen to work with newspaper groups (over-and-above, it would appear, the Advertising Association), such a partnership was not straightforward. For example, as per the Joint Code of Standards issued by the Newspaper Proprietors Association and the Newspaper Society in February 1944 (see Appendix VI), the associated press wanted to maintain the clause that prohibited the publication of adverts which promoted products for the 'prevention, cure or relief of serious diseases'. This was a point of frustration for the PAGB which was sympathetic to the promotion of products that claimed to have 'preventative' value (such as barrier creams for dermatitis).<sup>422</sup>

Despite the initial opposition of the Newspaper Proprietors Association and the Newspaper Society to the British Code of Standards, in the following months certain external pressures made themselves felt on these associations, such that they would lend their support to the Advertising Association's scheme. A key pressure was the Royal Commission on the Press. The commission was convened in 1947 in context of mounting public concern that a growth of monopolistic tendencies in control of the press was damaging the free expression of opinion, leading to factual inaccuracies and allowing advertisers to influence editorial content.<sup>423</sup> The threat of government intervention threatened by the Royal Commission on the Press was of considerable concern to newspaper proprietors.<sup>424</sup>

---

<sup>421</sup> Minutes, 11 October 1946, ASA 1/1/5, p. 201.

<sup>422</sup> PAGB Executive Committee Minutes, 6 May 1948, PAGB/1/2, p. 389; Minutes, 29 June 1944, ASA 1/1/5, p. 141.

<sup>423</sup> Tom O'Malley, 'Demanding Accountability: The Press, the Royal Commissions and the Pressure for Reform, 1945-77', in *Sex, Lies and Democracy: The Press and the Public*, ed. by Hugh Stephenson and Michael Bromley (London: Longman, 1998), pp. 84-96.

<sup>424</sup> Gurney, 'Voice of Civilisation', p.7.

The wider advertising industry was, also, under pressure. The Chancellor of the Exchequer, Hugh Dalton (Labour MP for Bishop Auckland in County Durham), threatened to introduce a punitive tax on advertisements in the Finance Bill in November 1947. Under this scheme, only half rather than the full amount of a company's expenditure on advertising (except for the export and trade press) would be allowed to be written off for tax purposes.<sup>425</sup> The advertising industry launched a co-ordinated campaign against the measure and, much to their relief, within less than a month, the proposal was withdrawn. Though advertisers congratulated themselves on securing their repeal of the proposal, it was another sign of the Labour government's hostility to the advertising industry.<sup>426</sup>

In January 1948, with a view to facilitate the establishment of a common code of standards, the Newspaper Proprietors Association brought together an assembly of trade associations (including the Advertising Association, the Newspaper Society, the Periodical Trade Press, the Weekly Newspaper Proprietors Association, the Institute of Incorporated Practitioners of Advertising and the PAGB) to create an opportunity for those in attendance to share their views on the final draft of the British Code of Standards. Here, the Newspaper Proprietors Association and the Newspaper Society confirmed their intention to give 'support' to the code but that they would maintain their own code of standards, currently in operation. This meant that though the draft British Code of Standards prohibited menopausal treatments, associated newspapers would allow such advertising to continue provided that the clause as agreed by the PAGB (that all such advertisement contain a recommendation to consult a doctor) was adhered to. The support of newspapers was critical in making the British Code of Standards practicable and, in exchange, the Advertising Association invited each member in attendance to serve as members of a sub-committee once the code was published. Consequently, though the British Code of Standards was operated under the auspices of the

---

<sup>425</sup> *Ibid.*, p. 9.

<sup>426</sup> *Ibid.*

Advertising Association, other associations would have substantial opportunity to revise and amend the code once it was published.

The position of the PAGB with regard to these proposals was somewhat more complicated. The Association had, for some time, attempted to establish themselves as a central 'clearing house' for proprietary medicines. They had, previously, sought to enter into an agreement with the Newspaper Proprietors Association and the Newspaper Society to set up a 'Joint Censorship Board' to which the associated press would agree to submit all advertisements presented to them and to which members and non-members of the PAGB would be asked to submit their advertisements.<sup>427</sup> Such an arrangement would have allowed the PAGB to gain control of advertisements submitted to newspapers by non-members and secure increased co-operation from existing members who often resisted the (what they described as) 'unfair' constraints imposed on them by the terms of their membership. In the event, much to the disappointment of the PAGB, the Newspaper Proprietors Association and the Newspaper Society decided that the establishment of such a Board was 'impossible'.<sup>428</sup> According to the PAGB, the decision was based on the associated press' desire to retain complete freedom to accept or reject any advertisement submitted to a newspaper and an unwillingness on the part of the press to participate in the establishment of a 'closed-shop', whereby newspapers forced non-members of the PAGB into membership and/or compliance with the Association.<sup>429</sup> Despite the rejection, the PAGB still considered it possible for them to establish themselves as *the* authority in the evaluation and revision of advertisements for medicines and treatments. Thus, likely in a bid to maintain the goodwill of newspaper associations, in February 1948, the PAGB agreed to give its support to the British Code of Standards when issued.<sup>430</sup> However, the Association was adamant that, at this stage, it was not prepared to ask members advertising menopausal preparations to

---

<sup>427</sup> PAGB Executive Committee Minutes , 1 May 1947, PAGB/1/2.

<sup>428</sup> *Ibid.*

<sup>429</sup> *Ibid.*

<sup>430</sup> PAGB Executive Committee Minutes , 4 March 1948, PAGB/1/2.

resign from membership. In return, the PAGB were invited by the Advertising Association, along with other organisations who pledged support to the code, to nominate two members to serve on the British Code of Standards Sub-Committee. The 'British Code of Standards in Relation to the Advertising of Medicines and Treatments' was, thus, issued by the Advertising Association in April 1948 (Appendix VII).

#### **4.9 'Negatived and Nullified'? The Uncertain Position of the AID in the British Code of Standards Sub-Committee**

In July 1948, the British Code of Standards Sub-Committee sat to discuss new copy submitted by the Steurman Agency for 'Oystrax', manufactured by Oystrax Ltd. The proposed copy read as follows:

'Men, Women, old?  
Feel years younger,  
Get Pep,  
Take Oystrax Tonic Tablets today'.<sup>431</sup>

The issue of Oystrax had been a long-running problem for the AID. Several years prior, in July 1942, advertisements for Oystrax (a 'tonic tablet' which contained 'raw oyster stimulants, vitamins and general invigorators') were judged by the AID to be particularly objectionable in character and it sought to secure the amendment of phrases such as 'Men old at 40! Be as young as you were at 25' from the Steurman Agency in New York.<sup>432</sup> The AID desired, in short, that Oystrax be promoted as a tonic rather than as an aphrodisiac. Unable to secure such amendments, the AID issued a bulletin to members, recommending the prohibition of advertisements for Oystrax on the basis that

---

<sup>431</sup> Minutes, 25 October 1949, ASA 1/1/6.

<sup>432</sup> 'Personal', *Dover Express*, 3 March 1939, p. 8; Minutes, 16 July 1942, ASA 1/1/5, pp. 55-56.

it infringed the Department's ruling against products of an aphrodisiac character. The Newspaper Proprietors Association and the Newspaper Society, however, appeared not to have issue with the advertisements and, in 1947, the AID counted well over 100 cases where the terms of the Department's recommendations had being infringed by provincial newspapers.<sup>433</sup> It was not until the AID directly approached newspapers within the membership of the Advertising Association and addressed a letter to the Chairman of the Joint Copy Committee of the Newspaper Proprietors Association and the Newspaper Society that an, almost, complete exclusion of advertisements for Oystrax was secured.<sup>434</sup> Following these actions, the Steurman Agency finally approached the AID with an expression of willingness to amend their copy.

The amended copy was put before the AID by the British Code of Standards Sub-Committee in July 1948 and most members agreed that the new copy – 'Get Pep' – was acceptable.<sup>435</sup> The decision left representatives of the AID indignant.<sup>436</sup> Robinson, the Secretary of the Association of the British Pharmaceutical Industry (ABPI), threatened to quit the British Code of Standards Sub-Committee. He stated that when the ABPI had been asked to approve the British Code of Standards, several of his members had expressed apprehension that the 'good name' of the Association might be used to 'white-wash' the activities of those 'patent medicine manufacturers' who advertised their products with exaggerated or misleading claims. He was, he explained, able to persuade his Council that the Advertising Association was 'sincere' in its efforts to improve the standard of advertisements for medicine. However, now the Advertising Association was a 'minority voice on a larger committee composed mainly of other interests' and he was bound to ask himself whether he had misled his Council in advising them to support the code. Fitch, the Editor and Publications Manager of *The Pharmaceutical Journal*, endorsed Robinson's view, and added that the PSGB might consider disassociating themselves from

---

<sup>433</sup> Minutes, 17 March 1947, ASA 1/1/6.

<sup>434</sup> Minutes, 21 April 1947, ASA 1/1/6.

<sup>435</sup> Minutes, 25 October 1949, ASA 1/1/6.

<sup>436</sup> Minutes, 23 July 1948, ASA 1/1/6.

the British Code of Standards Sub-Committee if the Advertising Association became a 'minority voice'.

The Executive Committee of the Advertising Association were of the opinion that any differences voiced by members of the AID over Oystrax copy should not be permitted to break the larger bond between the Advertising Association and other bodies subscribing to the British Code of Standards.<sup>437</sup> The Executive Committee emphasised that the British Code of Standards represented minimum standards whereas the AID, 'quite properly and wholly commendably', had established higher standards than those which could be agreed upon when the code was published. The AID had, in this instance, been over-ruled by a majority vote of the British Code of Standards Sub-Committee and the Executive Committee felt that the department should, if possible, accept the majority decision. Members of the AID disagreed and Fitch stated, dramatically, that to accept the decision by the British Code of Standards Sub-Committee was 'tantamount to signing [the Department's] death warrant'. The Executive Committee of the Advertising Association agreed that a 'very serious question of principle arose' in the case of Oystrax but asked the department to consider whether they thought the Oystrax matter was one which justified 'the abandonment of so much'.

Eventually, the Executive Committee of the Advertising Association agreed to support the AID in pressing the British Code of Standards Sub-Committee for an amendment to the position on Oystrax. In January 1949, the Director of the Advertising Association with the support of two representatives from the AID presented the case against Oystrax to the Sub-Committee. After consideration of the Advertising Association's statement the British Code of Standards Sub-Committee decided to reject the advertisement submitted by the Steurman Agency. Members even agreed that the product could no longer be advertised under its present name as 'Oystrax' was now firmly associated with being an aphrodisiac. In the following years, the product was renamed 'Orstrax' and, much to the dismay of representatives of the AID, was permitted

---

<sup>437</sup> Minutes, 8 December 1948, ASA 1/1/6.

by the British Code of Standards Sub-Committee to include in promotional literature the phrase 'Formerly Oystrax'.<sup>438</sup>

The AID continued to experience difficulties. In the 1940s, Fynnon Ltd. promoted a product called 'Fynnon Salts', a laxative which, adverts claimed, could be used to relieve neuritis, lumbago, fibrositis, sciatica, rheumatism and gout. In one such advert, readers were urged to 'Take Fynnon *the famous medicinal salt for RHEUMATISM*' (see Figure 4.4).<sup>439</sup> The advert in question included the image of a women, in a state of anxiety and discomfort, and the testimonial: 'After suffering from rheumatism a friend told me about Fynnon Salt and I decided to buy a tin... and before the second tin was used I was free from all pain...'. The advert appealed to readers, 'If you are in similar trouble, try Fynnon!' In July 1948, the AID agreed that the phrase used in a testimonial for the advert – 'and before the second tin was used I was free from all pain' – implied that the salts cured rheumatism. However, when the department contacted the agents, Fynnon Ltd., they stated that all advertisements for the product had been approved by the PAGB as conforming to the British Code of Standards.<sup>440</sup> When the department contacted the PAGB for clarification on the matter, the Association explained that the copy had been approved in accordance with the 'interpretation placed by the PAGB on the clauses contained in the Code of Standards' or, more specifically, the PAGB's particular interpretation of the word 'cure'.<sup>441</sup> In order to seek a resolution, the department approached the PAGB who confirmed that they operated on the basis that 'cure' referred to any word intended to imply that an ailment, illness or disease was removed completely by the product; an interpretation in keeping with that of the AID.<sup>442</sup> However, unlike the department, the PAGB

---

<sup>438</sup> Minutes, 20 September 1955, ASA 1/1/7.

<sup>439</sup> 'Advertisement and Notices', *Gloucester Citizen*, 19 May 1948, p. 1.

<sup>440</sup> On 29 October 1954, Fynnon Ltd. was liquidated and Fynnon Salts was, thereafter, marketed by Macleans Ltd. PAGB Executive Committee Minutes, 15 February 1955, PAGB/1/2.

<sup>441</sup> Minutes, 15 October 1948, ASA 1/1/7.

<sup>442</sup> Minutes, 8 December 1948, ASA 1/1/7.

maintained that the testimonial for Fynnon Salts did little more than indicate

# Take Fynnon

*the famous medicinal salt for*  
**RHEUMATISM**

If you are subject to rheumatic pains and are finding it difficult to get rid of them—give Fynnon Salt a chance to help you. Fynnon is a blend of medicinal salts which act gently on both kidneys and bowels—and it is known that a healthy kidney and bowel action is of value to rheumatic sufferers. Read what W.G. says: “After suffering from rheumatism a friend told me about Fynnon Salt and I decided to buy a tin . . . and before the second tin was used I was free from all pain . . .” If you are in similar trouble, try Fynnon! It will do you good — and the good may well be lasting. Fynnon is now recognised as the ideal laxative for rheumatic sufferers. 2/- per large tin, including tax.



*to relieve* •

**NEURITIS, LUMBAGO  
SCIATICA, RHEUMATISM or GOUT**

*take*

## FYNNON SALT

*—removes harmful waste products  
cleanses bloodstream and digestive tract*

---

Fynnon Limited, Brentford, Middx.
5896

Figure 4.4. Fynnon Salt, Gloucester Citizen, 19 May 1948, p. 1.

that the individual concerned was relieved from pain before using the second tin.<sup>443</sup>

Cases, such as Fynnon Salts – in which advertisers used testimonials in order to make claims for the product that would otherwise not be permitted – encouraged the AID to pursue a complete prohibition on the use of testimonials in the advertising of proprietary medicines. The principle argument made by the department against the use of testimonials in proprietary medicine advertising was that testimonials applied ‘the specific to the general’ whereas, according to the department, they could only ever refer to the personal experience of the writer and the effect of a medicine or treatment on

<sup>443</sup> The Proprietary Association agreed to advise the manufacturers concerned that they should amend or withdraw this particular piece of copy from promotional literature. Minutes, 8 December 1948, ASA 1/1/7.

the condition of the writer need have no bearing on the effect of the medicine or treatment on any other person.<sup>444</sup> However, when the AID prepared a statement on the matter with the intention to recommend to the British Code of Standards Sub-Committee a complete prohibition of testimonials, the Executive Committee of the Advertising Association stated that they would not support such an action.<sup>445</sup> A statement was read by the Director of the Executive Committee to the effect that, though the Executive Committee had no objection to the ultimate ideals of the department, it was unsuitable to recommend to the British Code of Standards Sub-Committee a prohibition of testimonials as the position of the department on the matter was not representative of the views of the Advertising Association as a whole. The Executive Committee recommended that the statement should be forwarded to the British Code of Standards Sub-Committee without a statement of support from the Advertising Association.<sup>446</sup> By the early 1950s, such events had left members of the AID feeling that the status of the Department was being 'gradually whittled away'.<sup>447</sup>

In order to secure the future of the AID in the interpretation and development of the code, members knew that the authority of the Department had to be greatly strengthened with the appointment of reputable individuals with medical or pharmaceutical experience in order that greater weight may be given to its position. Until something of this kind could be done, members felt that the work of the Department in the proprietary medicine sphere was 'liable to be negated and nullified by slowness of decision and by lack of

---

<sup>444</sup> By contrast, the Department argued, if a medical practitioner drew conclusions from specific cases and then applied those conclusions to other patients, the doctor was specifically trained to do so. Minutes, 12 February 1952, ASA 1/1/7.

<sup>445</sup> Minutes, 9 October 1950, ASA 1/1/7.

<sup>446</sup> In the event, the Advertising Investigation Department were not able to secure a complete prohibition of testimonials but the intervention did contribute to the establishment of a system of spot-checking intended to ascertain the originality and genuineness of statements of testimony. Minutes, 9 October 1950, ASA 1/1/7; Minutes, 12 March 1951, ASA 1/1/7

<sup>447</sup> Minutes, 17 November 1950, ASA 1/1/7

authoritativeness'.<sup>448</sup> Thus, in November 1952, the AID approached Dr. Edward Clayton-Jones, recently retired as editor of the *Lancet*, who expressed a willingness to be a medical authority in the work of the Department. His suitability for the role was based on his 'first class contacts', 'very liberal outlook' (this was important as other trade associations considered the Department to be fundamentally opposed to the proprietary medicine trade) and his repute amongst people in advertising circles.<sup>449</sup> Importantly, he was also willing to allow his name to be mentioned publicly which, the Department considered, would 'add to the prestige of the Association' and 'enhance the authority of the [AID's] decisions'. No longer wanting to confine themselves to specific advertisements, members of the Department envisaged that Dr. Clayton-Jones would act as a consultant in 'enlarged', 'long-term investigations' on medical advertising 'carrying out a certain amount of research on his own and giving his views in writing when necessary and at meetings on specific points when required.'<sup>450</sup> Chapter 5 investigates the ways in which the AID leveraged the authority of Dr. Clayton-Jones in relation to non-barbiturate central nervous system depressants in the 1950s.

#### 4.10 The Campaign to Extend the British Code of Standards

By the mid-twentieth century, toothpaste was a common household item.<sup>451</sup> Toothpaste had, for some decades, been promoted as a cosmetic and in promotional campaigns advertisers made use of lifestyle imagery, glamorous

---

<sup>448</sup> *Ibid.*

<sup>449</sup> Minutes, 19 November 1952, ASA 1/1/7.

<sup>450</sup> Minutes, 16 January 1952, ASA 1/1/7; Minutes, 22 July 1952, ASA 1/1/7; Minutes, 19 November 1952, ASA 1/1/7.

<sup>451</sup> John Crellin and Dennis B. Worthen, *A Social History of Medicines in the Twentieth Century: To Be Taken Three Times a Day* (New York: Pharmaceutical Products Press, 2004), p. 27.

models and cosmetic beauty.<sup>452</sup> However, from the 1950s, advertisers reverted to other methods of promotion, increasingly making reference to technical efficiency, endorsements by medical professions and the value of the product in providing cavity protection. The trend was driven by leading US companies such as Colgate and Proctor and Gamble (P&G) who, from 1950, devoted considerable resources to the development of therapeutic formulations. In the United States, as a result of the heavy promotion of these products, the consumption of toothpastes grew sensationally in the following decade. In a bid to expand into the British market, from the mid-1950s, these same companies launched extensive advertising campaigns in the UK.<sup>453</sup>

The circulation of these types of advertisements caught the attention of the British Dental Association (BDA). In October 1955, the BDA issued a statement explaining that though the Association recognised that toothpaste was of considerable value in cleaning teeth and gums, it did not accept as proved that a dentifrice could prevent dental disease other than by virtue of its function as a cleansing agent.<sup>454</sup> In the following weeks, the BDA additionally contacted the AID with regard to ‘exaggerated’ claims in toothpaste adverts.<sup>455</sup> A product to which the Association made particular reference to was ‘Colgate with Gardol’ (a ‘decay-fighting anti-enzyme ingredient’) which was advertised to consumers as providing ‘day and night protection against tooth decay’ (see Figure 4.5).<sup>456</sup> Though the BDA objected to claims that ‘Colgate Dental Cream’ helped ‘fight tooth decay’, the Association was also concerned with the claim that ‘Gardol’ provided users with protection for ‘up to 12 hours *with just one*

---

<sup>452</sup> Peter Miskell, ‘Cavity Protection or Cosmetic Perfection? Innovation and Marketing of Toothpaste Brands in the United States and Western Europe, 1955-1985’, *The Business History Review*, 78.1 (2004), 29–60.

<sup>453</sup> ‘Toothpaste Makers Feel the Squeeze’, *Financial Times*, 1 July 1957, p. 8.

<sup>454</sup> ‘Toothpastes Do Not Stop Decay’, *Daily Telegraph*, 25 October 1955, p. 7.

<sup>455</sup> Minutes, 1 November 1955, ASA 1/1/7; Minutes, 2 December 1955, ASA 1/1/7.

<sup>456</sup> ‘Colgate Dental Cream Gardol’, *Daily Mail*, 7 March 1957, p. 4.



In 1956, a major marketing effort was made by Thomas Hedley, the British subsidiary of the P&G International Group to promote 'Gleem'; a toothpaste which contained an exclusive anti-bacterial compound – 'GL-70' – that was claimed to remove most mouth bacteria after one brush.<sup>458</sup> The BDA were quick to draw the attention of the AID to the campaign. The Association warned that advertisements for 'Gleem' had been appearing in the provincial press but were about to be launched nationally in the 'biggest advertising campaign in toothpaste history!'.<sup>459</sup> Indeed, a few months later, millions of households in Greater London received samples and coupons for the product and a fleet of 50 'motor-scooters' carrying giant cartons of 'Gleem' drove from outer London to Piccadilly Circus.<sup>460</sup> These advertising stunts were followed by a considerable press and television advertising campaign which introduced the new product to households across the country.

The aggressive promotional campaigns engaged in by these companies made it increasingly difficult for smaller firms to compete in the toothpaste market. Peter Gaskell states that even fairly large companies such as Beechams Co. Ltd., which managed a toothpaste business in the UK through the subsidiary company, Macleans Co. Ltd., found it difficult to withstand the competitive pressure.<sup>461</sup> It was in this context that the PAGB came to investigate an advertisement submitted by the member-company, Macleans Ltd., related to 'new' Macleans Double-Action Indigestion Tablets.<sup>462</sup> The advertisement featured a photograph of the celebrity radio and television broadcaster, Gilbert

---

<sup>457</sup> *Ibid.*

<sup>458</sup> 'Launching a New Toothpaste', *Financial Times*, 8 September 1956, p. 5.

<sup>459</sup> Minutes, 14 February 1956, ASA 1/1/8; Advert, 'Gleem', 31 March 1956, *Chemist and Druggist*, p. 9.

<sup>460</sup> 'Launching a New Toothpaste', *Financial Times*, 8 September 1956, p. 5.

<sup>461</sup> *Ibid.*

<sup>462</sup> PAGB Executive Committee Minutes, 18 October 1955, PAGB/1/2.

Harding, beneath which was printed a statement signed by Harding.<sup>463</sup> The statement included the following claims:

‘Although I have indigestion, I don’t *suffer* from it. For more years than I dare say, I’ve been a Maclean’s devotee. Their new tablets keep me quite free of discomfort. That’s why I always carry the things around with me in my pocket’.

The advert contained an additional ‘medical note’ that clarified:

‘Mr. Harding is speaking of the New Macleans Tablets with double-action. They do more than drive pain away fast. They have a new ingredient that keeps pain away afterwards. You get two benefits instead of one, so New Macleans are twice as good.’

Though the PAGB’s advertising sub-committee approved the advertisement in question, some members maintained that the advert was a technical offence against the PAGB’s code of standards which stipulated that no member should pay for any testimonial. The Executive Committee decided that, ‘in mind of recent developments in this type of advertising’, it would be wise to consider the whole issue in more detail.<sup>464</sup> By ‘this type of advertising’, the Executive Committee referred to the phenomenon of celebrity endorsements, in particular. The phenomenon is described in Figure 4.6, with the Harding advert

---

<sup>463</sup> It should be noted that photography (and celebrity endorsement) was a staple part of the dissemination of information about proprietary medicines (and allied articles) in the twentieth century. For a recent investigation of the sometimes ambiguous role of photography in the investigation, communication and promotion of medical treatments and therapies, see Tania Anne Woloshyn, *Soaking up the Rays: Light Therapy and Visual Culture in Britain, c. 1890-1940* (Manchester: Manchester University Press, 2017). For an example of advertising featuring Gilbert Harding, see ‘Multiple Display Advertising Items’, *Daily Mail*, 9 August 1956, p. 7.

<sup>464</sup> PAGB Executive Committee Minutes , 18 October 1955, PAGB/1/2.



In the following months, the PAGB's advertising sub-committee met to consider the use of celebrities' names, photographs and testimonials in advertising and, after some discussion, decided to recommend a relaxation of the PAGB's code of standards by removing the clause, 'no member shall give a consideration for any testimonial'.<sup>466</sup> By removing the clause, the PAGB's code of standards would be brought into closer accord with the British Code of Standards which did not prohibit the use of paid testimonials. When the recommendation was forwarded to the Executive Committee for approval it was met with general support. There were, however, expressions of opposition. One member expressed regret that the Executive Committee wanted to 'legalise a breach in the Code' because of the Macleans' advertisement and that, if this change was accepted, the PAGB would 'throw the door wide open' to the use (and abuse) of testimonials.<sup>467</sup> Another member, John Gwatkin of Chesebrough Manufacturing Co. Ltd. (manufacturers of 'Vaseline Petroleum Jelly'), sharing this sentiment, actually resigned from the Executive Committee in protest.<sup>468</sup> He stated the he had taken the action because he felt strongly that the use of testimonial advertising was detrimental to the industry and that he had come to the conclusion that the interests of the Association may be better served by someone with views 'less rigid' than his own.<sup>469</sup> Despite these criticisms, the Executive Committee of the PAGB decided to follow the recommendation and relax the PAGB's clause related to testimonials. As demonstrated in Chapter 3, this was not the first time that the commercial interests of Beecham's Co. Ltd. and its subsidiary companies had come to bear on the policy of the PAGB.

---

<sup>465</sup> 'Harding Never Suffers', *Daily Mail*, 9 August 1956, p.7.

<sup>466</sup> PAGB Executive Committee Minutes , 15 November 1955, PAGB/1/2.

<sup>467</sup> PAGB Executive Committee Minutes , 16 February 1956, PAGB/1/2.

<sup>468</sup> PAGB Executive Committee Minutes , 15 March 1956, PAGB/1/2.

<sup>469</sup> PAGB Executive Committee Minutes , 8 March 1956, PAGB/1/2.

In the following months, the phenomenon of toothpaste advertising attracted public scrutiny.<sup>470</sup> In 1957, the *Financial Times* reported that the press, television, posters and cinema screens were being extensively used for new advertising campaigns for toothpaste.<sup>471</sup> Amongst the biggest campaigns cited by the newspaper was a scheme by Macleans Co. Ltd. who offered ‘a fortnight’s free tooth paste for the children’, with special tubes attached to standard packs sold at the usual price. Another campaign included a cash-prize competition devised by P&G to increase the sales of Gleem toothpaste (and P&G’s ‘Drene’ shampoo). The BDA continued to, publicly, voice complaints about the claims made by these advertisers. In July, *The Times* published the following quote accredited to a representative of the Association:

‘It is... regrettable that by their calculated manipulations of words and phrases in their claims the manufacturers [of branded toothpastes] frequently create a false sense of security in the minds of the public. The focus of attention on special ingredients with magical powers removes the emphasis from the proven fact that cleansing of the teeth regularly after eating and drinking will materially reduce the incidence of dental disease’.<sup>472</sup>

The AID, too, observed the ‘continued appearance in well-known publications’ of large-space advertisements for toothpastes ‘couched in language of exaggeration’.<sup>473</sup> Members of the Department considered it ‘vitally necessary’ that some action be taken to control such advertisements as, they argued, their continued appearance brought the influence of the British Code of Standards,

---

<sup>470</sup> ‘Record Expenditure on Press Advertising’, *Financial Times*, 6 September 1956, p. 9.

<sup>471</sup> ‘Big Tooth Paste Campaigns: Fashion Industry’s European Drive: Toy Makers Prepare for Christmas’, *Financial Times*, 20 June 1957, p. 11.

<sup>472</sup> ‘Toothpaste Claims “Regrettable”’, *Times*, 5 July 1957, p. 6.

<sup>473</sup> Minutes, 13 March 1956, ASA 1/1/8.

the AID and the Advertising Association into disrepute.<sup>474</sup> The Department made an approach to the British Code of Standards Sub-Committee with a view to secure control of advertisements for toothpaste and, in 1957, the Committee agreed that toothpaste manufacturers should be asked to substantiate advertising claims for the prevention of dental decay as such claims fell within the scope of the Pharmacy and Medicines Act (1941).<sup>475</sup> Though the decision did not bring advertisements for toothpaste within the scope of the British Code of Standards, the Department observed that the decision empowered publishers to request particulars of such products when in doubt about promotional claims.<sup>476</sup>

There was, however, a desire by the AID to extend the British Code of Standards so that it applied to *all* advertisements and particularly those for cosmetics, foods and beverages. Recent toothpaste advertisements, the Department observed, frequently contained claims as to the *therapeutic* as well as cosmetic applications of the advertised product. The sentiment of the Department was shared by some members of the British Code of Standards Sub-Committee who were 'alarmed' at the tendency of certain manufacturers of cosmetics, foods and beverages to adopt medicinal claims which, furthermore, may or may not be valid.<sup>477</sup> Thus, the British Code of Standards Sub-Committee agreed to send a letter to members, alerting them to the dangers of medicinal claims with regard to products that had, hitherto, not been regarded as medical treatments and to encourage media owners to approach the sub-committee for guidance and opinions on the matter.<sup>478</sup> Some members objected strongly to the suggestion that the British Code of Standards should be extended, not least the PAGB who wanted to protect the interests of members who manufactured products that would come within the scope of

---

<sup>474</sup> Minutes, 13 March 1956, ASA 1/1/8; Minutes, 6 April 1956, ASA 1/1/8; Minutes, 13 June 1957, ASA 1/1/9.

<sup>475</sup> Minutes, 23 April 1957, ASA 1/1/9.

<sup>476</sup> Minutes, 13 June 1957, ASA 1/1/9.

<sup>477</sup> PAGB Executive Committee Minutes, 16 May 1957, PAGB/1/2.

<sup>478</sup> *Ibid.*

such an action. In the event, the British Code of Standards Sub-Committee could not secure adequate support for the circulation of such a letter. This was anticipated some months prior by the AID who suspected that the ‘enormous expenditure’ involved in the promotion of toothpaste would make it ‘extremely difficult’ to get the whole-hearted support of media owners to bring toothpaste advertisements into the scope of the British Code of Standards.<sup>479</sup>

Before the British Code of Standards Sub-Committee withdrew the proposal, in September 1957, George Pope, Chairman of the Joint Copy Committee for the Newspaper Proprietors Association and the Newspaper Society, made an impassioned plea to the PAGB to lend the Association’s support to the extension of the code.<sup>480</sup> In his address, Pope drew a sharp distinction between American and British advertising cultures. Pope explained that the medical profession in the United States was a ‘money-making profession’ and that American manufacturers promotional claims for the therapeutic value of toothpaste was on medical research that they, themselves, financed. This, he emphasised, was ‘not research in the sense of the British Medical Research Council’. Pope explained that advertising practitioners in the United States did not appreciate the position that medicine had taken in Britain where, he stated, ‘the Government had elevated the medical profession to a national service’. He was keen that members of the PAGB should maintain and develop their own methods and standards of advertising rather than adopt those of American advertisers because, he argued, if advertisements undermined the vision of medicine as a national service, the advertising industry would eventually be subject to some kind of government control which would ‘not be nearly so easy’ as the controls that were currently imposed on the industry.<sup>481</sup> Appearing to underscore the public duty that

---

<sup>479</sup> Minutes, 6 April 1956, ASA 1/1/8.

<sup>480</sup> PAGB Executive Committee Minutes , 19 September 1957, PAGB/1/2.

<sup>481</sup> Pope’s criticism of a perceived American-style of advertising does much to capture the widespread fear in the 1950s that ‘Americanisation’ – associated with ‘lower standards and debase morals’ – was having a detrimental effect on British advertising. Sean Nixon, “Salesmen of the Will to Want”: Advertising and Its Critics in Britain 1951–1967’, *Contemporary British History*, 24.2 (2010),

British advertisers had, Pope reminded those in attendance that, in Britain, the advertising industry was spending approximately a million pounds a day on advertising; more, he emphasised, than was being spent on education. The PAGB, he seemed to argue, had a duty not only to the advertising industry but to the public at large to bring toothpaste advertisements into the scope of the British Code of Standards. Despite Pope's impassioned address, the PAGB maintained an opposition to the proposed extension.

In the following year, in context of growing demand for greater consumer protection, particularly from the consumers' movement, a Committee on Consumer Protection, chaired by J. T. Molony, sat to consider the existing state of statutory consumer protection and consumer rights. As in the Pilkington Committee, advertising and sales practices were a central feature of discussions, and the advertising industry was forced to counter the criticisms made against it.<sup>482</sup> They asserted that any concerns about misleading advertising arose from a small number of disreputable advertisers and could be addressed by systems of voluntary regulation within the trade.<sup>483</sup> In 1961, under the intense political scrutiny of the Molony Committee, a coalition of representatives of the various trade associations in the advertising industry established the 'British Code of Advertising Practice' which incorporated the 'British Code of Standards in Relation to the Advertising of Medicines and Treatments'. The essence of the code was that advertisements should be legal, decent, honest and truthful; that they should show a sense of responsibility to consumer and society; and that they should conform with the standards of fair competition as generally accepted in business.<sup>484</sup> The provisions of the code were drawn up by a committee composed of representatives of the various

---

213-233, p. 217; Lawrence Black, 'Whose Finger on the Button? British Television and the Politics of Cultural Control', *Historical Journal of Film, Radio and Television*, 25.4 (2005), 547-75.

<sup>482</sup> Nixon, *Hard Sell*, p. 172.

<sup>483</sup> *Ibid.*, p. 175.

<sup>484</sup> Peter Thomson, 'The work of the British Advertising Standards Authority', *Antitrust Law Journal*, 54.2 (1985), 563-569.

trade associations connected to advertising.<sup>485</sup> Notably, the PAGB did not feature amongst the names of the many associations that gave their support to the code because the British Code of Advertising Practice stipulated that ‘all advertisements should conform to the British Code of Standards in relation to the Advertising of Medicines and Treatments’.<sup>486</sup> The Code of Advertising Practice Committee kept the provisions of the code under review. It made sure that the actions of various member associations did not conflict with each other, it sought to ensure that each member association enforced adherence to the provisions of the code and, crucially, it resolved disputes over the application and interpretation of the code between member associations. As well as being excluded from the Committee that was charged with the preparation of the code, the PAGB was not invited to support the administration of the code.

#### 4.11 Conclusion

This chapter has sought to evaluate the role of the PAGB in the formulation of a common code of standards in British advertising in relation to medicines and treatments from the 1920s to the 1960s. The results confirm that the PAGB played a key role in that development, as Nevett argued, but also indicate that the process was very much more complex than Nevett suggested. Though the broad objectives of the PAGB and of associated advertisers were largely

---

<sup>485</sup> The list of organisations that gave their support to the code were: the Advertising Association, British Poster Advertising Association, Electrical Sign Manufacturers Association, Incorporated Society of British Advertisers, Independent Television Companies Association, Institute of Practitioners in Advertising, London Poster Advertising Association, Master Sign Makers Association, Newspaper Proprietors Association, Newspaper Society, Periodical Proprietors Associations and the Solus Outdoor Advertising Association. The British Code of Advertising Practice, First Edition (1961), HAT 33 Advertising Controls Medical/Pharmaceutical Industries.

<sup>486</sup> *Ibid.*

complementary, both aiming to raise levels of truthfulness and integrity in the non-prescription, proprietary-medicines industry, the chapter argues that the development of advertising standards in that industry was complex, contingent and open-ended. This is because the development and enforcement of standards involved a dizzying array of actors, each of whom subjected codes of advertising standards to constant interpretation and reinterpretation, with the object of satisfying their own aims and interests. The stakes were high, as the codification of advertising practice was an opportunity for practitioners to protect and normalise their own practices and to marginalise or outlaw those of their competitors.

The ability of different associations to enforce adherence to advertising standards was very uneven. For members of the PAGB, there was a mutual undertaking to carry out or to refrain from particular acts that were conducive or non-conducive to the common aims of the Association. The Advertising Association, by contrast, could only make recommendations to members and had no power to enforce adherence to those recommendations. Moreover, members of the Advertising Association like the Newspaper Proprietors Association and the Newspaper Society largely worked to their own standards; maintaining and enforcing their own separate though overlapping codes of advertising standards. There were, then, numerous codes of advertising standards in operation at any one point. The maintenance of these different codes can be understood as evidence of disagreement in British advertising over what constituted correct practice and as an attempt on the part of different associations to resist the monopolising forces of a single code of standards. For these reasons, the voluntary regulation of advertising for medicines and treatments remained a very decentralised affair from the 1920s to the 1960s.<sup>487</sup>

The chapter has demonstrated the degree to which the 'British Code of Standards Relating to the Advertising of Medicines and Treatments' was more

---

<sup>487</sup> Philippa Lucy Haughton, 'The Formation of Professional Identity in the British Advertising Industry, 1920-1954' (unpublished doctoral thesis, Durham University, 2015), pp. 235-236.

aspirational than practical, as it did not necessarily correlate with the attitudes and behaviours of advertising practitioners. Nevertheless, the chapter has found that codes of advertising standards were used as instruments of accountability and that the AID, in particular, was empowered to question the credibility of certain organisations which only upheld the letter, rather than the spirit, of these codes. This is not least because the AID had recruited members of the PSGB and BMA who were, in general, more critical of direct-to-consumer advertising of medicines and treatments. The power of the code of standards as an instrument of accountability is evidenced by the PAGB's refusal to support the British Code of Advertising Practice in 1961.

The chapter has claimed that the development of codes of advertising standards was supported by medical consultants (such as the AID's medical advisor, Dr. Clayton-Jones). These consultants were recruited by different associations to facilitate adherence to their codes of standards and to provide any necessary guidance in their revision, often in ways that were congruent with the commercial interests of associations' members. The next chapter will investigate more fully how the expertise of medical consultants was used by different trade associations and regulatory bodies to press claims against one another in forums of debate. It will also further explore how interlocking mechanisms of voluntary advertising regulation could exert collective pressure on prominent manufacturers of British-owned, -made or -marketed proprietary medicines to amend or withdraw advertising copy.

## Chapter 5 – Free from Side-Effects? Central Nervous System Depressants, Consumer Protection and Advertising Regulation, 1955-1960

### 5.1 Introduction

In the 1950s, non-barbiturate central nervous system (CNS) depressants were widely promoted as non-prescription treatments for a variety of ailments including tension, anxiety and sleeplessness. Though these treatments were promoted as being 'safe', 'non-habit-forming' and compatible with respectable middle-class lifestyles, many therapeutic reformers and consumer advocates argued that any substance that acted on the central nervous system was potentially toxic and habit-forming. Those potential dangers, they maintained, were of sufficient concern to warrant the restriction of these preparations, like barbiturates, to prescription-only supply. The PAGB gave representation to several manufacturers of popular non-barbiturate CNS depressants and in the mid- to late 1950s sought to protect the promotion and sale of their members' products from statutory and voluntary interventions. The chapter argues that the PAGB's medical consultants were largely able to demonstrate that non-barbiturate CNS depressants were neither 'poisons' (as controlled by the Pharmacy and Poisons Act) nor 'dangerous drugs' (as controlled by the Dangerous Drugs Act). However, due to a general perception that these drugs were *potentially* dangerous coupled with a strong anti-advertising emanating from the Labour party, there remained a considerable pressure within the public arena to restrict consumers' access to CNS depressants. Many professional societies, trade associations and media organisations were receptive to these pressures and some, in their various capacities, took measures to curtail the promotion and supply of these preparations. The chapter proposes that, by the late 1950s, these various actions had substantially altered the supply of CNS depressants to the British public.

In the mid-twentieth century, there were many different types of substances that were understood by pharmacologists as being able to 'depress'

the CNS.<sup>488</sup> There were significant differences in the therapeutic action amongst substances that were categorised as CNS depressants which included, for example, opiates, barbiturates and benzodiazepines. The effect of depression was considered to be an undesirable side-effect of some treatments including, for example, antihistamines, antipyretics and analgesics. However, there were other substances whose primary therapeutic objective was to depress the CNS. These included, most notably, 'sedatives', 'hypnotics' and 'tranquillisers'. These three terms, broadly-speaking, refer to the varying degrees of CNS-depression. Sedatives produced a mild depression (sedation, calmness or tranquillity), a hypnotic produced a stronger depression (hypnosis and sleep) and the term, tranquiliser (popularised by advertisers in the 1950s) described drugs which promote a sense of calmness or wellbeing without the degree of depression on the CNS commonly associated with sedatives and hypnotics.<sup>489</sup> These terms, as used by advertisers in the 1950s, were not definite and there are examples within the chapter of preparations being promoted as both sedatives and hypnotics.

In the 1950s, many non-barbiturate CNS depressants were advertised to the British public. Some of these preparations were newly synthesised and part of a new wave of psychotropic drugs that hit the marketplace from the 1950s. Others were re-marketed chemical substances that were re-marketed in context of the post-war therapeutic optimism in psycho-pharmaceuticals. Thus, though there has been substantial scholarship devoted to the discovery of new psychotropic drugs from the mid-twentieth century, the chapter acknowledges that there had long been a market 'to soothe the mind and tame

---

<sup>488</sup> Milton T. Brush, 'C. Sedatives and Hypnotics', in *The Nervous System: Central Nervous System Drugs Vol. II*, ed. by Walter S. Root and Frederick G. Hoffman (New York and London: Academic Press, 1963), 185-213, p. 185.

<sup>489</sup> The term tranquiliser was originally used by an employee of Ciba to describe the therapeutic action of reserpine but only came into common usage with the widespread promotion of *meprobamate*-based drugs such as 'Miltown' and 'Equanil'. David Healy, *The Creation of Psychopharmacology* (London: Harvard University Press, 2002), p. 99.

the agitated spirit'.<sup>490</sup> These newly synthesised and newly marketed non-barbiturate CNS depressants were claimed by advertisers as being 'mild', 'safe' and 'non-habiting-forming' treatments. The promotion of CNS depressants in these terms was due to the increased public awareness of the potential for drug misuse, habituation and addiction. In the period, there was an increasing number of reports in the medical and lay press concerning drug misuse. These reports provided evidence, for example, of forgery of prescriptions, recreational drug use, criminal actions, accidental poisonings and suicides.<sup>491</sup> Though many of these reports were connected to 'dangerous drugs' including heroin, cocaine and cannabis, others were connected to prescription medicines including analgesics, amphetamines, barbiturates and benzodiazepines. Unlike 'dangerous drugs', users of these prescription medicines were largely described as being respectable individuals, mostly middle-class and middle-aged women, who used these preparations not for pleasure but as a means to manage legitimate ailments.<sup>492</sup> These users were understood as being at risk

---

<sup>490</sup> Edward Shorter, *Before Prozac: The Troubled History of Mood Disorders in Psychiatry* (Oxford: Oxford University Press, 2009), p. 13.

<sup>491</sup> Christopher Hallam, *White Drug Cultures and Regulation in London, 1916-1960* (Cham: Palgrave Macmillan, 2018); *Heroin Addiction and the British System: Origins and Evolution*, ed. by J. Strang and M. Gossop (Abingdon: Routledge, 2005); Trevor Bennett, 'The British Experience with Heroin Regulation', *Law and Contemporary Problems*, 51.1 (1988), 299-314.

<sup>492</sup> See David Herzberg for a comprehensive account of the dualism of 'white innocence' and 'racialised vice' in drug regulation. David Herzberg, *White Mark Drugs: Big Pharma and the Hidden History of Addiction in America* (Chicago: University of Chicago Press, 2020). Despite a popular association with women, Andrea Tone and Elizabeth Seigel Watkins demonstrate that these preparations were also widely consumed by men. See, Andrea Tone, *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilisers* (New York: Basic Books, 2008), 55-65; Elizabeth Siegel Watkins, 'Medicine, Masculinity, and the Disappearance of Male Menopause in the 1950s', *Social History of Medicine*, 21.2 (2008), 329-344.

of becoming 'habituated' to these preparations and, even, addicted: the former understood as describing a circumstance in which a treatment was taken repeatedly by the user though without serious detriment to themselves or to society; the latter, understood as describing a situation in which a substance was compulsively consumed and as producing a state of periodic or chronic intoxication, detrimental to the individual and to society.<sup>493</sup>

The chapter demonstrates that, in the 1950s, concerns related to the direct-to-consumer promotion of non-barbiturate CNS depressants were compounded by other public sentiments: anti-commercialism, anti-advertising and anti-Americanisation. As discussed in the previous chapter, from the 1940s, there were numerous attacks against the advertising industry, particularly by the British Left, which maintained that it promoted needless individual material wealth at the expense of society as a whole. The British Left continued to make such claims throughout the 1950s, though in context of the Cold War, these sentiments combined with a general public anxiety about the insidious effects of suggestion, hypnosis and brainwashing.<sup>494</sup> Such concerns were further exacerbated by the rise of commercial television from 1955 which, according to Sean Nixon, 'served to precipitate a new assault on advertising and the industry that produced it'.<sup>495</sup> Television advertising was described by critics as being a uniquely powerful medium by which advertisers could manipulate consumer behaviour.<sup>496</sup> They also viewed sponsored

---

<sup>493</sup> For definitions of drug-habituating and drug-addiction see, Richard Davenport-Hines, *The Pursuit of Oblivion: A Social History of Drugs* (London: Phoenix Press, 2001), ebook; P. O. Wolff, 'The Activities of the World Health Organisation in Drug Addiction', *British Journal of Addiction to Alcohol & Other Drugs*, 50 (1953), 12-28.

<sup>494</sup> Stefan Schwarzkopf, 'They do it with Mirrors: Advertising and British Cold War Consumer Politics', *Contemporary British History*, 19.2 (2005), 133-150.

<sup>495</sup> Sean Nixon, "'Salesmen of the Will to Want': Advertising and its Critics in Britain, 1951-1967', *Contemporary British History* 24.2 (2010), 213-233, p. 215.

<sup>496</sup> Lawrence Black, 'Whose finger on the button? British television and the politics of cultural control', *Historical Journal of Film, Radio and Television*, 25.4

programming as being a quintessentially ‘American’ and asserted that, by importing American models of broadcasting, Britain was making itself vulnerable to the importation of the excesses of American consumer culture. As many sedatives, tranquilisers and hypnotics were produced by manufacturers in the United States and imported to the United Kingdom, the advertising of CNS depressants was popularly viewed by commentators as being distinctly American in nature. The flood of new chemical tranquilisers was described by some politicians, for example, as an American ‘invasion’ and they asserted that British consumers and British institutions (i.e the National Health Service) were being ‘exploited’ by self-interested and profit-seeking American businesses.<sup>497</sup>

The chapter, then, connects demands to restrict the promotion of CNS depressants to public disputes as to the role of consumerism and consumer culture in post-war Britain. It argues that, in this context, the medical expertise mobilised by the PAGB in relation to the promotion and supply of certain CNS depressants had limited value in arbitrating disputes, as decision-making in relation to these preparations was influenced, not only by therapeutic reformers within the Poisons Board, but by wider ideological goals and

---

(2005), 547-575; Valeria Camporesi, *Mass Culture and National Traditions: The BBC and American Broadcasting, 1922–1954* (Fucecchio: European Press Academic Publishing, 2000), 197–199; R. Hoggart, ‘The Uses of Television’, *Encounter*, 14.1 (1960), 38-45, p. 43; *Report of the Committee on Broadcasting* 1753 (London: HMSO, 1970), p. 77.

<sup>497</sup> Daily Mail Parliamentary Correspondent, ‘Inquiry is promised on ‘invasion’ of American drugs’, *Daily Mail*, 30 November 1956, p. 9; ‘National Health Service (Prescription Charges)’, Commons Chamber (29 November 1956, vol. 561, cc. 661-726, c. 668), Hansard <[https://hansard.parliament.uk/Commons/1956-11-29/debates/1cc471b1-b81d-4a78-9237-21d745a60fe5/NationalHealthService\(PrescriptionCharges\)](https://hansard.parliament.uk/Commons/1956-11-29/debates/1cc471b1-b81d-4a78-9237-21d745a60fe5/NationalHealthService(PrescriptionCharges))> [accessed 11 May 2021].

objectives related to British cultural protectionism.<sup>498</sup> The approach differs from other scholars' accounts of the history of tranquilisers, sedatives and hypnotics in the post-war period which have tended to investigate their promotion and consumption in terms of gendered experiences of domesticity, work and society. David Herzberg and Andrea Tone, for example, have both demonstrated the many ways in which gender politics in America in the mid-to late twentieth century imprinted on the collective ways of understanding psychotropics drugs.<sup>499</sup> The situation is the same for the British context. Scholars such as Jill Kirby and Ali Hagget have investigated the consumption of CNS depressants in post-war Britain as related to domestic and occupational experiences of stress, anxiety and depression, and they have highlighted that behaviours of and attitudes toward the consumption of these preparations were inflected by gender.<sup>500</sup>

The chapter additionally provides an important account of the ways in which the network of voluntary controls operated by the advertising industry were brought to bear on the promotion of CNS depressants. Scholars such as Sean Nixon and Stefan Schwarzkopf have argued that in the 1950s, under the threat of government intervention, associated advertisers were keen to assert that advertising was an integral component of modern, progressive society, and that the industry had a strong commitment to self-regulation and to high

---

<sup>498</sup> This observation was inspired by a reading of Jon Agar, *Science Policy Under Thatcher* (London: UCL Press, 2019), p. 263.

<sup>499</sup> David Herzberg, *Happy Pills in America: From Miltown to Prozac* (Baltimore: Johns Hopkins University Press, 2009); Tone, *The Age of Anxiety*.

<sup>500</sup> Jill Kirby, 'Working Too Hard: Experiences of Worry and Stress in Post-War Britain', in *Stress in Post-War Britain, 1945-1985*, ed. by Mark Jackson (London: Routledge, 2015), pp. 59-74; Jill Kirby, *Feeling the strain: A cultural history of stress in twentieth-century Britain* (Manchester: Manchester University Press, 2019); Ali Hagget, *Desperate Housewives, Neuroses and the Domestic Environment, 1945-1970* (Abingdon: Routledge, 2012). See also, *Stress in Post-War Britain, 1945-1985*, ed. by Mark Jackson (London: Routledge, 2015).

standards of professional conduct.<sup>501</sup> These scholars have pointed to the work of the Independent Television Authority (from 1954) and the Advertising Standards Authority (from 1962) as evidence that advertisers were committed to certain standards of advertising practice. However, these accounts have neither investigated how these systems of voluntary control worked in practice nor evaluated the degree to which advertisers were able to curtail the circulation of undesirable forms of promotion. The following chapter demonstrates that, in the 1950s, associated advertisers belonged to a rich and complex network of actors – professional societies, trade associations and media groups – that were able to exert a significant degree of control over the promotion and supply of CNS depressants. The chapter argues that the decision of these groups to campaign against the direct-to-consumer promotion and over-the-counter supply of CNS depressants was motivated by a desire to reduce reputational risk and to be seen (by government departments) as exerting a degree of control within the public arena with a view to demonstrate their public value as regulatory authorities.

The following chapter is based on minutes of the PAGB, the Advertising Association and the Poisons Board as well as articles and advertisements from national newspapers and the trade press. The account commences with an overview of the emergence and popularisation of barbiturates in twentieth-century Britain and the connected emergence and promotion of non-barbiturate CNS depressants in the 1950s. The chapter then describes the process by which the Poisons Board was notified as to the potential dangers of methylpentynol-, carbromal- and bromvaletone-based preparations and the process by which the Poisons Board subjected these substances to evaluation. It demonstrates that though the Poisons Board decided to restrict methylpentynol to prescription-only supply, it decided that there was insufficient evidence to warrant the restriction of carbromal or bromvaletone

---

<sup>501</sup> Nixon, “Salesmen of the Will to Want”; Stefan Schwarzkopf, ‘They do it with Mirrors’.

along similar lines. The decision by the Poisons Board was supported, in part, by representations made by the PAGB who, in reference to reports by the Association's medical consultants, demonstrated the relative safety of these preparations.

Despite the decision of the Poisons Board, there remained a strong public campaign that the promotion and supply of these preparations be curtailed. The chapter moves on to discuss the various actions taken by trade associations, professional societies and newspaper groups to disrupt the promotion and supply of non-barbiturate CNS depressants. The chapter finds that these groups were motivated by persistent assertions by medical professionals that non-barbiturate CNS depressants were potentially toxic, habit-forming and morally corrosive substances and, equally, to a strong anti-advertising sentiment within the public arena which condemned the direct-to-consumer promotion of these types of treatments. The campaign to restrict the promotion of these preparations drew the Executive Committee of the PAGB into distinctive dialogue with government departments, professional societies, trade associations and media groups. The chapter reconstructs these dialogues in relation to three specific products manufactured by the Association's members: 'Tranquilex' by Rexall Drug Co., 'Persomnia' by Clinical Products Ltd. and 'Relaxa-Tabs' by International Laboratories Ltd. In reconstructing these disputes, the chapter demonstrates that the Executive Committee of the PAGB performed as a consultant and intermediary; promoting and protecting members from direct and explicit attempts by other actors (governmental, professional and public) to force the withdrawal of members' products from direct-to-consumer promotion and non-prescription supply. The chapter ends in 1960 when the Home Secretary restricted CNS depressants to prescription-only supply. The decision was based on a report by the Inter-Departmental Committee on Drug Addiction and a recommendation by the Poisons Board that further legislation was needed for the supply of medicines which were neither 'dangerous drugs' nor 'poisons'.

## 5.2 Non-Barbiturate Central Nervous System Depressants

In 1902, two German chemists, synthesised barbitone (or diethylbarbituric acid), a white crystalline, odourless and bitter-tasting powder which – marketed under the tradename ‘Veronal’ – became the first commercially available barbiturate. Promoted by members of the medical and pharmaceutical profession as a quick, reliable and relatively harmless sedative and hypnotic, Veronal soon became popular in Great Britain.<sup>502</sup> However, as consumption increased, so did reports in the medical and lay press of barbiturate-related poisoning.<sup>503</sup> The Council of the Pharmaceutical Society of Great Britain (PSGB) recommended that the availability of Veronal be restricted and, in 1913, the Privy Council ordered the addition of barbitone to the ‘Second Schedule’ of the Poisons and Pharmacy Act (1908). Thereafter, barbiturates could only be sold by a qualified pharmacist and, when sold, had to bear the warning ‘Poison’ on the label. Over the following years, chemists continued to modify barbituric acid and developed a long series of other barbiturate derivatives that were marketed for short and immediate sedation (secobarbital, amobarbital and pentobarbital for example) and prolonged action (phenobarbital, for example) for use as anxiolytics and anticonvulsants.<sup>504</sup> The popular consumption of these preparations and related cases of poisoning and suicide caused intense debate in the medical press and learned societies about the merits of barbiturates: a dispute dubbed

---

<sup>502</sup> Dr. W. H. Willcox, ‘Veronal Poisoning’, *Lancet*, 25 October 1913, p. 1178.

<sup>503</sup> See, for example, ‘A Young Actor Takes Veronal’, *Hull Daily Mail*, 20 May 1910, p. 5.; ‘Death From Overdose Of Veronal’, *Times*, 17 May 1910, p. 3.; ‘Lady's Death by Poison’, *Daily Mail*, 25 February 1911, p. 3.

<sup>504</sup> F. López-Muñoz, R. Ucha-Udabe, and C. Alamo, ‘Review Essay: A History of Barbiturates a Century after Their Clinical Introduction’, *Neuropsychiatric Disease and Treatment*, 1.4 (2005), 338-339.

'the battle of the barbiturates'.<sup>505</sup> The eminent physician and taxologist, Sir William Willcox spearheaded the campaign against barbiturates, arguing that they occupied the foremost place amongst drugs of addiction and suicide.<sup>506</sup> Though many leading members of the medical profession agreed with Willcox's position, without the authority of the League of Nations it was not possible to control barbiturates under the Dangerous Drugs Act (1920). Consequently, when the Departmental Committee on the Poisons and Pharmacy Act (1908) convened between 1926 and 1930, Willcox argued for the inclusion of a 'Fourth Schedule' on the Poisons List which would prohibit the sale of certain substances *except on the prescription of a registered medical practitioner*.<sup>507</sup>

In 1933, as an outcome of the Report the Departmental Committee, the Government passed the Pharmacy and Poisons Act with a view to tighten existing regulation drugs and poisons legislation. The act established an annual register of pharmaceutical premises and created a statutory committee of the PSGB which was endowed with the power to remove (and reinstate) offending pharmacists from the registers of pharmaceutical chemists.<sup>508</sup> Membership of the PSGB became a compulsory feature of registration as a pharmacist. The Pharmacy and Poisons Act also brought into being the Poisons Board which functioned as an advisory committee to the Home Secretary. The Poisons Board consisted of fourteen members appointed by various bodies including

---

<sup>505</sup> H. N. Linstead, 'The Work of the Poisons Board', *Medico-Legal and Criminological Review*, 4.2 (1936), 106-128.

<sup>506</sup> W. J. Bishop and K. D. Watson, 'Willcox, Sir William Henry (1870–1941), physician and toxicologist,' *Oxford Dictionary of National Biography*, (Oxford University Press, 23 September 2004),  
<<https://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.001/odnb-9780198614128-e-36910>> [accessed 2 July 2020].

<sup>507</sup> S. W. F. Holloway, *The Royal Pharmaceutical Society of Great Britain, 1841-1991: A Political and Social History* (London: The Pharmaceutical Press, 1991), p. 395.

<sup>508</sup> Lesley Richmond, Julie Stevenson, and Alison Turton, *The Pharmaceutical Industry: A Guide to Historical Records* (Aldershot: Ashgate, 2003).

the PSGB, the General Medical Council and the Royal Colleges of Physicians of London and Edinburgh.<sup>509</sup> Under the Pharmacy and Poisons Act, the Poisons Board was charged with the duty of preparing the Poisons List and of advising the Home Secretary upon the rules to be made under the act. The Poisons List was divided into two parts, with Part I comprising substances only to be sold by authorised sellers of poisons (namely, registered pharmacists) and Part II comprising substances to be sold only by authorised sellers of poisons (whose details were listed on a register kept by a local authority). In 1935, the Secretary of State enacted rules – the ‘Poisons Rules’ – in accordance with the Pharmacy and Poisons Act which provided the Home Secretary the power to list poisons under specific schedules which detailed the specific requirements for supply, purchase and storage. In accordance with the new Pharmacy and Poisons Act and following the recommendations of the newly ordained Poisons Board, in 1935, the Home Secretary listed barbituric acid and its derivatives as a fourth–schedule poison.<sup>510</sup>

Over the following decades, an ever-increasing quantity of barbiturates were prescribed by medical practitioners, favoured for their broad therapeutic index and relatively wide margin of safety (as compared, particularly, to bromides which were gradually phased out).<sup>511</sup> The total quantity of barbiturates (including phenobarbitone, soneryl, amytal, drinamyl and nembutal) that were prescribed by medical practitioners expanded

---

<sup>509</sup> ‘The Pharmacy And Poisons Bill.: Attitude Of The Pharmaceutical Society’, *BMJ*, 1.3658 (1931), pp. 280–281; ‘The Poisons Board’, *BMJ*, 1.3817 (1934), pp. 81–81.

<sup>510</sup> In 1935, a total of five poisons were listed as ‘Fourth Schedule’ substances. Others included amidopyrine, dinitrophenol group, phenylcinchoninic acid and its derivatives and the sulphonal group. Poisons Lists, Statutory Rules and Orders 1238 (London: HMSO, 1935); Holloway, *The Royal Pharmaceutical Society*, p. 395.

<sup>511</sup> M. M. Glatt, ‘The abuse of barbiturates in the United Kingdom’, *Bulletin on Narcotics*, 14.2 (1962). For bromides, see Alejandra Vieyra and Ana Barahona, ‘Clinical practices: Epilepsy at the National Hospital for the Paralysed and Epileptic, London, from 1860 to 1870’, *Social History of Medicine*, hkk020 (2019).

progressively and substantially each year, with the figure in 1959 (162,000 *lb* or 73,000 *kg*) almost twice that of the figure in 1951 (90,000 *lb*, or 41,000 *kg*).<sup>512</sup> There are indications that in Britain, as elsewhere, the high prescription rate was connected to an over-production of barbiturates which far exceeded the requirement of legitimate medical use.<sup>513</sup> Commentators also observed that doctors were prescribing barbiturates too readily to patients who, for their own part, sought out these preparations as a means to sooth stress and anxiety.<sup>514</sup>

Though members of the medical profession continued to prescribe these preparations liberally, they recognised that they were ‘not... devoid of serious risk’ and expressed concern in relation to instances of habituation, addiction, mental and physical deterioration, poisonings, fatal accidents and suicide. Indeed, barbiturate-related suicides increased in the 1950s in parallel to their rate of prescription, doubling from 5.5 per cent of registered suicides in 1951 to 12.5 per cent in 1960 (percentages that account for 248 people in 1951 and 645 in 1960).<sup>515</sup> Throughout the 1950s, newspapers – particularly those belonging to the Associated Newspapers Ltd. (see below) – reported on the over-prescription and over-consumption of barbiturates.<sup>516</sup> There were

---

<sup>512</sup> Glatt, ‘The abuse of barbiturates in the United Kingdom’.

<sup>513</sup> Toine Peters and Stephen Snelders, ‘From King Kong Pills to Mother’s Little Helpers – Career Cycles of Two Families of Psychotropic Drugs: The Barbiturates and Benzodiazepines’, *Canadian Bulletin of Medical History*, 24.1 (2007), 93-112, p. 100; James Harvey Young, *The Medical Messiahs* (Princeton, NJ: Princeton University Press, 1967), p. 272.

<sup>514</sup> Frank W. Geels, Toine Pieters & Stephen Snelders, ‘Cultural Enthusiasm, Resistance and the Societal Embedding of New Technologies: Psychotropic Drugs in the 20th Century’, *Technology Analysis & Strategic Management*, 19.2 (2007), 145-165.

<sup>515</sup> Glatt, ‘The abuse of barbiturates in the United Kingdom’.

<sup>516</sup> See, for example, ‘Sleep Pills “Dangerous and Useless”’, *Daily Mail*, 3 May 1952, p. 3; “‘Thousands of Drug Addicts in Britain””, *Daily Telegraph*, 23 October 1952, p.

also frequent reports on barbiturate-related suicides, both actual and attempted, which were, together, indicative of a public awareness of the prevalent use and potential dangers of these drugs. Headlines such as ‘Widow Took Life By Overdose Of Sleeping Tablets’, ‘Son in garden killed himself’ and ‘Girl Wanted Deep Sleep’, indicate that the types of people in these reports were invariably perceived as respectable, innocent and, perhaps, misdirected victims who consumed barbiturates not for pleasure but as means to relieve legitimate suffering.<sup>517</sup>

Widespread concern related to barbiturates in the 1950s became a basis on which to promote new (either newly synthesised or newly promoted) non-barbiturate CNS depressants. Several scholars have cited ‘Oblivon’ as a notable example; a methylpentynol-based preparation, patented by Bayer Products Ltd. in 1913, manufactured by British Schering Ltd. from the early 1950s, and enjoyed by a wide demographic of users throughout the rest of the decade as ‘mild’ preparations for nervous tension and anxiety.<sup>518</sup> However, the post-war period was also marked by the development of new psychoactive chemicals including chlorpromazine (popularly administered under the trade name ‘Largactil’, amongst others), reserpine (‘Serpasil’), benctyzine (‘Nutinal’, ‘Suavitil’) and, of course, meprobamate (‘Equanil’, ‘Miltown’). Though broadly classified as ‘tranquillisers’, these substances greatly varied in their pharmacological actions with chlorpromazine and reserpine being used, for example, as antipsychotics.

---

8.; A. L. Wagland, ‘Towards a Safer Alternative?’, *Daily Telegraph*, 28 July 1954, p. 6.

<sup>517</sup> Special Correspondent, ‘Widow Took Life By Overdose Of Sleeping Tablets’, *Times*, 22 August 1956, p. 5; ‘Son in garden killed himself’, *Daily Mail*, 3 May 1957, p. 5; ‘Girl “Wanted Deep Sleep”’, *Daily Telegraph*, 15 December 1959, p. 14.

<sup>518</sup> See, for example, Davenport-Hines, *Pursuit of Oblivion*; Julie Parle, ‘Olbiv[i]on C: Sedatives, Schedules, and the Stresses of “Modern Times”: South African Pharmaceutical Politics, 1930s to 1960s’, *South African Historical Journal*, 71.4 (2019), 614-643; Edward Shorter, *Before Prozac: The Troubled History of Mood Disorders in Psychiatry* (Oxford, Oxford University Press, 2009), p. 39.

These drugs were often advertised as ‘safe’, reliable, respectable and, importantly, as distinct from barbiturates. It should be noted that the promotion of these preparations to chemists as ‘non-barbiturate’ sedatives and hypnotics would have signalled to any would-be readers that these preparations, unlike barbiturates, could be sold without prescription. In the pharmaceutical trade journal, the *Chemist and Druggist*, for example, ‘Doriden’ (a glutethimide-based preparation by CIBA) as a ‘general purpose hypnotic’ that offered ‘a Rapid Action (20-30 minutes) of a Medium Duration (4-6 hours)’ and promised users ‘sound sleep and clear awakening’.<sup>519</sup> ‘Distaval’ (a thalidomide-based preparation) was similarly promoted by Distillers Co. as ‘an entirely new non-barbiturate sedative and hypnotic’, with ‘no known toxicity’ and ‘free from untoward side-effects’.<sup>520</sup>

Despite these claims, tranquilisers were described by many national newspapers in sceptical and/or disparaging terms. In 1957, the *Times* stated that it was too soon to determine how valuable these drugs were and explained that though there were numerous reports from the United States stating that people’s ‘anxiety was banished’ and their ‘performance at work was improved’, this experience was by no means universal with other reports suggesting that the effects were ‘negligible’ or ‘poor’.<sup>521</sup> Some newspapers, by contrast, suggested that tranquilisers were of demonstrable benefit but that their widespread, indiscriminate consumption could be harmful. The *Daily Telegraph* cited a suggestion made by Dr. Louis Minski, a specialist in psychiatry, that the tranquilisers made consumers ‘prepared to accept anything’.<sup>522</sup> In this situation, he asserted, not only would women be willing to accept the advances of a ‘sexual pervert’ but mothers and housewives ‘living in slums and overcrowded conditions’ would be willing to accept those conditions. Such reports, focusing on the possibility of addiction, poverty and

---

<sup>519</sup> ‘Doriden’, *Chemist and Druggist*, 1 June 1957, p. 26.

<sup>520</sup> ‘Somnesin’, *Chemist and Druggist*, 7 February 1953, p. 26; ‘Doriden’, *Chemist and Druggist*, 30 July 1955, p. 28; ‘Distaval’, *Chemist and Druggist*, 3 May 1958, p. 14.

<sup>521</sup> ‘Calm across the Counter’, *Financial Times*, 28 May 1957, p. 6.

<sup>522</sup> ‘Tranquillisers Causing Doctors Anxiety’, *Daily Telegraph*, 17 July 1957, p. 11..

sexual promiscuity amongst respectable women, were used to dramatise the risks of tranquiliser-consumption to ‘innocent’ consumers.<sup>523</sup> The *Daily Telegraph*, similarly, warned that apart from the complications and side effects, ‘the regular use of sedatives or tranquilisers could lead to physical and psychological dependence’.<sup>524</sup> This was certainly the position of the World Health Organisation (WHO) which, in 1957, expressed the view that the drugs must be classed as potentially habit-forming. The position of the WHO was based on the perceived similarity of tranquilisers to barbiturates which were judged to be habit-forming and capable of producing physical dependence and the development of addiction.<sup>525</sup>

It is uncertain to what extent these products were consumed in Britain in the 1950s. Figures for the consumption of non-barbiturate CNS depressants, such as Persomnia, were not available. This is because such preparations, owing to the substantial differences in their nature and action, did not fall into any definite therapeutic class of drugs and it was difficult to estimate the rates of prescription and over-the-counter sales. Critics used other indicators to assert that there were potentially high rates of consumption of non-barbiturate CNS depressants in Britain. They cited, for example, the high prescription rate of barbiturates – which accounted for about 6-7 per cent of total National Health Service (NHS) prescriptions – as evidence of the probable popularity of non-barbiturate CNS depressants amongst the British public.<sup>526</sup> They also made reference to the exponential increase in the prescription of tranquilisers in the United States in the mid-1950s which, they asserted, had

---

<sup>523</sup> Herzberg, *White Market Drugs*, pp. 162-163.

<sup>524</sup> ‘Health Chief’s Warning: Tranquillisers Danger’, *Daily Telegraph*, 13 November 1958, p. 15..

<sup>525</sup> ‘Increasing Use Of “Tranquillizers”’, *Times*, 12 March 1957, p. 6..

<sup>526</sup> Brooke and Glatt estimated that, in 1959, non-barbiturate sedatives and hypnotics accounted for approximately 2-3 per cent of total prescriptions. Eileen M. Brooke and M. M. Glatt, *More and More Barbiturates, Medicine, Science and the Law*, 4.4 (1964), 277-282, p. 281; ‘Tranquillisers Causing Doctors Anxiety’, *Daily Telegraph*, 17 July 1957, p. 11.

resulted at least in part from aggressive advertising campaigns.<sup>527</sup> They held up the situation in the United States as being a sufficient indicator that, if unrestricted, non-barbiturate CNS depressants would be consumed widely and energetically by the British public.

The perceived scale of consumption or the threat of mass consumption was compounded by the amount of publicity devoted to the promotion of certain non-barbiturate CNS depressants. Amongst these preparations, 'Persomnia' was promoted particularly aggressively by the British company, Clinical Products Ltd. Persomnia was a carbromal- and bromvaletone- based preparation and had been advertised in the UK for over a decade as a safe and non-habit-forming treatment for a restful and natural sleep (Figure 5.1).<sup>528</sup> Sleep, adverts explained, was a habit 'natural to the young' but only remained with 'the fortunate few throughout life'. Readers were promised that if they had lost the 'habit of sleep' through 'stress, nervous tension, worry or overwork' they could quickly regain it with Persomnia which, adverts claimed, was a 'safe sedative widely prescribed by doctors'. Persomnia was advertised by Clinical Products Ltd. extensively by way of large advertisements in national daily and Sunday newspapers, women's weeklies and monthly magazines as well as via radio broadcasts, television advertising and promotional displays in chemists' windows and shop counters.<sup>529</sup> These advertisements, collectively, kept Persomnia before the public eye and, though Clinical Products Ltd. stressed that the product was an entirely respectable treatment, middle-class audiences expressed a strong dislike for television commercials and many were instinctively critical of advertising.<sup>530</sup> Any suspicion that Persomnia was capable of producing promiscuous or depraved behaviours

---

<sup>527</sup> 'Tranquillisers Causing Doctors Anxiety', *Daily Telegraph*, 17 July 1957, p. 11;

'Calm across the Counter', *Financial Times*, 28 May 1957, p. 6.

<sup>528</sup> 'Persomnia', *Times*, 14 December 1956, p. 15

<sup>529</sup> 'Persomnia', *Chemist and Druggist*, 26 November 1955, pp. 30-31.

<sup>530</sup> Nixon, *Hard Sell*, p. 152.

was surely compounded by a critic of advertising as a 'hidden persuader' or 'mass manipulator'.<sup>531</sup>

---

## **SLEEP** your worries away and be calm and refreshed allday tomorrow

**'SLEEP IS A HABIT'** natural to the young; but remaining only with the fortunate few throughout life. If you have lost the 'habit of sleep' through stress, nervous tension, worry or overwork, you can quickly regain it with **persomnia**, a safe sedative widely prescribed by doctors.

**TRY THIS TEST:** take two **persomnia** tablets at bedtime, retiring at the same hour each night. Soon you will find that you have regained 'the habit of sleep'. You will awake clear-eyed, refreshed from your 'natural sleep' and will be controlled, competent and calm allday.

you can rely on safe **persomnia**

for sound sleep and calm nerves

● not habit forming ● you awake refreshed ●

from all chemists 2/9 and in larger sizes




---

**FREE** ask your chemist for the new helpful book **"SLEEP AND STRESS"**

---

Figure 5.1, 'Persomnia', *Times*, 14 December 1956, p. 15

### 5.3 The Poisons Board Considers the Matter of Non-Barbiturate CNS Depressants

In the early 1950s, several clinicians in the United States reported that they had observed methylpentynol to be a quick and short acting sedative, free from 'hang-over' and side-effects with minimal risk of habituation.<sup>532</sup> A wide field of

<sup>531</sup> Nixon, *Hard Sell*, pp. 168-169.

<sup>532</sup> Abbott W. Allen and D. D. Krongold, 'Dormison: A New Hypnotic', *Quarterly Bulletin Sea View Hospital* (12 April 1951), p. 61; Harold L. Hirsh and William H. Orsinger, 'Methylparafynol - a new type of hypnotic, preliminary report on its

application for the drug was indicated by these reports, as a hypnotic for elderly patients, for example, a pre-operative sedative for tonsillectomy, and a treatment for reducing anxiety at childbirth.<sup>533</sup> However, within a few years, attention was directed by clinicians to methylpentynol's side effects. In 1953, P. R. A. May and F. G. Ebaugh noted drowsiness, ataxia (a lack of muscle control) and slurred speech in patients who had ingested the drug and R. M. Cares reported a death following the ingestion of methylpentynol and pentobarbitone sodium.<sup>534</sup> In 1955, M. M. Glatt observed 'confusion... tearfulness, depression, speech difficulties, and ataxia' in patients and R. E. Lovelace and A. I. Roith documented an attempted suicide with a combination of methylpentynol and Persomnia.<sup>535</sup> Together, these reports indicated a resemblance of methylpentynol-intoxication to that induced by barbiturates.

In Britain, methylpentynol was supplied in capsules and elixirs under various trade marks including 'Parafynol', 'Dormison' and 'Oblivon'. Oblivon gained particular notoriety as 'the confidence pill' because it was advertised as helping with such emergencies as public speaking, job interviews, asking for pay rises and visiting the dentist.<sup>536</sup> The popular press had also given wide publicity to the drug by printing interviews with various public figures who

---

therapeutic efficacy and toxicity', *American practitioner and digest of treatment*, 3.1 (1952), 23-26, p. 23; Harold J. Malone, George Romuald Klimkiewicz, and Hyman Joel Gribetz, 'A study of the hypnotic effect of Dormison in children', *The Journal of Pediatrics*, 41.2 (1952), 153-158.

<sup>533</sup> Ronald G. Simpson, 'Methylpentynol as a hypnotic for old people', *The Lancet*, 263.6817 (1954), pp. 883-884; F. R. Gusterson, 'The Management of Children Undergoing Tonsillectomy Premedication with Methylpentynol', *The Lancet* 265.6871 (1955), pp. 940-943; Gordan Bourne, 'Methylpentynol in labour', *The Lancet* 264.6837 (1954), pp. 522-525.

<sup>534</sup> For a summary of reports, see J. S. Chambers and E. Marley, 'Toxic effects and side-effects of methylpentynol', *BMJ*, 2.5007 (1956), pp. 1467-1470.

<sup>535</sup> J. S. Chambers and E. Marley, 'Toxic effects and side-effects of methylpentynol', *BMJ*, 1956.2 (5007), pp. 1467-1470.

<sup>536</sup> Davenport-Hines, *The Pursuit of Oblivion*.

recommended the use of the drug in everyday 'emergencies'.<sup>537</sup> In the early 1950s, up to a million of these blue capsules were sold weekly (Figure 5.2).<sup>538</sup> The Council of the PSGB was concerned at the potential danger in the uncontrolled distribution of the substance, both to the individual and to the wider community, and in 1954 it advised pharmacists not to supply it except on medical or dental prescription.<sup>539</sup> The council also made an approach to the Ministry of Health with a view to place methylpentynol under the control of Penicillin Act as amended by the Therapeutic Substances (Prevention of Misuse) Act but the Ministry ruled that the drug could not be regarded as coming within the terms of that legislation.

---

<sup>537</sup> Letter by PSGB to Poisons Board, 11 February 1955, Poisons Board, TNA HO 388/10.

<sup>538</sup> A. D. MacDonald, 'Some Mood-Modifying Drugs and Their Possible Abuse', *British Journal of Addiction to Alcohol & Other Drugs*, 53 (1957), 75-82, p. 78.

<sup>539</sup> There are indications to suggest that not all chemists followed the recommendation of the Pharmaceutical Society. When, for example, the substance was restricted to prescription-only supply by the Poisons Board in 1955, Xrayser, the anonymous contributor to the *Chemist and Druggist* highlighted that some chemists had been supplying methylpentynol-based preparations despite the Society's recommendation. The columnist wrote that it had been 'obvious' for some time that a number of people were resorting to 'a totally indiscriminate use' of methylpentynol and that, despite the advice of the Pharmaceutical Society on the sale of methylpentynol, the public were still able to obtain supplies from those who 'put their commercial instincts first'. 'Once again', the columnist explained, 'the pharmacist [was] involved in restrictions and complications which need never have arisen if all on the Register... realise[d] to the full that professional recognition carried with it professional responsibilities'. 'Xrayser', 'A Tighter Rein; Topical Reflections', *Chemist and Druggist*, 6 August 1955, p. 141.



*Figure 5.2, 'Oblivon' Capsules, British Schering Ltd., SMG*

Thus, in February 1955, the PSGB contacted the Poisons Board with the proposal that methylpentynol should be included in Part I of the Poisons List (so that it could only be sold by a registered pharmacist) and in the Fourth Schedule to the Poisons Rules (so that it would only be supplied on a prescription given by a registered medical practitioner).<sup>540</sup> In the letter, the Society's Secretary, F. W. Adams, expressed particular concern at the way in which methylpentynol was being popularised in news articles as a 'confidence' drug. He enclosed a report prepared by Professor A. D. MacDonald (Professor of Pharmacology, Materia Medica and Therapeutics at the University of Manchester and a member of the Council of the PSGB). In the report, MacDonald provided details of an assessment he had conducted at the University of Manchester in which students were administered with quantities

---

<sup>540</sup> Letter by PSGB to Poisons Board, 11 February 1955, Poisons Board, TNA HO 388/10.

of methylpentynol. He observed that students' judgement was significantly impaired and concluded that excessive use of methylpentynol, particularly by 'more susceptible subjects', was dangerous for both the individual and the community.<sup>541</sup>

In response to the PSGB's letter, the Poisons Board wrote to several manufacturers of methylpentynol-based preparations for information. Each company responded with statements that suggested there was no need to add methylpentynol to the poison schedules. The Director of the British Drug Houses (BDH), manufacturers of 'Somensin', maintained that he had not heard of any 'untoward reactions' following the use of Somnesin-brand products but admitted that there had been a number of references in the literature to untoward reactions following the use of methylpentynol. He attached a list which made reference to six articles published, in the main, by the *Lancet* and the *BMJ* which described the toxicity of methylpentynol. In a summary of these articles, the Director asserted that the evidence of toxicity could, largely, be attributed to the excessive consumption of *methylpentynol* often in combination with alcohol or barbiturates.<sup>542</sup> The Director was keen to emphasise that the company had always restricted the promotion of the product to the medical profession (rather than engaging in direct-to-consumer advertising) so that any sale of the product would be made on prescription (for an example of such promotion literature, see Figure 5.3). He emphasised that this had the outcome of limiting the quantity of methylpentynol in a patient's possession at any one time.

British Schering Ltd., manufacturers of Oblivon and Dormison, enclosed an extensive document that listed dozens of cases of reports on the risks of methylpentynol. These were divided into 'reports on overdosage', 'unusual responses to normal dosage', 'side effects of administration of *methylpentynol*' and 'reports of addiction'. The author, Technical Services Manager, V. M. Bond, asserted that despite these reports, evidence of methylpentynol as a lethal poison was 'extremely slight' or 'not significant' and that cases of poisoning,

---

<sup>541</sup> *Ibid.*

<sup>542</sup> Letter by BDH to Poisons Board, 1 March 1955, Poisons Board, TNA HO 388/10.

addiction and suicide were usually based on unsubstantiated testimony, 'rumor' and usually involved 'difficult personality types' including 'chronic alcoholics'.<sup>543</sup> The author concluded that, from the evidence, the company failed to see that the case for restricting the sale of methylpentynol to prescription-only was any more urgent than that for restricting many other medicinal preparations currently available to the public.

**'SOMNESIN'**

(Methylpentynol B.D.H.)

3-Methyl-1-pentyn-3-ol (methylpentynol) is a member of a series of unsaturated aliphatic carbinols, and has been shown to possess marked hypnotic activity, low toxicity and an adequate duration of action (*Science*, 1951 (October 12), 114, 384). Its structure is represented by the following formula:—

$$\begin{array}{c} \text{OH} \\ | \\ \text{H}-\text{C}\equiv\text{C}-\text{C}-\text{CH}_2-\text{CH}_3 \\ | \\ \text{CH}_3 \end{array}$$

Methylpentynol B.D.H. is issued in capsules under the name 'Somnesin.'

Somnesin has neither analgesic, anæsthetic nor antispasmodic effects, but is an efficient hypnotic which does not depress respiration even in large doses. Doses of 200-300 mg./kg. a day (about 70 times the suggested dose for humans) produced no gross or micropathological changes in rats, mice and guinea-pigs. Blood sugar levels, hæmoglobin values, erythrocyte, leucocyte and differential counts were normal.

In humans doses of 100 mg. to 800 mg. have been given to a series of 276 patients (*Amer. Practitioner*, 1952 (January), 3, 23). Of these, only five had 'hangover' effects. Three only of the patients reported a feeling of nausea and an unpleasant taste in the mouth.

The dosage was 100 mg. to 500 mg. in 120 of these patients and 103 of these acknowledged 5 or more hours of sleep. Ninety-two of these patients were satisfied with the sleep produced, from the point of view of onset, duration and restfulness.

The optimum dosage was found to be 300 mg. to 500 mg. Larger doses were necessary in patients with severe anxiety, acute agitation, delirium tremens, pain, cough or febrile states. Larger doses may also be required by patients who have previously been taking barbiturates. It was concluded that methylpentynol is a safe, non-toxic, efficient, rapid and short-acting drug. In cases in which insomnia is due to pain or physical discomfort, Somnesin may be ineffective and a barbiturate may be necessary.

— continued overleaf —

**THE BRITISH DRUG HOUSES LTD. LONDON**

91

reported a  
from 4.5 to  
dose was  
one-sixth to  
late cause of

436 (Aug. 22))  
and continues  
certainly  
the respiration,  
suggest at

dangerous  
methylpentynol  
deleterable  
was stated  
attuate the

report a case  
of ingestion  
in 5 cases of  
522 (Sept. 11)  
75 grammes).  
after ingestion

total and 20 capsules  
in the British  
t, while  
to cause death,  
of alcohol

formation and  
patients with  
m to the writer  
two developed a  
speech and  
capsules for  
other hypnotic  
synergism

B.481  
B.491  
501  
511  
521  
531

**Figure 5.3, 'Somnesin', British Drug Houses Ltd., Advertisement, Poisons Board, TNA HO 388/10**

In the same year, James M. Webster of the West Midland Forensic Science Laboratory sent Sir Frank Newson of the Poisons Board a letter:

<sup>543</sup> Letter by British Schering Ltd. to Poisons Board, 28 February 1955, Poisons Executive Committee Minutes and Papers, TNA HO 388/10.

'My Dear Newson, May I first of all say that if my own mail is any criterion, yours is likely to be overloaded by letters for cranks who wish certain new drugs put upon the Poisons List. In the second place I am well aware that it is unreasonable and impracticable to put every drug on the Poisons List, and in the third place may I say that if an idiot has made up his mind to commit suicide, he will find a means of doing so, even if every material in the word including cold water were included in the Poisons List. Having made these three generalisations, may I, however, draw your attention to a tablet which is becoming very popular, namely Persomnia.'<sup>544</sup>

Webster stated that his laboratory had two cases of death related to Persomnia. Though he did not provide details of these incidents, he admitted that, in both cases, death was assisted by another 'poison'. He emphasised that, at present, Persomia could be obtained 'with no real restriction' and warned that the habitual use of Persomnia – '[a]s is true of most other drugs of a similar nature' – led to the 'commencement of habit formation with more serious drugs'; namely, he stated, the barbiturates. For this reason, he considered Persomnia worthy of the consideration of the Poisons Board.

On receiving the letter from Webster, the Poisons Board sent letters of inquiry to manufacturers of carbromal- and bromvaletone-based preparations, with reference to the possible dangers. Bayer Products Ltd., manufacturers of 'Adalin' (members of the PAGB), expressed surprise that the preparation was being considered for inclusion in the Poisons Register, 'since it [had] been available for approximately half a century' and 'one would have thought that this was quite time enough for its position regarding poisons

---

<sup>544</sup> Letter by West Midland Forensic Science Laboratory to Poisons Board, 11 January 1955, Poisons Executive Committee Minutes and Papers, TNA HO 388/10.

regulations to have been considered'.<sup>545</sup> The author of the letter, the company's Medical Director, provided a list of reports concerning accidental and intentional deaths related to carbromal. He concluded that, the total number of deaths were remarkably few, with most cases being intentional suicides and the remaining being 'open to doubt'. He made reference to views expressed in an article published by the *BMJ* in March 1955 which stated that carbromal was 'becoming increasingly popular' as a 'nocturnal sedative', that it was available to the general public without a doctor's prescription and that it was 'being fairly widely advertised to the public'.<sup>546</sup> He explained that contrary to the statements put forth by the author of the article, the amount of carbromal being supplied by the company had considerably decreased in the last few years. This, the company stated, was possibly due to the popularity of other substances such as bromvaletone and aspirin, 'since some of these preparations [were] fairly vigorously advertised to the public'.

The Director of Clinical Products Ltd., manufacturers of Persomnia, (members of the PAGB) responded with a statement authored by Professor W. H. Linnell. Linnell held the Chair of Pharmaceutical Chemistry in the University of London, was a member of the Pharmacopeia Commission of the General Medical Council and acted as a technical advisor to Clinical Products Ltd.<sup>547</sup> In explaining why Linnell was providing a statement, the Director explained that they believed their response 'would carry more weight if devoid of commercial bias'. In his statement, Linnell explained that though carbomal and bromvaletone had been long-known there were 'extremely few cases of death being caused by over-dosage' and, furthermore, 'no scientific evidence available concerning the habit forming properties of these compounds'. Linnell added another point of consideration: that drugs being restricted to prescription-only should be 'very carefully considered' because 'if

---

<sup>545</sup> Letter by Bayer Products Ltd. to Poisons Board, 18 March 1955, Poisons Executive Committee Minutes and Papers, TNA HO 388/10.

<sup>546</sup> Peter Borrie, 'A Purpuric Dug Eruption Cause by Carbromal', *BMJ*, 1.645 (1955), 645-646.

<sup>547</sup> Letter by Clinical Products Ltd. to Poisons Board, 15 March 1955, Poisons Board, TNA HO 388/10.

comparatively harmless substances [were] included, the whole purpose for which the regulation was provided would come into disrepute’.

Another respondent was, W. G. Hollis, the Secretary of the PAGB. He insisted that the Association was not aware of any recent developments which would indicate any danger in the normal use of the drug.<sup>548</sup> He explained that the PAGB’s medical adviser found that since 1949, only two papers (‘rather obscure journals’) were published as related to carbromal toxicity. Furthermore, the medical adviser could not ‘recall reading of any death in this country, either intentional or accidental, from carbromal’. This was, Hollis explained, compared to at least 37 papers dealing with ‘aspirin’ toxicity in the same period. Overall, he maintained that, within ordinary caution, carbromal appeared to be a very safe drug and there was ‘no valid reason’ why it should be controlled.

In consideration of these reports, in June 1955, the Poisons Board added methylpentynol to Part I of the Poisons List and the First Schedule of the Poisons Rules. By contrast, the Poisons Board decided that there was insufficient evidence to warrant the inclusion of either carbromal or bromvaletone to the Poisons List.<sup>549</sup> The dangers for which the Poisons Board considered the control of these substances was death or injury following the administration of poison for criminal purposes; the swallowing of a poison in mistake for an innocuous substance; the inhalation of vapours given off by a poison; the incorrect compounding of medicines containing poison; and/or the accidental taking in too large a dose of a medicine containing a poison.<sup>550</sup> There was, in the eyes of the Poisons Board, sufficient evidence linking methylpentynol to these dangers and, as such, a sufficiently robust basis on which to add the substance to the poisons schedule. By contrast, the Poisons

---

<sup>548</sup> Letter by PAGB to Poisons Board, 1 March 1955, Poisons Board, TNA HO 388/10.

<sup>549</sup> ‘Carbromal and Bromvaletone’, House of Commons (9 July 1958, vol. 591, c. 36), Hansard <<https://api.parliament.uk/historic-hansard/written-answers/1958/jul/09/carbromal-and-bromvaletone>> [accessed 11 May 2021].

<sup>550</sup> ‘Memorandum of the Pharmaceutical Society on the Simplification of Poisons Law’, April 1954, Poisons Board, TNA HO 388/10.

Board did not consider there to be sufficient evidence to establish carbromal and bromvaletone as ‘poisons’ within the terms of the Pharmacy and Poisons Act.

#### 5.4 ‘Tranquilex’ Confined by the Rexall Drug Co. to Prescription-Only Supply

In the 1950s, extracts of *rauwolfia serpentina* became popular in the treatment of hypertensive vascular disease and various psychiatric illnesses.<sup>551</sup> *Rauwolfia* and derivatives were generally observed by the medical profession to be non-habiting forming and free of serious side effects though, in a number of reports, authors observed that large and prolonged doses could lead to unpleasant reactions such as fatigue, nausea, and depression.<sup>552</sup> In early 1955, in context of unprecedented popularity for *rauwolfia serpentina* in clinical settings, the American pharmaceutical manufacturer–retailer, Rexall Drug Co., introduced ‘Tranquilex’ to the UK market, a *rauwolfia*-based non-prescription medicine. Rexall Drug Co. (Figure 5.4) promoted Tranquilex as a treatment for anxiety, tension and fatigue; in adverts, describing ‘stress’ as ‘an evil of modern civilisation’.<sup>553</sup>

---

<sup>551</sup> Though long-used in India and the Malay peninsula to treat a range of ailments, *rauwolfia serpentina* only became internationally popular following the isolation of the alkaloid reserpine or ‘Sarpasil’ by CIBA and Geigy in 1952. Rustom Jal Vakil, ‘A clinical trial of *rauwolfia serpentina* in essential hypertension’, *British Heart Journal*, 11.4 (1949), 350-355; J. M. Muller, E. Schlittler and H. J. Bein, ‘*Resperin, der sedative Wirkstoff aus Rauwolfia serpentina Benth*’, *Experientia* 8 (1952), 338.

<sup>552</sup> Rustom Jal Vakil, ‘*Rauwolfia Serpentina* in the Treatment of High Blood Pressure: A Review of the Literature’, *Circulation*, 12.2 (1955), 220-229.

<sup>553</sup> ‘Stress’ is a conceptually vague concept that was born out of medicine, physiology and psychology in the mid-twentieth century. Popular and scientific

In a bid to gain easier access to the UK market, Rexall Drug Co. applied for Tranquilex to be included on the Chemists Federation's (CF) list of approved products. The list constituted an arrangement between drug manufacturers and registered pharmacists: manufacturers agreed to sell their products exclusively through pharmacists who, in return, supported manufacturers by giving special prominence in their shops to CF-approved products (via window displays, counter displays and so on). By the 1950s, the CF-list amounted to a considerable scheme, accounting for one third of the value of all proprietary medicines (approximately 4,000 products) sold in the UK.<sup>554</sup> Though the primary object of the federation was to restrict the sale of drugs to qualified chemists, in the 1950s, the CF-Council sought to rebrand the federation as a standards body. Such a manoeuvre was necessary as, under the impending Restrictive Trade Practices Act (1956), the scheme threatened to be declared contrary to public interest by the Trade Practices Court.<sup>555</sup> Thus,

---

accounts of stress are described by scholars as being connected to notions of modernity and the perceived destabilisation of traditional or 'natural' social and cultural systems. See, for example, Mark Jackson, 'Stress in Post-War Britain: An Introduction', in *Stress in Post-War Britain, 1945-1985*, ed. by Mark Jackson (London: Routledge, 2015), pp. 1-15; Jill Kirby, 'Troubled by Life: The Experience of Stress in Twentieth-Century Britain' (Unpublished doctoral thesis, University of Sussex, 2014), pp. 7-20; Alexandra M. Robinson, 'Let's Talk About Stress: History of Stress Research', *Review of General Psychology*, 22 (2018), 1-9.

<sup>554</sup> 'The C.F. Judgement', *Chemist and Druggist*, 8 November 1958, p. 501; Holloway, *Royal Pharmaceutical Society*, p. 322.

<sup>555</sup> In a decision guided, not least, by strong representations made by the PAGB on the matter, the Restrictive Price Court decided that the regulatory work of the CF was superfluous in that it duplicated similar work already conducted by the PAGB (and other bodies). The CF's claims to 'public value' were, therefore, declared void and the Federation was immediately dissolved. 'Restraint of Trade - In General - British Court Holds Concerted Refusal to Deal Void under Restrictive Trade Practices Act. - *In Re Chemists' Fed'n Agreement* (No. 2) (Restrictive Practices Ct. 1958)', *Harvard Law Review*, 72.8 (1959), 1581-1584; Laurens H. Rhinelander,

though previously a product such as Tranquilex might well have been accepted by the CF-Council (indeed, in previous years, the Federation had come under

**WORRIED?**

**IRRITABLE?**

**SLEEP POORLY?**

**ANXIOUS?**

**TENSE? . . . . .**

Stress—an evil of modern civilization—is one of the prime causes of these conditions . . .  
 "Tranquilex" is a treatment for these evils.

The active ingredient in "Tranquilex" tablets—*Rauwolfia*—is widely prescribed for its effectiveness in relieving tenseness and enabling nervy and highly strung people to take life more calmly.

Take the "Tranquilex" treatment regularly for five days: it takes that time for the full benefits to begin to show. Continue the treatment and by the end of the first fortnight you should know serenity without sleepiness by day, untroubled rest by night.

Taken as a regular course, "Tranquilex" will bring relief from the tenseness and nerve strains of a busy life which bring in their train a host of minor ailments. "Tranquilex" alleviates the symptoms and leads to the ultimate healing benediction of a good night's rest.

"Tranquilex" tablets are harmless and non-habit forming. 5/6 and 10/- from all chemists.

**Tranquilex**  
 REGD

YOU CAN DEPEND ON ANY PRODUCT BEARING THE NAME

Figure 5.4, 'Tranquilex', *Daily Herald*, 15 July 1955, p. 4

'The British Restrictive Trade Practices Act', *Virginia Law Review* 46.1 (1960), 1-60; 16 April 1957; PAGB Executive Committee Minutes, 12 December 1957, PAGB/1/2; 'The C.F. Judgement', *Chemist and Druggist*, 8 November 1958, p. 501.

criticism for accepting ‘unworthy’ products) in 1955, the CF-council considered Tranquilex unsuitable for supply without prescription.<sup>556</sup>

Rexall Drug Co. ignored the recommendation of the CF-Council and continued to advertise Tranquilex to the public as a non-prescription treatment. Presumably to pressure Rexall Drug Co. into compliance, the CF-Council brought the issue to the attention of the Advertising Association and the PSGB.<sup>557</sup> The two associations expressed an agreement with the Federation and wrote to the Managing Director of Rexall Drug Co., A. F. Quantrill, with the recommendation that the product be sold on prescription only.<sup>558</sup> In response, in May 1955, Quantrill, brought the attention of the matter to the Executive Committee of the PAGB (an association of which Rexall Drug Co. was a member).<sup>559</sup> He explained that though he had sought to assure the Advertising Association and the PSGB that Tranquilex had no harmful side-effects, they continued to threatened to circulate a memorandum to retail chemists with the recommendation that the product be supplied under medical direction only.<sup>560</sup> With the intention to prevent such an action, in the following weeks, the Executive Committee of the PAGB made representations to each association to convince them of the safety of rauwolfia as a mild sedative.<sup>561</sup> Though the PSGB were sufficiently persuaded by the arguments put forth by the PAGB (the arguments put forth were not minuted), the Chemists Federation remained

---

<sup>556</sup> ‘The C.F. Gives a Lead’, *Chemist and Druggist*, 25 September 1955, p. 355;

‘Rauwolfia Preparations and their Sale’, *Chemist and Druggist*, 1 October 1955, p. 379.

<sup>557</sup> ‘Opening Stages of the C.F. Hearing’, *Chemist and Druggist*, 11 October 1958, p. 384; ‘Correction and Apology’, *Chemist and Druggist*, 18 October 1958, p. 491.

<sup>558</sup> PAGB Executive Committee Minutes, 16 June 1955, PAGB/1/2.

<sup>559</sup> PAGB Executive Committee Minutes, 10 May 1955, PAGB/1/2.

<sup>560</sup> PAGB Executive Committee Minutes, 24 June 1955, ASA 1/1/7.

<sup>561</sup> PAGB Executive Committee Minutes, 16 June 1955, PAGB/1/2

unconvinced and, in September, issued a circular to members stating emphatically that Tranquilex should only be supplied on prescription.<sup>562</sup>

In October, an article was published by the *Journal of the American Medical Association* which reported that patients taking 400 mgm. of ground roots of rauwolfia per day developed signs of mental depression.<sup>563</sup> On the basis of these robust observations, and under close scrutiny by trade associations and the pharmaceutical press, the company decided to confine Tranquilex to prescription-only supply. In a communication to readers of *The Chemist and Druggist*, the company adopted a rhetoric of public interest and explained that though the dose in the journal article was four times that recommended by Rexall Drug Co., the company was not satisfied that this factor of safety was large enough to guarantee public safety.<sup>564</sup> Rexall Drug Co. urged the co-operation of retail chemists in the withdrawal of Tranquilex from non-prescription sale, requesting that they affix warning stickers (available on request) to existing stocks of the product to alert customers as to the potential risks of the drug. The action indicates one of the ways in which these decisions might have been experienced by consumers at the point of retail.

### **5.5 Newspaper Groups Ban Advertisements for Non-Barbiturate CNS Depressants**

Despite the decision of the Advertising Association with relation to Tranquilex, members of the Advertising Investigation Department (AID) were of the strong opinion that CNS depressants should only be available to the public under

---

<sup>562</sup> PAGB Executive Committee Minutes , 16 June 1955, PAGB/1/2; PAGB Executive Committee Minutes , 15 September 1955, PAGB/1/2. 'Chemists Federation: Meeting of the Council', *Chemist and Druggist*, 17 September 1955, p. 303.

<sup>563</sup> John C. Muller, M.D., William W. Pryor, M.D., James E. Gibbons, M.D., and Edward S. Orgain, M.D., 'Depression and Anxiety Occurring during Rauwolfia Therapy', *JAMA*, 159.9 (1955), 836-839.

<sup>564</sup> 'Correspondence', *Chemist and Druggist*, 12 November 1955, p. 552.

medical direction. As established by Chapter 4, there was frequent discord between the Advertising Association and the AID, with the Department's views not always representing the views of the Advertising Association as a whole. Of particular concern to the AID was the product, 'Relaxa-Tabs', a new proprietary sedative, distributed in the United Kingdom by International Laboratories, Ltd. The formula was, like Persomnia, based on a combination of carbromal and bromvaletone and promoted as a 'completely harmless' and 'non-habit forming' sedative to relax nerves and promote a 'healthy natural sleep' (Figure 5.5).<sup>565</sup> Though the composition of the preparation was different from that of Tranquilex, members of the AID agreed that non-prescription supply of Relaxa-Tabs raised the possibility of similar problems including habituation, mental deterioration and poisoning.<sup>566</sup> In January 1956, the AID's medical advisor, Dr. Clayton-Jones, prepared a report detailing the Department's concerns, making special reference to cases of poisoning in Denmark in the 1940s.<sup>567</sup> The AID sent the report to International Laboratories Ltd. and Clinical Laboratories Ltd.<sup>568</sup> On receiving these notifications, the manufacturers contacted the PAGB (an association of which they were both members). In the following weeks, the Executive Committee of the PAGB replied to the AID with reports by two of the Association's medical consultants Dr. Arthur Henry Douthwaite (foremost expert on opiates in Britain) and

---

<sup>565</sup> 'Relaxa-Tabs', *Lancashire Evening Post*, 28 July 1955, p. 5; 'Relaxa-Tabs', *Chemist and Druggist*, 17 December 1955, p. 694.

<sup>566</sup> Minutes, 24 June 1955, ASA 1/1/7; Minutes, 19 January 1956, ASA 1/1/7.

<sup>567</sup> Though a precise reference was not minuted by the AID, in 1947, G. Magnussen reported that carbromal was the third most common agent used by patients admitted to the psychiatric division of the Copenhagen Municipal Hospital for acute poisoning, and provided details of 35 cases of intoxication, two of which were fatal. See G. Magnussen, *Ugeskr Læger*, 109 (1947), p. 359 in D.E. Copas, W.W. Kay, Veronica and H. Longman, 'Carbomal Intoxicaton', *Lancet*, 273 (1959), pp. 703-705 and Matthew Steel and J. M. Johnstone, 'Addiction to Carbromal', 'Medical Memoranda', *BMJ*, 1 August 1959, p. 118.

<sup>568</sup> Minutes, 19 January 1956, ASA 1/1/7.

Professor G. Roche-Lynch (Senior Official Analyst to the Home Office) which attested to the safety of carbromal and bromvaletone.<sup>569</sup>

In consideration of these reports, the AID agreed that these products did not present a 'serious danger'.<sup>570</sup> However, members maintained that it was 'undesirable to induce the public by means of large-scale persuasive

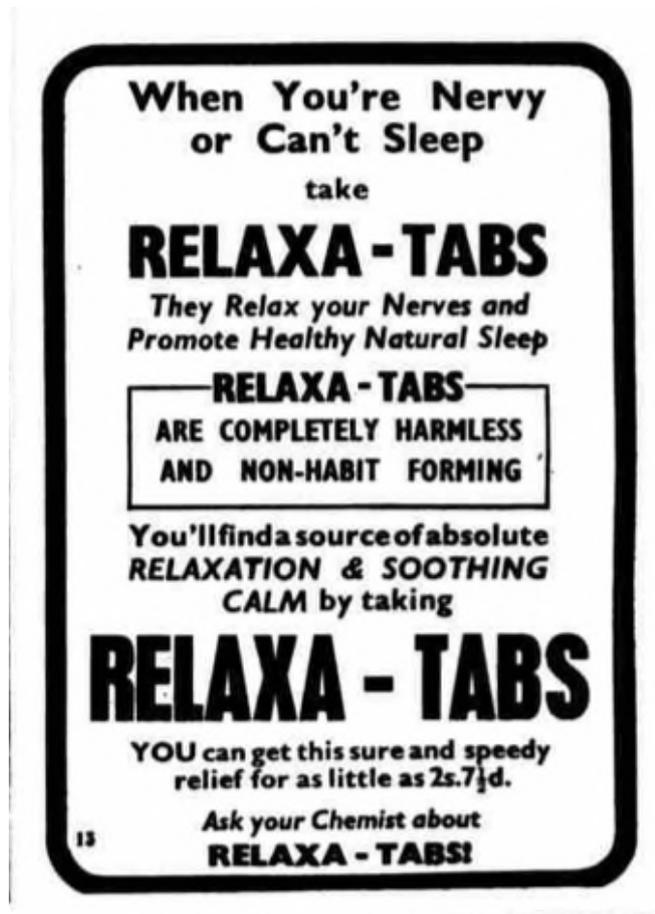


Figure 5.5, 'Relaxa-Tabs', *Lancashire Evening Post*, 28 July 1955, p. 5

<sup>569</sup> In his career, Douthwaite had held the offices of Senior Censor of the Royal College of Physicians, President of the Medical Society of London, President of the Section of Medicine of the Royal Society of Medicine and President of the British Society of Gastroenterology. He was Chairman of the Medical Sickness Annuity and Life Assurance Society and was for many years a Vice President of the Medical Defence Union. Arthur Henry Douthwaite (1896-1974), *Royal College of Physicians*, <<https://history.rcplondon.ac.uk/inspiring-physicians/arthur-henry-douthwaite>> [accessed 16 December 2020].

<sup>570</sup> Minutes, 4 April 1956, ASA 1/1/7.

advertising in the general press, to place increasing reliance upon products of this kind as a necessary part of their lives'.<sup>571</sup> This view was in keeping with that of the PSGB. In an address to the Society for the Study of Addiction in 1956, MacDonald said that he deplored the widespread advertisement of combinations of carbromal and bromvaletone which, though feeble as

# BETTER FOR HEADACHE THAN ASPIRIN ALONE

**Remarkable success  
of the Phensic formula**

**For years, people used to rely on aspirin for headaches.  
Just aspirin alone.**

**But now scientists know there is something even better.**

#### SOOTHES NERVES, TOO

What the scientists found was most important. They discovered that pure aspirin by itself doesn't work nearly as well as an *aspirin-plus-phenacetin mixture!*

They found that this formula worked even better than aspirin taken by itself because it not only gave longer relief, but soothed troubled nerves into the bargain!

This formula is available under the name Phensic. It starts to go into action as soon as you take a Phensic tablet. Almost immediately, headache begins to fade away—and your *emotional reaction* to pain is soothed. Phensic also contains caffeine, which counteracts the depression that so often accompanies a bad headache.

#### EFFECTIVE AND FAST

The Phensic formula works swiftly and surely on all forms of pain,

wherever the seat of the pain may be. Headaches, nerve pains, pains from neuralgia and rheumatic conditions, toothache, lumbago—all these yield to the Phensic formula; and Phensic, of course, does not harm the heart.

So always carry a packet of Phensic with you—and you can always deal with an attack of headache quickly and effectively.



**HEADACHE UNDER THE MICROSCOPE**  
Doctors believe that most headaches are caused by pressure on, or stretching of, the blood vessels in the head—like the artery shown in the small picture; the pain is carried back to the brain by nerves, some of which are shown above. The Phensic formula acts quickly to remove this painful stimulus, and gives more lasting relief than aspirin alone.



The **PHENSIC** Formula  
Better for headache than aspirin alone  
In handy pack, 19 bottles, 4 and 8 dose units.

Figure 5.6, 'Phensic', Phensic Ltd., Daily Mail, 14 April 1956, p. 2

<sup>571</sup> *Ibid.*

compared to barbiturates, were ‘not so feeble as to be fool-proof’.<sup>572</sup> He stated that control of the sale and of the advertising of such products was ‘surely highly and immediately desirable’. Accordingly, in the following year, the AID attempted to put forward a recommendation that the advertising of carbromal and bromvaletone preparations, and more widely, ‘soporifics’ and ‘nerve sedatives’, should be controlled by a specific clause in the British Code of Standards.<sup>573</sup>

The action was not successful. Delegates generally shared the opinion that it would be difficult to control these preparations under the code without controlling other preparations that acted on the central nervous system such as salicylates (‘aspirin’) and aniline derivatives (phenacetin and paracetamol).<sup>574</sup> In the 1950s, these preparations were widely sold without prescription for the relief of a variety of ailments including headaches, colds, arthritis and muscular pains.<sup>575</sup> Popular analgesics typically constituted one or more of these ingredients with the addition of caffeine; hence, the generic term

---

<sup>572</sup> A. D. Macdonald, ‘Some Mood-Modifying Drugs and their Possible Abuse’, *British Journal of Addiction to Alcohol & Other Drugs*, 53 (1957), 75-82, pp. 76-77.

<sup>573</sup> PAGB Executive Committee Minutes, 16 May 1957, PAGB/1/2.

<sup>574</sup> Bayer introduced phenacetin into medical practice in 1887 and ‘Aspirin’ in 1896. The use of paracetamol was reported by von Mehring, similarly, in the 1890s, but was discarded in favour of phenacetin because the latter was considered to be less toxic. In the following years, these drugs became increasingly employed for the relief of mild to moderate pain and fevers. Paracetamol did not come into popular use until the 1950s when it was established as an effective analgesic and antipyretic agent without the troublesome side effects of phenacetin. M. M. Glatt, *A Guide to Addiction and Its Treatment* (Dordrecht: Springer, 1974), p. 159; J. B. Spooner and J. G. Harvey, ‘The History and Usage of Paracetamol’, *Journal of International Medical Research* 4.1 (1976), 1-6.

<sup>575</sup> E. Hennessey, ‘Her Stand-by for Keeping Going’ APC Use During the Boom Decades’, *Journal of the Royal Historical Society of Queensland*, 15.5 (1992), 248-264.

'APC' or 'aspirin-phenacetin-caffeine' compound analgesic (see Chapter 5 for an account of phenacetin). An advert for 'Phensic', a popular APC, described the combination of substances as 'better for headache an aspirin alone' because it 'soothed' the 'emotional reaction to pain' (Figure 5.6).<sup>576</sup> 'Anadin' was similarly promoted by Beecham's Pills Ltd. as better than aspirin, with the addition of phenacetin claimed as being able to increase and prolong the action of aspirin and the addition of caffeine as providing a tonic element (Figure 5.7).<sup>577</sup>

Amongst members of the British Code of Standards Sub-Committee there was no appetite to cease advertisements for APCs, no doubt because of the substantial revenue involved in the promotion of these preparations. As a consequence, the Sub-Committee rejected the proposal. Nevertheless, some newspaper proprietors took the decision to cease publishing advertisements for Persomnia, Relaxa-Tabs and like preparations.<sup>578</sup> A notable example was the Associated Newspapers Ltd. a large media group which included such national daily newspapers as the *Daily Mail*, the *Daily Mirror*, the *Observer* and the *Times* as well as a host of regional daily and Sunday newspapers. Members of the PAGB were frustrated that such an action had been taken and in September 1957, following criticism, the General Manager of the *Times*, George Pope, was compelled to defend the action in front of an audience of PAGB-members. He reminded those in attendance that that though the promotion of Relaxa-Tabs, Persomnia and such preparations was permitted by the British Code of Standards, newspapers belonging to the Associated Newspapers Ltd. were not compelled to include such advertisements.<sup>579</sup> He emphasised that the British Code of Standards only came into operation when newspapers' own standards committees were up against something they could not solve themselves. In consideration of the matter, the Executive Committee of the PAGB debated whether it would be wise to pursue the issue further and, by

---

<sup>576</sup> 'Phensic' *Daily Mail*, 14 April 1956, p. 2.

<sup>577</sup> 'Anadin', *Daily Telegraph*, 4 September 1954, p. 7.

<sup>578</sup> PAGB Executive Committee Minutes , 19 April 1956, PAGB/1/2.

<sup>579</sup> PAGB Executive Committee Minutes , 19 September 1957, PAGB/1/2.

reference to the British Code of Standards, compel newspaper proprietors to run the adverts in question. In the event, members of the Executive Committee were of the opinion that “it would be safer to “let sleeping dogs lie”” and agreed to simply assist any member company that ran into difficulties with individual newspapers.<sup>580</sup>

---

<sup>580</sup> PAGB Executive Committee Minutes , 20 June 1957, PAGB/1/2.



**'ANADIN' Tablets give you the power to stop pain! Fast, certain and safe! Phenacetin increases and prolongs the action of the aspirin. The tonic element Caffeine with a trace of Quinine brings an immediate sense of well-being and counteracts depression. Whenever you feel pain or discomfort, take a couple of 'Anadin'—the sooner the better.**

*Nothing acts faster than*  
**A N A D I N**



**'ANADIN'—the power to stop pain.**  
 At all Chemists 1/9d. and 3/6d.

*Figure 5.7, 'Anadin', Beecham's Pills Ltd., Daily Telegraph, 4 September 1954, p. 7*

## 5.6 Manufacturers Voluntarily Suspend Advertising Campaigns

In the following months, reports continued to surface as to the risks associated with carbromal and bromvaletone such that, in the House of Commons in

February 1958, Harriet Slater (Labour MP for Stoke-on-Trent) asked the Home Secretary what precautions were being taken to protect the public from the marketing of 'new' medicines which may cause harm to the public. The Home Secretary (Conservative MP for Saffron Walden, Essex) explained that there were 'special provisions' for the control of medicines that came within the scope of the Dangerous Drugs Act and the Therapeutic Substances Act. He stated that in appropriate cases, either before or after a medicine had been marketed, the Poisons Board was asked to consider whether it should be controlled as a poison. The Home Secretary additionally emphasised that before placing new substances on the market, 'manufacturers [took] every precaution... to ensure that they [were] not harmful'; a statement which underscored the Government's reliance on the goodwill and cooperation of manufacturers to ensure the safety of their products.

Slater pressed the Home Secretary further: '[was] not the Honorable and learned Member aware that there [was] vast and growing concern at the amount of drugs... being put on the open market and which [could]... be bought quite freely?' Was he aware, she continued that there had been 'several cases of people who [had] suffered very badly... as a result of the free sale of these drugs?' In response, the Home Secretary stated that it was for the Poisons Board to use its initiative on the matter. However, Bob Mellish (Labour MP for Bermondsey) expressed an accord with Slater, explaining 'There [was] a drug on the market... about which some authorities have already written direct to the Poisons Board with no success, and about which I, too, have written, proving that in a number of instances it had caused death...'. 'Surely,' Mellish stated 'this matter should be looked into again'. Persomnia was the drug to which the MPs implicitly referred. Though there was a general concern with these types of preparations, Persomnia was aggressively promoted as compared to other, similar products with advertisements in the national press, women's journals and national television persistently urging the public to 'sleep their worries away'.<sup>581</sup>

Following the questions in the House of Commons, the *Sunday Pictorial*, which belonged to the Associated Newspapers Ltd., launched a campaign for

---

<sup>581</sup> 'Persomnia', *Daily Herald*, 8 March 1957, p. 6.

Persomnia to be sold as a prescription-only medicine.<sup>582</sup> The newspaper cited nine cases of alleged addiction, two of which were claimed to have resulted in death. As a result of the campaign, in the following weeks, Associated-Rediffusion (the ITV franchise holder for London on weekdays) announced that it would no longer accept television advertisements for Persomnia which had, for some weeks, been advertised regularly on televisions in London.<sup>583</sup> Immediately, advertisements for Persomnia ceased in London (though they continued to be broadcast six or seven times a week, in other regions of the UK).<sup>584</sup> The campaign in the *Sunday Pictorial* generated further questioning in the House of Commons. On 17 March 1958, Jon Rankin (Labour MP for Glasgow Govan) asked the Minister of Health, Derek Walker-Smith (Conservative MP for East Hertfordshire), if he was aware of the 'growing feeling in medical circles' that Persomnia should only be available on the prescription of a registered medical practitioner.<sup>585</sup> The Minister of Health responded that he was aware of the recent publicity and stated that he was in consultation with the Home Secretary as to whether a further reference to the Poisons Board of bromvaletone and carbromal was desirable. In response to the Minister of

---

<sup>582</sup> PAGB Executive Committee Minutes, 20 March 1958, PAGB/1/2.

<sup>583</sup> *Ibid.*

<sup>584</sup> These statements are based on a feature in the *Chemist and Druggist* that listed the programme details for commercial television advertising to enable chemists to prepare 'linking-up' window and counter displays. According to this record, Persomnia was most extensively advertised in the North of England and in Scotland and featured amongst the most heavily advertised products on these networks. Interestingly, the product appears not to have been advertised on television in Wales and the Midlands. The unevenness with which these advertisements were broadcast indicates the unevenness by which these products were consumed nationally and uneven regulatory decision-making on part of regional ITV franchise holders. See, for example, 'Print and Publicity, Commercial Television', *Chemist and Druggist*, 25 January 1958, p. 106.

<sup>585</sup> 'Persomnia', House of Commons (17 March 1958, vol. 584, c. 920), Hansard <<https://api.parliament.uk/historic-hansard/commons/1958/mar/17/persomnia>> [accessed 11 May 2021].

Health's statement, the International Laboratories and Clinical Products, Ltd. decided to suspend all advertising for Relaxa-Tabs and Persomnia until a decision on the matter had been reached.<sup>586</sup> Thereafter, advertisements for both products were gradually phased out though, perhaps due to contractual obligations, advertisements for Persomnia continued to be broadcast in the North of England and Scotland for several months.<sup>587</sup>

### **5.7 The Poisons Board Recommends New Legislation**

In consideration of the matter in the following months, the Poisons Board invited the PSGB, the British Medical Association (BMA), the Association of British Pharmaceutical Industries (ABPI) and the PAGB to submit their views for guidance.<sup>588</sup> It is valuable, at this point, to provide an overview of the ABPI as the Association will feature more frequently in the account henceforth. The Association was established in 1929 as the Wholesale Drug Trade Association (WDTA) which aimed to promote the interests of members of that industry. In the 1940s, as the pharmaceutical industry expanded into research, development and manufacture, the Association came to represent increasing numbers of manufacturing chemists. These chemists were, in the main, manufacturers of so-called ethical medicines (they were advertised directly to the medical profession rather than the public). To reflect this development within the Association's membership, in 1948, the WDTA was renamed the Association of the British Pharmaceutical Industry. From the 1940s, the primary objective of the Association was to represent the industry at the level of government, particularly after the establishment of the NHS (established in

---

<sup>586</sup> Minutes, 6 August 1958, ASA 1/1/8; 'A Well Publicised Change', *Chemist and Druggist*, 23 July 1960, p. 106.

<sup>587</sup> Records indicate that advertisements for Persomnia were still being broadcast on Scottish networks in June. 'Print and Publicity: Commercial Television', *Chemist and Druggist*, 14 June 1958, p. 650.

<sup>588</sup> 'Carbromal and Bromvaletone', PB 545, 251, Poisons Board, HO 388/10.

the same year that the Association changed its name). In the following years, with the rising costs of prescriptions prescribed under the NHS, the ABPI was concerned with the Government's plans to place stricter controls on prescribing.<sup>589</sup> Keen that the Government established a regulatory system that protected the commercial interests of the Association's members, the ABPI sought to advise the Ministry of Health on the kind of regulatory body which should be established. John Abraham argues that the Government was happy to work in close consultation with the ABPI because they had come to accept the argument that the pharmaceutical industry made a crucial contribution to Britain's export trade and that over-regulation of the industry's affairs was to be avoided.<sup>590</sup>

When invited by the Poisons Board to consider whether carbromal and bromvaletone should be made scheduled poisons, each association had divergent views on the matter. The PSGB responded with the statement that, based on the evidence supplied to it by the editor of the *Sunday Pictorial*, there was 'a *prima facie* case' for the inclusion of these substances in the Poisons List and in the First and Fourth Schedules of the Poisons Rules.<sup>591</sup> The Secretary of the BMA explained that though the Association 'strongly deprecated' the advertising of Persomnia on commercial television and in the popular press and that the Association would 'favour a restriction of publicity for this preparation to the medical press'.<sup>592</sup> However, though there was fear that the

---

<sup>589</sup> As an example, between 1957/8 and 1963/4, the cost of prescribing rose from £61.7 million to £114 million. Stuart Anderson, 'Drug Regulation and the Welfare State: Government, the Pharmaceutical Industry and the Health Professions in Great Britain, 1940-80', in *Medicine, the market and the mass media: producing health in the twentieth century*, ed. by Virginia Berridge and Kelly Loughlin (London: Routledge, 2004), 179-203.

<sup>590</sup> John Abraham, 'The Political Economy of Medicines Regulation in Britain', in *The Regulation of Science and Technology*, ed. by Helen Lawton Smith (Basingstoke: Palgrave, 2002), 221-264, p. 240.

<sup>591</sup> Letter by PSGB to Poisons Board, 22 May 1958, Poisons Board, HO 388/10.

<sup>592</sup> Letter by BMA to Poisons Board, 22 May 1958, Poisons Board, HO 388/10.

increased in publicity had given rise to a corresponding increase in the risk of addiction, he admitted that direct evidence to support that claim was 'difficult to obtain'. The ABPI responded without any strong opinion on the matter, though included a report prepared by the Association's member, Clinical Products Ltd., who staunchly opposed the proposed measures. The company forwarded a letter from H. Pullar-Strecker (a Medical Superintendent of Wyke House Hospital in Isleworth, Middlesex) who stated that he had 'not been able to find any cases of addiction to Carbromal or Bromvaletone in the published literature' and that he knew this literature 'pretty well', having served as Secretary to the Society for the Study of Addiction from 1949 to 1955 and having published several surveys on their behalf.<sup>593</sup> The Secretary of the PAGB responded to the Poisons Board with a long and comprehensive report on the matter which, like the report prepared by Clinical Products Ltd., attested to the safety of carbromal and bromvaletone. The Secretary of the PAGB argued that the Records of the Registrar General showed an 'extremely small' number of deaths attributed to these substances. The Secretary substantiated this point, explaining that between 1951 and 1955 'there were only four accidental deaths and ten suicides' connected to carbomal and bromvaletone, as compared to 164 accidental deaths and 590 suicides connected to 'aspirin', and no fewer than 2,492 deaths connected to barbiturates (which were restricted to prescription). He concluded forcefully that carbromal and bromvaletone could not be regarded 'as presenting any greater danger to life through toxicity or habitation than many other non-listed drugs in common use'.<sup>594</sup>

The Poisons Board evaluated these reports and, just like in 1955, decided that the evidence put before it was insufficient to warrant any change regarding the status of carbromal and bromvaletone. However, the Poisons Board did recommend that the Minister of Health should invite the Interdepartmental Working Committee on Drug Addiction to further examine risks of habituation and addiction associated with these preparations. The Committee, commonly referred to as the 'Brain Committee' after its chairman

---

<sup>593</sup> Letter by H. Pullar-Strecker (Wyke House Hospital, Isleworth, Middlesex) to S.P. Rety (Clinical Products Ltd.), 16 May 1958, Poisons Board, HO 388/10.

<sup>594</sup> Letter by PAGB to Poisons Board, 21 May 1958, Poisons Board, HO 388/10.

Sir Russell Brain, had recently been convened by the Home Office to reassess the advice provided by the Rolleston Report (1926).<sup>595</sup> The Committee was charged to report on the national situation related to addictive and habit-forming medicines and to recommend whether any the current system of control needed to be amended.<sup>596</sup> The activity of the Committee is evidence of the concern that there was a change in the nature of addiction in Britain. Christopher Hallam argues that the nature of this change was that young people from a wide range of social backgrounds were observed as newly participating in the recreational use of amphetamines, LSD, marijuana, cocaine and opioids.<sup>597</sup>

---

<sup>595</sup> The Departmental Committee on Morphine and Drug Addiction or the 'Rolleston Committee' after the chairman, Sir Humphry Rolleston, had convened in 1924 to consider whether the prescription of morphine and heroin to addicts was medically viable. The Committee found that there were few addicts, mostly middle-aged, middle-class and had come to be addicted to morphine after taking opiate-based drugs as part of a treatment for another ailment. The Committee, thus, viewed addiction as a medical problem, rather than a vice or a crime. By treating addiction as a disease requiring medical treatment, Rolleston established a role for medicine in the control and regulation of drug use. Alex Mold, 'The "British System" of Heroin Addiction Treatment and the Opening of Drug Dependence Units, 1965–1970', *Social History of Medicine*, 17.3 (2004), 501–517, p. 504; for 'British system', see John Strang and Michael Gossop, 'The "British System": Visionary Anticipation or Masterly Inactivity?', in *Heroin Addiction and British Drug Policy: The British System*, ed. by John Strang and Michael Gossop (Oxford: Oxford University Press, 1994), 343–51; see, also, Hallam, *White Drug Cultures*.

<sup>596</sup> In 1961, the Brain Committee reported – much like the Rolleston Committee – that the problem of addiction was static and that no special measures had been taken. Mold, 'The "British System" of Heroin Addiction Treatment and the Opening of Drug Dependence Units'.

<sup>597</sup> Hallam, *White Drug Cultures*.

## 5.8 The Advertising Association Announces Opposition to Non-Barbiturate CNS Depressants

Francis Noel-Baker (Labour MP for Swindon) was a prolific critic of advertising. He campaigned relentlessly for the setting-up of state-funded advertising watchdogs in order to liberate society from 'high-pressure salesmanship and the need to "create demand"'.<sup>598</sup> His critique of advertising was very much in keeping with the anti-advertising movement within the Labour party which championed socialist planning and state-funded consumer protection and dismissed advertising as a wasteful and even 'evil' form of mass deception.<sup>599</sup> In November 1958, in consideration of the 'increasing power of the advertising industry', Noel-Baker called upon the Government in the House of Commons to recommend the appointment of a Royal Commission to consider whether further safeguards to protect the public from advertising were desirable.<sup>600</sup>

In a long statement, he made reference to three specific products which, he stated emphatically, should be sold strictly on doctors' prescriptions: Persomnia, Relaxa-tabs, and 'P.R.' (a carbromal-based preparation recently introduced by Boots Pure Drug Co. Ltd.). He credited 'one large group of national newspapers' – the Associated Newspapers Ltd. – with whose politics he did not agree, on banning these products from advertising columns but pressed the Ministry of Health to look further into the matter, stating that it was 'an important national issue':

'We are in danger of having in this country the situation which has developed in the United States of America. Do we want to

---

<sup>598</sup> See Francis Noel-Baker, 'We Need More Light on Advertising', *Labour Woman*, July 1959, p. 99.

<sup>599</sup> Schwarzkopf, 'They do it with Mirrors'.

<sup>600</sup> 'Advertising Industry', House of Commons (21 November 1958, vol. 595, cc. 1503-620), Hansard <<https://api.parliament.uk/historic-hansard/commons/1958/nov/21/advertising-industry>> [11 May 2021].

become a nation of people who are boosted by drugs in the morning, soothed by tranquillisers in the afternoon and put to sleep by hypnotics at night? If not, there is a strong case for looking into the advertising aspects of the problem and, secondly, for tightening up the relative legislation.'

His statement underscores the connection of tranquilisers in the British cultural imagination to the wider anxiety that British culture and society was under threat from the same commercial and cultural powers that were perceived as dominating the United States.<sup>601</sup>

Noel-Baker's campaign to get the House of Commons to establish a Royal Commission on advertising was unsuccessful. However, in March 1959, he did manage to form a cross-party group, the Advertising Inquiry Council (AIC), which demanded stronger independent regulation of the advertising industry, and measure to protect consumers from misleading advertising.<sup>602</sup> The establishment of the AIC was very much connected to the post-war consumer protection movement and to other institutions such as the Consumers' Association and the Good Housekeeping Institute which, similarly, sought to protect consumers from the wiles of the unscrupulous advertising industry. The AIC would go on to submit substantial amounts of evidence to parliamentary committees such as the Molony Committee on Consumer Protection and the Pilkington Committee on Broadcasting which, as explained in the previous chapter, were part of the growing and diverse range of criticism that the advertising industry faced in the post-war period.

In this context, and perhaps empowered by a similar announcement by the Independent Television Authority (ITA), the Advertising Association publicly announced their opposition to the advertising of these preparations

---

<sup>601</sup> Nixon, "Salesmen of the Will to Want"; Sean Nixon, 'Apostles of Americanisation? J. Walter Thompson Company Ltd., Advertising and Anglo-American relations 1945-67', *Contemporary British History*, 22 (2008), 477-499.

<sup>602</sup> Schwarzkopf, 'They do it with Mirrors'.

directly to the public.<sup>603</sup> The chapter understands this manoeuvre as an attempt by the Advertising Association to improve its public image and to resist and limit the effects of government intervention in the operation of their business. International Laboratories Ltd., Aspro–Nicholas Ltd. (who, from December 1958, were the manufacturers of Persomnia) and Boots Pure Co. Ltd., via the PAGB, responded, describing the action of the Advertising Association as ‘unnecessary’ and ‘unfair’ given that they had already voluntarily withdrawn advertisements for the products in question.<sup>604</sup>

### **5.9 The PSGB Attempts to Curtail the Supply of CNS Depressants**

By the late 1950s, then, the promotion of CNS depressants had been substantially curtailed by the voluntary actions of a number of institutional and commercial actors including the legislature, trade associations, media organisations and, though reluctantly, manufacturers themselves. There was also activity amongst associated chemists with regard to supply. In August 1959, the Council of the PSGB officially announced its opposition to the supply of CNS depressants without prescription.<sup>605</sup> In the statement, the Council explained that preparations which stimulated or depressed the central nervous system were ‘peculiarly liable to lead to habit or even addiction’, and pointed to the excessive use of these preparations by members of public who, due to ‘the increasing battery of modern publicity methods’, had come to depend on their ‘euphoric effects’. Though pharmacists were ‘probably’ under increasing pressure to supply these products to the public without prescription, the Council reasoned that their provision was likely to bring harm

---

<sup>603</sup> Minutes, 13 November 1958, ASA 1/1/8; Minutes, 22 January 1959, ASA 1/1/8; Minutes, 3 February 1959, ASA 1/1/8.

<sup>604</sup> Minutes, 22 January 1959, ASA 1/1/8.

<sup>605</sup> ‘Drugs Affecting Central Nervous System: “Prescription only” warning by Pharmaceutical Society’s Council’, *Chemist and Druggist*, 22 August 1959, p. 80.

to the pharmaceutical profession. In a bid to restrict the supply of these preparations, the Council circulated a list of seventy proprietary medicines and twenty-eight substances which, it stated, should not be supplied by retail chemists except on prescription.<sup>606</sup> The substances included all notable CNS depressants such as carbromal, bromvaletone, glutetimide, imipramine, meprobramate, methylpentynol, rauwolfia, resperine and thalidomide.

In the following weeks and months, retail chemists expressed sympathy with the aims and objects of the council in the pharmaceutical press. One correspondent commented in October that, already, he had noticed ‘the addicts’ begin to search pharmacies for carbromal, bromvaletone and allied substances suggesting that chemists were generally compliant with the recommendation of the Council.<sup>607</sup> There was, however, a suspicion that some retail chemists were not following the Council’s recommendations. Due, ostensibly, to some uncertainty around the guidelines issued by the Council, some retail chemists only refused to supply CNS depressants if, *after evaluating the customer*, the preparation appeared liable to produce physical or psychological deterioration.<sup>608</sup> Even if retail chemists agreed with the Council’s aims, there was a general criticism of the Council’s methods in the pharmaceutical press. Firstly, the scheme took away the professional responsibility of pharmacists to evaluate the appropriateness of supplying customers with CNS depressants which, secondly, left other vendors, such as departmental stores and grocers, free to make sales without hindrance.<sup>609</sup>

---

<sup>606</sup> *Ibid.*

<sup>607</sup> E. C. Tenner, “‘Open Shop’: An unscripted commentary on the special problems of the pharmacist in retail practice’, *Chemist and Druggist*, 10 October 1959, p. 302.

<sup>608</sup> ‘Council’s work reviewed: Society’s vice-president defends C.N.S. statement’, *Chemist and Druggist*, 21 November 1959, p. 465.

<sup>609</sup> See, for example, W. Talvan Rees (Cheltenham), ‘Drugs that Affect the Central Nervous System’, *Chemist and Druggist*, 14 November 1959, p. 426.

## 5.10 An Interim Government Measure

The Inter-Departmental Committee on Drug Addiction published an interim report in November 1959.<sup>610</sup> In the report, the Committee attended to the ‘abuse’ of carbomal and bromvaletone and preparations containing these substances. It recommended that, in general, any drug or pharmaceutical preparation which had an action on the central nervous system and was liable to produce physical or psychological deterioration should be confined to supply on prescription and that an independent expert body should be responsible for advising which substances should be so controlled. In response to the Interim Report, the Poisons Board expressed the view to the Secretary of State for the Home Office that further legislation should be introduced by the British Government to provide for controls over the supply of certain medicines.<sup>611</sup> The Poisons Board recognised that CNS depressants could not be controlled either by the Dangerous Drugs Act or by the Therapeutic Substances. The Poisons Board was of the opinion that substances like CNS depressants would be more appropriately controlled by legislation specifically related to medicines and that such legislation should be administered by the Ministry of Health.

Following the announcement, the PAGB made renewed representations to the Poisons Board and the Ministry of Health, maintaining that carbomal and bromvaletone were non-toxic and non-habit-forming drugs and that

---

<sup>610</sup> Ministry of Health, *Drug Addiction: Report of the Interdepartmental Committee* (London: HMSO, 1961).

<sup>611</sup> Interdepartmental Working Party on legislation Concerning Medicine: Memorandum of Conclusions and Draft Report (1962), MH149/2479, TNA; ‘Preludin’, House of Commons (4 February 1960, vol. 616, c. 162), Hansard <<https://api.parliament.uk/historic-hansard/written-answers/1960/feb/04/preludin>> [accessed 11 May 2021]; ‘Drugs’, House of Commons (25 February 1960, vol. 618, cc. 78-9W), Hansard <<https://api.parliament.uk/historic-hansard/written-answers/1960/feb/25/drugs>> [accessed 11 May 2021].

examples of habituation only concerned ‘very unstable people’.<sup>612</sup> The PAGB urged that these products served a ‘very real public need’ and that if they were withdrawn it would only encourage greater use of barbiturates.<sup>613</sup> Despite lobbying from the PAGB, in 1960, the Home Secretary established new poisons rules (in accordance with the Pharmacy and Poisons Act) under which certain substances, having an action on the central nervous system, could only be sold on the prescription of a qualified medical practitioner.<sup>614</sup>

The decision elicited a number of reactions from members of the PAGB. In the weeks that followed, some member companies including Howard Lloyd Ltd., Silten Ltd. and Ashe Laboratories Ltd. reported to the Executive Committee that they had been caught in the fray of the measure.<sup>615</sup> If these changes were made, they stated, a number of their own products (the active ingredients of which were not carbromal or bromvaletone) would also have to be sold on prescription. These products included, respectively, Lloyds Adrenaline Cream, Silbe Asthma Inhalant and Astromin Sleeping Tablets. The Executive Committee immediately made ‘strong representations’ to the Minister of Health so that the issue could be amended. Advertising columns of newspapers and periodicals in the early 1960s indicate that the PAGB were possibly only successful in securing the continuation of Lloyds Adrenaline Cream.<sup>616</sup>

Aspro-Nicholas Ltd. and International Laboratories Ltd. re-formulated Persomnia and Relaxa-Tabs, though they continued to use the original brand names and, even, similar therapeutic claims to promote the new formulas. ‘New Persomnia’ contained salicylamide and phenacetin and was marketed for

---

<sup>612</sup> PAGB Executive Committee Minutes , 11 November 1959, PAGB/1/2.

<sup>613</sup> *Ibid.*

<sup>614</sup> ‘Drugs (Control)’, House of Commons (7 December 1959, vol. 615, cc. 14-15), Hansard <<https://api.parliament.uk/historic-hansard/commons/1959/dec/07/drugs-control>> [accessed 11 May 2021].

<sup>615</sup> PAGB Executive Committee Minutes , 18 February 1960, PAGB/1/2.

<sup>616</sup> *Ibid.*

the treatment of insomnia. Relaxa-Tabs, it would appear, was reformulated as an APC and promoted as an analgesic for those who suffered from insomnia because of pain.<sup>617</sup> This development was of great displeasure for Noel-Baker who, in July 1960, asked in the House of Commons why the public were not being protected against such ‘frauds’ and ‘swindles’.<sup>618</sup>

The action to restrict carbromal and bromvaletone to prescription-only supply was acknowledged by the Minister of Health as an ‘interim’ measure and, with a view to create a more comprehensive system of regulation for medicines, the Minister established an Interdepartmental Working Party to review existing legislation and collect evidence from interest groups.<sup>619</sup> The PAGB was keen that the Association’s voice be heard and, in the following months, provided the working party with a lengthy report on existing drug legislation and ways in which it might be revised (see Chapter 6).<sup>620</sup>

In order to smooth dialogue with the working party, the Executive Committee inserted an additional clause in the code of standards emphasising that the PAGB did not approve advertisements for release ‘unless it could be adequately proved... that the product concerned was safe and suitable for self-medication’.<sup>621</sup> The Executive Committee explained that the decision was taken ‘in view of recent criticism directed towards the marketing of preparations which may not have been subjected to proper clinical trials’. It stated that the Association wanted to make it clear to members that a condition of membership was that no preparation would be approved for self-medication

---

<sup>617</sup> PAGB Executive Committee Minutes, 24 March 1960, PAGB/1/2;

‘Reformulated’, *Chemist and Druggist*, 16 April 1960, p. 430.

<sup>618</sup> ‘Proprietary Drugs’, House of Commons (7 July 1960, vol. 626, cc. 686-687),

Hansard <[https://api.parliament.uk/historic-](https://api.parliament.uk/historic-hansard/commons/1960/jul/07/proprietary-drugs)

[hansard/commons/1960/jul/07/proprietary-drugs](https://api.parliament.uk/historic-hansard/commons/1960/jul/07/proprietary-drugs)> [accessed 11 May 2021].

<sup>619</sup> ‘Drugs (Control)’, House of Commons (7 December 1959, vol. 615, cc. 14-15),

Hansard <[https://api.parliament.uk/historic-](https://api.parliament.uk/historic-hansard/commons/1959/dec/07/drugs-control)

[hansard/commons/1959/dec/07/drugs-control](https://api.parliament.uk/historic-hansard/commons/1959/dec/07/drugs-control)> [accessed 11 May 2021].

<sup>620</sup> PAGB Executive Committee Minutes, 19 May 1960, PAGB/1/2.

<sup>621</sup> Interdepartmental Working Party on legislation Concerning Medicine:

Memorandum of Conclusions and Draft Report (1962), MH 149/1693, TNA.

unless it was adequately shown that it was safe and suitable for that purpose. The Executive Committee stated that the policy been 'implicit in previous editions of the Code' but was now 'explicit'. These statements, it should be emphasised, appear not to have been made with specific regard to non-barbiturate CNS depressants but to a more general consensus amongst government departments that the existing system of medicine regulation did not provide the consumer (whether they be over-the-counter purchasers of medications or patients of the NHS) with sufficient safeguards against the possible dangers of new preparations, of which non-barbiturate CNS depressants were amongst.<sup>622</sup>

## 5.11 Conclusion

The chapter has investigated the PAGB's engagement in disputes with a variety of regulatory actors (the Poisons Board, professional societies, trade associations, and media organisations) with a view to defend the interests of certain members of the Association on the matter of non-barbiturate CNS depressants. In the 1950s, a number of factors indicated that the consumption of non-barbiturate CNS depressants amongst the British public was or could become prevalent. These factors included the high-level of barbiturate prescription in Britain, the widespread advertising of certain types of CNS depressants in print and on television, and the high consumption of tranquilisers in the United States. The perceived similarity of tranquilisers to barbiturates was argued by therapeutic reformers and consumer advocates as being sufficient to warrant their supply to prescription only. The matter was recommended to the Poisons Board which, in 1955, decided that there was insufficient evidence to justify such an action. The decision by the Poisons Board was supported, in part, by representations made by the PAGB who, in

---

<sup>622</sup> Abraham, 'The Political Economy of Medicines Regulation in Britain', pp. 236-240.

reference to reports by the Association's medical consultants, demonstrated the relative safety of these preparations.

Despite the decision of the Poisons Board, there remained a strong public campaign that the promotion and supply of these preparations be curtailed. Professional societies asserted that by limiting CNS depressants to prescription-only supply, it would be possible to ensure their safe use. Consumer advocates argued that regulation was needed to protect consumers from potentially toxic, habit-forming and morally corrosive substances. These arguments were compounded by a strong anti-advertising sentiment within the Labour party and a wider public campaign to defend British consumer society and British culture from American cultural forces. The chapter has argued that, under these combined pressures, many newspaper proprietors, broadcasters, associated advertisers and pharmacists were willing to voluntarily impose restrictions on the promotion and supply of CNS depressants.

The chapter has demonstrated that many associations engaged in these voluntary actions as a means to demonstrate their public value as regulators. This was important as many of these same associations (advertisers, media organisations and pharmaceutical manufacturers) were complicit in aggressive advertising campaigns and the supply of CNS depressants. By the late 1950s, a significant number of actors had converged on the issue of CNS depressants in a series of attempts to regulate their promotion and sale. The chapter proposes that though limited, contingent and fractured, these actions, in aggregate, curtailed the promotion and (though to a lesser extent) the supply of non-barbiturate CNS depressants.

Appeals by Members of Parliament in the House of Commons led to renewed inquiry by the Poisons Board on the matter of carbromal- and bromvaletone- based preparations. For the Poisons Board, these preparations bore little resemblance to the substances for which it was originally constituted: namely, the control of substances that produced death or injury following intentional and accidental consumption. The Poisons Board recognised that it could not consider these substances as poisons in the traditional sense and advised that they would be more appropriately controlled by new legislation specifically related to medicines, administered by

the Ministry of Health. The restriction of these preparations to prescription-only supply in 1960 as an interim measure was part of a broader consensus in government that the existing systems of control for medicines and treatments were insufficient to regulate the new generation of therapeutic preparations to which some CNS depressants belonged and that these systems needed to be revised. From these discussions, an 'Interdepartmental Working Party on Legislation Concerning Medicine' was established, providing a forum with which to discuss potential revisions to the existing system of regulation. As indicated by the final sections of the chapter, the PAGB very much sought to carve out a position for the Association in these discussions and to formalise a link between the Association and any future regulatory authority. The campaign by the PAGB to secure such a position will be the subject of Chapter 6.

## Chapter 6 – Protecting the Supply of ‘Non-Ethical’ Medicines in a New Era of Drug Control, 1959 – 1971

### 6.1 Introduction

In the 1960s, following the thalidomide tragedy, the British Government worked to implement long-term plans to overhaul the existing system of drug regulation. These efforts culminated in the passage of the Medicines Act in 1968 which, when it came into force in 1971, created a centralised system of statutory drug control through licensing. In this period of legal upheaval, the Proprietary Association of Great Britain (PAGB) was successful in campaigning for the protection of members’ commercial interests and carved out a significant role as the representative of manufacturers of ‘non-ethical’ medicines. The chapter argues that the success of the PAGB was based on several factors. First, the Association’s provision of specific, practical expertise to policy makers. Second, the willingness of the Association to implement regulatory initiatives that satisfactorily spoke to the Government’s policy objectives. And third, the Association’s strategic co-operation with other trade associations, most notably, the Association of the British Pharmaceutical Industry (ABPI). The following chapter provides an overview of the PAGB’s key objectives, the points of access available to the Association in the policy-making process and the mechanisms through which the Association engaged with government ministers.<sup>623</sup> The chapter ends in the late 1960s when the Medicines Bill received royal assent and the PAGB was appointed by the Ministry of Health to serve on the Medicines Commission.

The following chapter contributes to the existing body of scholarship by investigating the lobbying activity of the non-ethical pharmaceutical industry in a period of dramatic transformation in the regulation of medicines in Britain.

---

<sup>623</sup> Ben Hawkins and Chris Holden, “Water dripping on stone” Industry Lobbying and UK alcohol policy’, *Policy & Politics*, 42.1 (2014), 55-70, p. 56.

Previously, medicines were subject to regulation because they were regarded by legislators as ‘poisons’ or ‘dangerous drugs’; now, they were subject to regulation because they were *medicines*. The transformation in policy posed a substantial threat for the operations of members of the PAGB whose operations, hitherto, had not been the object of comprehensive statutory control. The chapter proposes that the PAGB protected the interests of members in three key ways. Above all, the PAGB sought to secure a more formal role for the Association as a representative of manufacturers of the non-ethical pharmaceutical industry, particularly on the Medicines Commission (established by the Medicines Act in 1968) which acted as the overall regulatory authority for medicines. Such representation was intended to protect the non-prescription supply of members’ products, particularly with regard to analgesics which came under some scrutiny in the 1960s as a potentially dangerous drug-type. Finally, the Association campaigned to protect members’ advertisements from too much scrutiny and was keen to avoid a situation in which the efficacy of members’ products was subject to formal evaluation. The chapter argues that the PAGB was largely successful in securing these three objectives. The forums in which the Association operated were parliamentary committees, study groups and Whitehall, where the Association recruited (predominantly Conservative) government ministers to make representations on behalf of the Association in the passage of the Medicines Bill through Parliament. The resources mobilised by PAGB were, for the most part, informational, with the Association seeking to provide decision-makers with pertinent information or specific expertise.

Previously, scholars have stated that, in this period, the pharmaceutical industry powerfully opposed attempts to impose restrictions on the production, promotion and supply of their products and that their lobbying easily prevailed (not least because of the perceived importance by government ministers of pharmaceuticals in the post-war economy).<sup>624</sup> Other scholars have

---

<sup>624</sup> Richard Davenport-Hines, *The Pursuit of Oblivion: A Social History of Drugs*

(London: Phoenix Press, 2001), ebook; T. A. B. Corley, ‘UK Government

Regulation of Medicinal Drugs, 1890–2000’, *Business History*, 47.3 (2005), 337–351, pp. 349–350.

described a process of regular bargaining between associated pharmaceutical manufacturers and government departments about the extent and nature of medicines regulation. Vivian Quirke, for example, argues that in the wake of the thalidomide tragedy drug safety regulation became more stringent and that this impacted on existing, voluntary safety practices within pharmaceutical firms that produced ethical medicines (medicines that manufacturers promoted exclusively to the medical profession).<sup>625</sup> John Abraham argues, too, that the tragedy brought with it unprecedented regulatory controls for the testing of new medicines.<sup>626</sup> He proposes that the interests of the pharmaceutical industry, as represented by the ABPI (an association of manufacturers of ethical drugs), were allowed by the Government to dominate the policy-making process. The following chapter draws on the scholarship of Quirke and Abraham, arguing that the success of the PAGB in defending the non-ethical pharmaceutical industry depended on the readiness of the British Government to engage in mutual bargaining with industrial interest groups and the willingness to transfer a certain amount of authority to pharmaceutical manufacturers in relation to the control of medicines.<sup>627</sup>

---

<sup>625</sup> Viviane Quirke, 'Thalidomide, Drug Safety, and the British Pharmaceutical Industry: The Case of Imperial Chemical Industries', in *Ways of Regulating Drugs in the 19<sup>th</sup> and 20<sup>th</sup> Centuries*, ed. by Jean-Paul Gaudillière and Volker Hess (Basingstoke: Palgrave Macmillan, 2013), pp. 151-180; Viviane Quirke, 'Standardising Pharmaceutical R&D in the Second Half of the Twentieth Century: ICI's Nolvadex Development Programme in Historical and Comparative Perspective,' in *Harmonizing Drugs: Standards in 20<sup>th</sup>-Century Pharmaceutical History*, ed. by Christian Bonah *et al.* (Paris: Glyphe, 2009), pp. 132-45.

<sup>626</sup> John Abraham, 'The Political Economy of Medicines Regulation in Britain', in *The Regulation of Science and Technology*, ed. by Helen Lawton Smith (Basingstoke: Palgrave, 2002), 221-264, pp. 221-263.

<sup>627</sup> John Abraham's argument is based, in part, on Keith Middlemas, *Politics in Industry Society: The Experience of the British System since 1911* (London: Andre Deutsch, 1979).

The chapter is based on the PAGB's minutes, government reports and internal memos, and articles from national newspapers and trade journals. It commences in 1959 when the PAGB was invited by the Interdepartmental Working Party on Legislation Relating to the Control of Medicine to submit a memoranda communicating the Association's thoughts on the matter. The PAGB took the opportunity to extol the virtues of, what it described as, Britain's 'dual type control' system of statutory and voluntary regulation with relation to the advertising of medicines and treatments. Though sceptical of these claims, the Interdepartmental Working Party concluded that there was no effective substitution for processes of voluntary control exercised by groups such as the PAGB. The chapter then goes on to evaluate the response of the PAGB to the thalidomide tragedy. It finds that thalidomide was not mentioned in the Association's minutes but that there was considerable activity in relation to another substance, podophyllum, which was identified by clinicians in the early 1960s as having similar teratogenic effects. Activity with relation to podophyllum is understood by the chapter as evidence of the PAGB's desire to protect members, and the Association at large, from the same bitter public criticism that had arisen in relation to thalidomide. The chapter concludes that activity of the PAGB around podophyllum cannot be regarded as a significant shift in the Association's operation. Next, the chapter investigates the relationship between the PAGB and the Committee on Safety of Drugs (CSD) which was set up in the wake the thalidomide tragedy. Using the example of phenacetin, the chapter demonstrates that these bodies were engaged in processes of mutual support and bargaining through which their respective interests were largely protected. The final part of the chapter reconstructs the lobbying activity of the PAGB as the Medicines Bill passed through Parliament and ends in the late 1960s when the Association was appointed by the Ministry of Health to serve on the Medicines Commission. The Medicine Commission was an advisory body which made a number of significant and long-lasting recommendations with respect to the promotion and sale of medicinal products.

## 6.2 The PAGB Submits a Memorandum of Amendments to the Interdepartmental Working Party on Legislation Concerning Medicine

In 1959, the Poisons Board expressed the view that further legislation should be urgently introduced to provide controls for the supply of certain potent medicines (see Chapter 5). Similar demands were expressed by other groups. In the same year, the Hinchcliffe Committee (which was appointed in 1957 to investigate the rise in prescription costs) recommended that all new drugs be subjected to 'independent' clinical trials.<sup>628</sup> As a result of such pressures, the Government established an 'Interdepartmental Working Party on Legislation Concerning Medicine' in November 1959, chaired by S. H. N. Burley, the Assistant Secretary of the Home Office. The terms of reference of the working party were to review the legislative provisions related to the control of medicinal substances and to recommend any necessary changes with a view to amend and consolidate existing laws.<sup>629</sup> The working party invited evidence from approximately 60 organisations that had a connection to the matter, including the PAGB.<sup>630</sup> The PAGB submitted a number of documents. These included 'A Study of the System of Control in Operation in Great Britain and an

---

<sup>628</sup> Abraham, 'The Political Economy of Medicines Regulation in Britain', p. 240;

Working Party on Legislation Concerning Medicines, Agenda, Minutes and Final Report, MH149/2479, TNA.

<sup>629</sup> Working Party on Legislation Concerning Medicines, Agenda, Minutes and Final Report, MH149/2479, TNA.

<sup>630</sup> Other organisations included the British Dental Association, the Royal College of Physicians, the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists, the Agricultural Research Council, Society of Apothecaries, Society of Herbalists, Medical Research Council, the BMA, Society of Medical Officers of Health, Royal College of Nursing and the Advertising Inquiry Council, amongst others. Working Party on Legislation Concerning Medicines: Memoranda from Interest Bodies Circulated to the Working Party, MH 149/1693, TNA.

Evaluation of its Effectiveness compared with Other Systems', a copy of the Association's Code of Standards of Advertising Practice (revised edition, 1959), a memorandum on amendments desired by the PAGB in relation to the regulation of medicines and treatments, and a list of the Association's members (see Appendix VIII). These documents, together, were intended by the PAGB to convey the credibility and authority of the Association in matters related to the promotion and supply of non-prescription medicines.<sup>631</sup>

The memorandum was approved by the Executive Committee of the PAGB and sent on behalf of the Association by its secretary, W. G. Hollis. In the memorandum, the Executive Committee stated that the Association represented the 'Advertised Proprietary Medicine Industry' or companies engaged in the manufacture and marketing of pharmaceutical and allied preparations sold under a proprietary designation. The Association's membership, it explained, consisted of 88 companies (see Appendix VIII) which were all 'leading manufacturers and distributors' of the aforementioned class of preparations. The Executive Committee wrote that the combined turnover of members had been estimated from a comparative survey based on a statistical report prepared by Price Waterhouse & Co. in 1957 to be in the region of 85 per cent of the total business of the domestic market. It explained that the products of the members of the PAGB were 'readily available to the public' and that this:

'supplemented the operation of the National Health Service by relieving the practitioner of the necessity of having to deal with the many transitory conditions and minor illnesses which normally respond rapidly and successfully to home treatment'.

The Executive Committee argued that the 'repute' and 'efficacy' of members' products was 'well illustrated by the very considerable export business, direct and indirect, in which the Industry [was] engaged'. It stated, furthermore, that the industry had in recent years 'increased substantially in the face of rising

---

<sup>631</sup> *Ibid.*

competition from other countries'. The Executive Committee concluded, over all, that the products of the Association contributed 'vitality to the health of the community' and played 'an essential part in the economic background of the country'. The statutory and voluntary controls applied to the industry, furthermore, ensured that 'full and adequate protection' was provided for the public.

In providing a brief history of the Association, the Executive Committee proposed that the PAGB was established in 1919 on the basis of a decision by 'leading' manufacturers to formulate a 'Code of Trading Conduct and Advertising Practice' commensurate with the responsibilities and obligations of those engaged in the marketing and sale of pharmaceutical preparations. Chapter 2 has proposed, by contrast, that the Association was formed, principally, as a means to lobby the British Government on the matter of formula disclosure but that the formulation of advertising standards was a key strategy by which to increase the credibility of the Association's representations to government ministers. The Executive Committee, furthermore, proposed that, in 'its formative years', the Association co-operated with the Advertising Association 'in assisting that body to extend the principles' of the PAGB's own Code of Standards 'in the control of advertising emanating from certain manufacturers' not in membership of the PAGB. Because of its 'special experience and knowledge' the PAGB was, furthermore, able to 'help other organisations' concerned with advertising including the Newspaper Proprietors Association, the Newspaper Society and the Periodical Proprietors Association. The Executive Committee stated that these joint efforts culminated in the publication of the British Code of Standards on the Advertising of Medicines and Treatments, 'first issued in 1948 and last revised in 1958'. Chapter 4 has provided a rather more nuanced assessment of the shifting relationships between the PAGB and these other associations and, most notably, the ambiguous relationship of the PAGB to the British Code of Standards.

In the memorandum, and based on the above statements, the Executive Committee requested that the PAGB be given direct representation, when appropriate, on all committees, advisory or other, that dealt with matters

affecting the pharmaceutical industry.<sup>632</sup> In substantiating the request, the Executive Committee made reference to the part the PAGB played in the enactment of the Pharmacy and Medicines Act (1941), proposing that the act was 'to some extent... based on a Draft Bill submitted by the Association to the Government in 1939'. Chapter 3 argues, by contrast, that this bill was an outcome of collaborative efforts by several interest groups to formulate a professionally acceptable and commercially viable statutory instrument of control. Nevertheless, the retrospective claim made by the Executive Committee of the PAGB should be understood as part of the on-going campaign to promote the Association as responsible for the rationalisation of the basis on which substances, recommended as medicines, were promoted and sold. In substantiating the request for direct representation, the Executive Committee also stated that the PAGB offered the Interdepartmental Working Party the 'benefit of the experience and knowledge of legislation concerning the control and sale of proprietary pharmaceutical preparations in most countries of the world'. In so doing, it made direct reference to the Association's connections to similar organisations in the United States and British Dominions: the Proprietary Association of Canada, the Manufacturers' Association of Australia, the Proprietary Association of South Africa, the Proprietary Association of America, and the Pharmaceutical & Allied Manufacturers' & Distributors Association Ltd of India.

### **6.3 A Tightly Woven Net of Control? The PAGB Evaluates Pre-Thalidomide Era Drug Regulation**

The PAGB attached a report, a 'Study of the System of Control in Operation in Great Britain'. The report was originally authored by the PAGB at the request of Dr. Harold Davis of the Ministry of Health, for submission to a Study Group

---

<sup>632</sup> PAGB Memorandum, MH 149/1693, TNA.

of the World Health Organisation (WHO) on proprietary medicine control.<sup>633</sup> After submitting the report to the WHO, the Executive Committee of the PAGB decided that it should be reproduced so that further copies would be made available for distribution as and when the occasion arose, as it 'served as a useful public relations operation'.<sup>634</sup> The 'Interdepartmental Working Party on Legislation Concerning Medicine' evidently presented such an occasion. The report was signed by the Association's secretary, Hollis, but was likely developed in consultation with and published with the approval of the Association's Executive Committee.

In the report, Hollis observed that several statutes provided 'a very substantial and wide control' of proprietary-medicine advertising.<sup>635</sup> He made reference to the Food and Drugs Act (1955) which made provisions for the prevention of the preparation and sale of injurious, adulterated or falsely labelled food and drugs and the Merchandise Marks Act (1953) which prohibited the use of false trade descriptions. He also cited the Venereal Disease Act (1917), the Therapeutic Substances Act (1925), the Cancer Act (1939), the Pharmacy and Poisons Act (1933) and the Pharmacy and Medicines Act (1941). Beyond these statutes, he stated, were 'voluntary systems' which exercised substantial control over the advertising of medicines and treatments. These included the PAGB's Code of Advertising Practice which, he claimed, had 'raised the standard of advertising and labeling to a high level'. He emphasised that the provisions of the code were under 'constant review' and revised periodically 'in light of the progress of medical science and practice'.

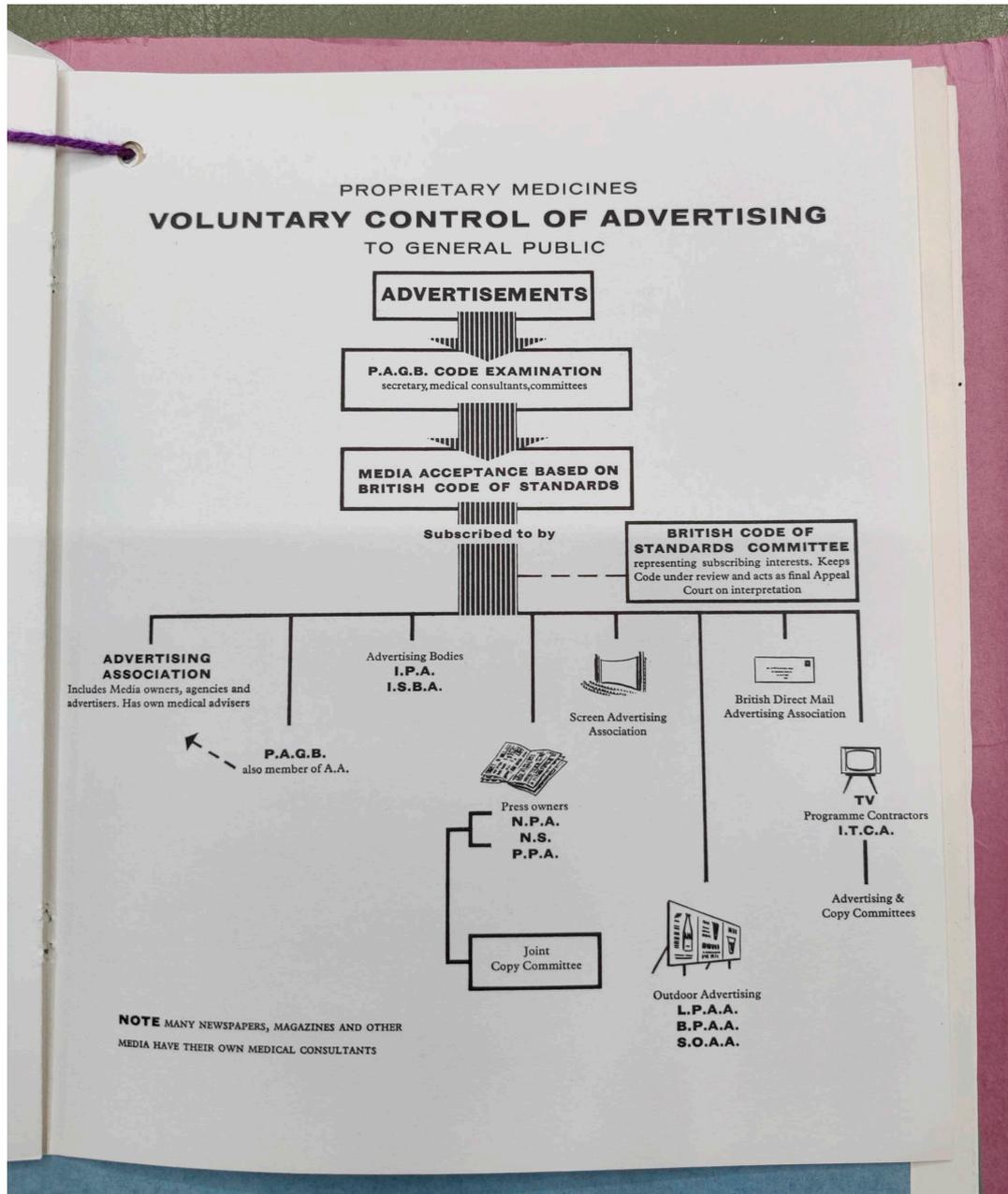
---

<sup>633</sup> I have not been able to locate further information as to the circumstances in which the PAGB were invited to write the report or details on the study group to which the association submitted the report. PAGB Executive Committee Minutes , 25 June 1959, PAGB/1/2.

<sup>634</sup> PAGB Executive Committee Minutes , 17 September 1959, PAGB/1/2; PAGB Executive Committee Minutes , 24 March 1960, PAGB/1/2.

<sup>635</sup> 'A Study of the System of Control in Operation in Great Britain and an Evaluation of its Effectiveness compared with Other Systems' (1959), MH 149/1693, TNA.

In discussing other forms of voluntary control, Hollis made reference to the British Code of Standards, to the Independent Television Authority's special code of advertising practice (entitled 'Principles for Television Advertising') and to the PSGB's periodic recommendations to members. He described these other voluntary systems of control as ancillary to the PAGB's own code of standards, a claim which was visually conveyed in a structural



*Figure 6.1, 'A Study of the System of Control in Operation in Great Britain and an Evaluation of its Effectiveness compared with Other Systems' (1959), Working Party on Legislation Concerning Medicines: Memoranda from Interested Bodies Circulated to the Working Party, MH 149/1693, TNA.*

diagram printed within the document (see Figure 6.1). In this diagram, *all* advertisements for proprietary medicines were described by the secretary as being submitted to the PAGB for review by the Association's medical consultants and internal committees. According to the diagram, after being evaluated by the PAGB, these adverts were then passed onto media groups, with the 'acceptance' of advertisements based on the British Code of Standards. The diagram enforced Hollis' claim that the system of voluntary advertising control was based on a system of formal arrangements between trade associations in which the PAGB performed a key gatekeeping role.

Hollis claimed that, as a consequence of statutory and voluntary systems of regulation, any manufacturer of a proprietary medicine was faced with 'a very tightly woven net of control' when marketing a new product. He explained that there were numerous advantages to such 'dual type control'. First, promotional copy was subject to repeated and thorough examination by numerous medical consultants. Second, manufacturers were not subject the 'unnecessary or lengthy delay[s]'. Third, amendments to voluntary codes of conduct could be achieved quickly (whereas change to existing law was often 'slow and cumbersome'). He also stated that voluntary codes enforced compliance with the spirit *and* the letter of advertising standards which he described as 'a substantial advantage', though previous chapters have demonstrated that the PAGB had, in practice, an inclination to uphold the letter rather than the spirit of advertising standards. Hollis also detailed the numerous disadvantages of a system of control that was 'purely legislative' and claimed that such a system restricted research and slowed down the introduction of newer and improved drugs. He explained the many legislative systems operated 'only by means of monitoring' which meant that a fault was only observed after an advertisement or a product had been issued (in contrast to voluntary systems which, he maintained, evaluated products and advertisements before they were introduced to the public). In summary, he stated that the British system of control was 'rather unique' but that the present standard of regulation was 'at least as high as in any other country and probably considerably higher than most'.

The PAGB's positive evaluation of the British system of advertising control was not generally reflected in the observations of other associations.

In a memorandum to the Interdepartmental Working Party on Legislation Concerning Medicine, the County Councils Associations commented on the considerable impact of the public advertising of medicines on television which tended, in their view, to create a false impression of their efficacy. The Institute of Weights and Measures Administration Parliamentary Committee, similarly, suggested that it should be the aim of the Interdepartmental Working Party to ensure that unjustifiable claims for therapeutic activity were not made in advertisements for medicines and treatments and, in some cases, that they should be entirely prohibited. The Association of Public Analysts took the view that the code of advertising practice should be legally enforceable to exert a more stringent control of the promotion of drugs and medicines. Several bodies (including the Royal Faculty of Physicians and Surgeons of Glasgow, the British Medical Association and the Royal College of Nursing) stated that the list of diseases, for which remedies or treatments must not be advertised, should be extended. Their suggestions for additions to the list included leukaemia, pernicious anaemia, rheumatism, sciatica, fibrositis, amenorrhoea, arterio-sclerosis, disseminated sclerosis, hypertension, hypotension, phlebitis, thrombosis and other diseases which were listed in the British Code of Standards but not covered by a statutory instrument of control.

The Advertising Association, perhaps not surprisingly, expressed the view that the present voluntary controls concerning medical advertising had, in general, kept pace with the rising standard of public education, of public opinion and of medical science. Furthermore, that when necessary, it could 'act swiftly and effectively', in preventing or suppressing undesirable advertising.<sup>636</sup> The Advertising Association emphasised that the Advertising Investigation Department was engaged permanently in complex and time-consuming work of 'interpretation' (or evaluating the propriety of advertisements), highlighting that because of nuance, suggestion and innuendo, the monitoring of advertising content was a protracted and difficult task. In so doing, the Advertising Association sought to highlight the public and financial value of the voluntary system of advertising regulation.

---

<sup>636</sup> MH 149/1694, TNA.

#### **6.4 A Memorandum of Conclusions Circulated by the Interdepartmental Working Party**

In July 1962, the Interdepartmental Working Party issued a memorandum of conclusions.<sup>637</sup> The publication of the memorandum occurred in the wake of the thalidomide tragedy (see below) and these wider circumstances are, perhaps, the reason why the memorandum was only circulated privately to interested bodies. In the memorandum, several key points were made. First, that modern medicines were powerful and, in some cases, posed a serious risk to the individual and community. Second, that on the grounds of the potential hazard to health, *all* medicinal substances and preparations should be subject to a comprehensive and rationalised system of control, not only because they might be a 'poison' or a 'dangerous drug', but because they were medicines. Third, that responsible ministers should be advised by an independent expert body on the particular medicines to be controlled and on the appropriate form and extent of control. The Interdepartmental Working Party also made the point that it was a 'serious defect' of the present law that new medicines could be offered for sale or supply with insufficient evidence as to their safety.

In relation to the regulation of medical advertising specifically, the Interdepartmental Working Party concluded that government intervention was not a viable option. Though the existing voluntary codes were clearly insufficient, the working party stated that opinion as to what constituted misleading advertising in a particular case varied so much that they doubted that it would ever be possible for the Government to effectively control the claims made in advertising. The working party suggested that if manufacturers were required to submit promotional material to an expert body concerned with the safety of drugs then that process alone could have a moderating influence upon unduly extravagant or unreasonable claims. Furthermore, it reasoned, if the expert body was armed with full information, supported by evidence, about the medicines concerns, that body might be in a good position to judge the validity of the claims which a manufacturer proposed to make for

---

<sup>637</sup> MH 149/2479, TNA.

a new medicine. However, the working party emphasised that they saw considerable objections to an arrangement of this kind and stated plainly that any attempt to impose controls on advertising copy by, for example, a public department or government agency was bound to fail. The report concluded, '[f]rankly, we see no effective substitution for voluntary action developing with public and professional opinion.'

It is also noteworthy that, the Interdepartmental Working Party highlighted the international implications of a more comprehensive system of medicine regulation. The report explained that, if current negotiations were successful, the UK would be admitted in the 'fairly near future' to the European Economic Community (EEC). In the interests of free exchange of products, the authors noted, the Treaty of Rome (1957) required consideration to be given to harmonisation of legislation between the countries concerned. The authors highlighted that, currently, the sale and supply, manufacture and importation of medicines in the UK differed in several ways from the corresponding provisions in the laws of other EEC countries and noted that some countries had controls that were considerably more far-reaching than present legislative controls in the UK in so far as they extended to *all* medicines. In an evaluation of the proposed legislation, the authors of the report stated that their recommendations were 'not incompatible' with the type of legislation used by other European countries and the adoption of these recommendations would aid the UK's application to EEC-membership. This was, indeed, the UK Government's policy at the time, with negotiations beginning in the early part of the decade. The country's applications to join in 1963 and 1967 were vetoed by the President of France, Charles de Gaulle, because of disputes over the Atlantic Alliance and European integration.<sup>638</sup> After de Gaulle's resignation in 1969, Britain joined the EEC in 1973, under the leadership of the Prime Minister, Edward Heath (Conservative MP for Bexley, Kent).

---

<sup>638</sup> James Ellison, 'Separated by the Atlantic: The British and de Gaulle, 1958–1967', *Diplomacy & Statecraft*, 17.4 (2006), 853-870.

## 6.5 The PAGB's Response to the Thalidomide Tragedy

In the late 1950s and early 1960s, physicians in Europe, Australia and elsewhere observed increasing cases of 'phocomelia' in paediatric clinics; a previously rare condition which resulted in grossly underdeveloped or absent limbs. Circumstantial evidence accumulated and confirmed that thalidomide played an important role in the increasing incidence of the condition. In response to mounting evidence, thalidomide was withdrawn from the market by Chemie Grünenthal (the German company that had developed and sold the substance) on 26 November 1961 and, a few days later, on 2 December 1961, the UK distributor, Distillers Co. followed suit. In May 1962, the UK Government issued a public warning about the dangers of thalidomide by which point, some 5,000 children had been born with impairments.<sup>639</sup> The tragedy attracted the attention of politicians, the medical profession and the press, though, in the minutes of the PAGB, explicit reference to thalidomide was never made. The main reason for the Association's silence is that members appeared not to be involved in manufacturing thalidomide-based preparations. Nevertheless, the Executive Committee of the PAGB became very animated about another drug with possible teratogenic effects: podophyllum, a dried resin from the roots and ground stem of the plant, *Podophyllum peltatum* or *P. hexandrum*. The substance was used by many members of the Association in various formulas, most commonly as a basis for laxatives and slimming aids. Some examples include 'Bile Beans for Biliousness' which had, for several decades, been advertised by C. E. Fulford & Co. as a treatment for constipation, indigestion, depression, weight-gain, sleeplessness, bad breath and pimples; and 'Carter's Little Liver Pills' which had long been advertised by Carter Medicine Co. as a remedy for 'exhaustipation', a condition described in advertisements as tiredness (fatigue, headaches and 'sourness') caused by constipation.

---

<sup>639</sup> Viviane Quirke, 'Thalidomide, Drug Safety Regulation, and the British Pharmaceutical Industry', p. 153.

In September 1962, a letter of correspondence by J. E. Cullis was printed in the *Lancet*.<sup>640</sup> Cullis wrote that, in Portway Hospital (Weymouth, Dorset), a pregnant patient, aged 24, with mild pre-eclamptic toxæmia was induced surgically at term. When the baby was delivered, he explained, ‘multiple deformities’ were observed: ‘The right thumb and radius were absent. There was an extra thumb on the left side. There [was] probably a septal defect in the heart. The right external ear was malformed, and there were skin tags on the right cheek and in the region of the right ear’. He explained that the mother had, for several weeks during a critical period of foetal development, taken herbal ‘slimming tablets’ which contained, amongst other ingredients, podophyllum. Podophyllum, he argued, like thalidomide, could cause polyneuritis (damage or disease affecting peripheral nerves).<sup>641</sup> Cullis explained that though a ban on the use of new and untried drugs on women in the early stages of pregnancy had been put forth in the wake of the thalidomide tragedy, he suggested that a similar ban should be applied to *all substances* with possible teratogenic effects.<sup>642</sup>

Details of the incident were published in several newspapers including the *Daily Mail* which published an article on 7 September with the headline ‘Doctors Suspect Drug No.2: Slimming Pill “May Affect Unborn Babies”’.<sup>643</sup> The incident became a point of discussion at the British Pharmaceutical Conference, held in Liverpool from 10 September and, consequently, was also

---

<sup>640</sup> ‘Congenital Deformities and Herbal “Slimming Tablets”’, 8 September 1962, *Lancet*, pp. 512-513.

<sup>641</sup> Cullis substantiated his point by citing another article published by the BMJ in 1957 which detailed an incident wherein a patient developed ‘fairly severe disturbance of central and peripheral nervous function’ after taking an overdose of a Podophyllum extract. A. M. G. Clark and Maurice J. Parsonage, ‘A case of podophyllum poisoning with involvement in the nervous system’, *BMJ*, 16 (1957), 1155.

<sup>642</sup> D. H. M. Woollam, ‘Drugs and Foetal Abnormalities’, *BMJ*, 28 July 1962, 406.

<sup>643</sup> ‘Doctors Suspect Drug No. 2’, *Daily Mail*, 7 September 1962, p. 9.

reported in the pharmaceutical press in the following week.<sup>644</sup> In the days that followed the conference, several journalists from national newspapers contacted the PAGB for a statement. In reply to journalists' questions, the Association's secretary stated that an investigation had been launched but privately, the Association sought to gather various opinions to throw doubt on the validity of the letter in the *Lancet*. Observing that the incident had not received too much attention in the press, members hoped that the matter would simply disappear.<sup>645</sup> However, the incident retained professional and public interest. In November, in Leicester, questions were put by retail chemists to the National Pharmaceutical Union regarding the sale of Bile Beans for Biliousness and Carter's Little Liver Pills.<sup>646</sup> As a result, in the House of Commons, Sir Barnett Janner (Labour MP for Leicester West) wrote a question to the Minister of Health, Enoch Powell (Conservative MP for Wolverhampton South West), whether he was aware that podophyllum could have the same effect as thalidomide when taken by pregnant women and what steps he was taking to warn the medical profession and the public of these dangers.<sup>647</sup> The Minister of Health replied in writing, 'I am not so advised'. Finally, on 21 December 1962, the *Medical Letter* issued a warning against podophyllum during pregnancy, stating that it was present in Carter's Little Liver Pills and other preparations.<sup>648</sup>

By December, the Executive Committee of the PAGB were making the recommendation to relevant members that they should remove podophyllum from any products.<sup>649</sup> Most members willingly followed the recommendations.

---

<sup>644</sup> 'Podophyllum Toxicity: Teratogenic effect reported', *Chemist and Druggist*, 15 September 1962, p. 287.

<sup>645</sup> *Ibid.*; 'Minister Quizzed on Drugs', *Daily Mirror*, 13 November 1962, p. 4; PAGB Executive Committee Minutes, 18 October 1962, PAGB/1/2.

<sup>646</sup> PAGB Executive Committee Minutes, 15 November 1962, PAGB/1/2.

<sup>647</sup> Member of the Press Gallery, 'In Parliament', *Chemist and Druggist*, 17 November 1962, p. 536.

<sup>648</sup> PAGB Executive Committee Minutes, 28 December 1962, PAGB/1/2.

<sup>649</sup> PAGB Executive Committee Minutes, 13 December 1962, PAGB/1/2.

In the next few months, Pretested Products Ltd. (later, Carter-Wallace Ltd.) removed podophyllum from Carter's Little Liver Pills and Savory & Moore Ltd. reformulated 'Medilax Laxative Pellets'.<sup>650</sup> Some members were less proactive. Lincoln & Midland Counties Drug Co. Ltd. agreed to take the action but only when existing stocks of 'Clarke's Aperient Pills' had been exhausted. Following pressure from the Executive Committee, the company agreed to immediately cease issuing supplies of the product.<sup>651</sup> In June, an issue of the *Drug and Therapeutics Bulletin* published by the Consumers' Association, reported that since attention was drawn to the possibility that podophyllum might be a cause of foetal malformations, the drug had now been omitted from the following proprietary preparations (all of which were manufactured by members of the PAGB): Bile Beans, Biladin, Bilax, Boots' Cold and Influenza Tablets, Carter's Little Liver Pills, Dr. Hair's liver pills, Ker-Nak Pills and Potter's Natural Herb Tablets.<sup>652</sup>

Though the Association's minutes never explicitly referred to thalidomide, it is evident from the podophyllum case study that the PAGB's policy concerning medicine safety was thoroughly animated by the tragedy. Under growing public pressure, the Executive Committee of the PAGB took the decision to strongly guide members towards the reformulation of their products. Evidence suggests that this was not driven by public health concerns but by an attempt on the part of the Executive Committee to steer the Association clear of a scandal. Given the suspected teratogenicity from podophyllum and the, related, similarity of podophyllum to thalidomide, the chapter proposes that it was simply too risky, politically, for the PAGB to defend the continued addition of podophyllum in treatments. However, this did not amount to a turning point in the PAGB's operations and in the following

---

<sup>650</sup> PAGB Executive Committee Minutes , 24 April 1963, PAGB/1/2; For reference to Carter-Wallace Ltd. see, PAGB Executive Committee Minutes , 24 June 1964, PAGB/1/2.

<sup>651</sup> PAGB Executive Committee Minutes , 23 May 1963, PAGB/1/2.

<sup>652</sup> 'Podophyllum: Abandoned by Manufacturers', *Chemist and Druggist*, 22 June 1963, p. 676.

years, the Association would continue to publicly defend the presence of potentially harmful substances in members' products (see section 6.7).

## 6.6 The Committee on Safety of Drugs

In the context of the thalidomide tragedy, the British Government established a special Joint Sub-Committee (the 'Cohen Committee') on the Safety of Drugs. In the final report, completed in March 1963, the Joint Sub-Committee urged the Government to enact legislation to establish a drug safety system and (appreciating that such legislation might take some time to draft and implement) to create an interim voluntary drug safety scheme which would advise on three aspects of drug safety including: toxicity, clinical trials and therapeutic efficacy and adverse reactions. Following these recommendations, the Ministry of Health established the Committee on Safety of Drugs (CSD) in June 1963 to which Sir Derrick Dunlop was appointed as Chairman (hence, references to 'the Dunlop Committee'). The PAGB was keen that the Association be consulted about the development of the CSD. According to some internal memos, the desirability of such an arrangement with the PAGB was considered by some ministers to be unnecessary, no doubt because they had already secured a working arrangement with the ABPI. However, it was expressed by R. F. Tyas (of the Ministry of Health) that the PAGB would be cooperative and that the Committee would 'need to rely on [the PAGB] as well as the Association of British Pharmaceutical Industry to pick up any products which [came] on to the market without being cleared'.<sup>653</sup> Tyas, therefore, advised that the PAGB be invited, along with the ABPI, to discussions about the CSD's terms of reference and the Committee's proposed methods of working. In the months that followed, the PAGB expressed 'dissatisfaction' concerning the standing of the PAGB in these discussions.<sup>654</sup> The PAGB thought that they

---

<sup>653</sup> Committee on the Safety of Drugs Procedure (13 May 1963), MH 149/1187, TNA.

<sup>654</sup> PAGB Executive Committee Minutes, 18 July 1963, PAGB/1/2.

were playing second-fiddle to the ABPI with whom the Association thought it should be 'at least... of equal standing'.<sup>655</sup> The PAGB demanded that the Association be communicated with more fully by the Ministry of Health on matters dealing with the CSD. That demand appears to have been met, given the expressions of satisfaction by the PAGB concerning the CSD's operation thereafter.<sup>656</sup>

The CSD was serviced by a secretariat of pharmacists and medical officers, headed by Dr. Denis Cahal, who assessed reports submitted by manufacturers on the safety of new or re-formulated drugs. Three sub-committees (the Sub-Committee of Toxicity, the Sub-Committee of Clinical Trials and Therapeutic Efficacy and the Sub-Committee of Adverse Reactions) assisted the main committee in the evaluation of these reports and conveyed advice to manufacturers; taking into account the safety of each drug, whether it should be released to the market and what precautions or restrictions, if any, should accompany the release of the drug. These terms of reference were not based on statutory authority and the CSD could only exercise a mandate to *invite* rather than demand the support and cooperation of drug manufacturers. In this sense, the scheme was voluntary, but the PAGB and the ABPI promised that none of their members would introduce a new drug to market without the approval of the Committee. Compliance with the CSD was also encouraged through the threat of sanctions including the promise that the Ministry of Health would notify 'every prescriber in Great Britain' of any incidents of non-compliance and that there would be limited sympathy for non-compliant manufacturers (and prescribers) should they find themselves in a court of law.<sup>657</sup>

When the CSD became operational in January 1964, the Executive Committee of the PAGB became, in essence, an intermediary between the CSD and the Association's membership. The PAGB provided the CSD with a significant set of records detailing the names of members' products, formula

---

<sup>655</sup> *Ibid.*

<sup>656</sup> *Ibid.*

<sup>657</sup> *Ibid.*

declarations, dosage instructions and details of cautionary notices. The minutes of the PAGB indicate that the Association sought to avoid furnishing the CSD with details of the claims made by members for their products by successfully convincing the Ministry of Health that collecting samples of packaging material and advertisements was unnecessary for drug safety and time-consuming on the part of the PAGB.<sup>658</sup> The information was presented by the PAGB to the CSD on record cards of the same size as those used by the ABPI for ease-of-use, and the PAGB pledged to keep the information up-to-date. In February 1964, the PAGB minuted that the arrangements as a whole were proving 'extremely satisfactory'.<sup>659</sup> These comments were reflected in a later evaluation of the operation of the CSD by Sir Derrick Dunlop.<sup>660</sup> He explained that much of the contact with pharmaceutical manufacturers (requests for amplification or clarification, for example) took place 'in robust but usually good-humoured encounters over the telephone or in informal discussions rather than in official communications duplicated for the record'. Manufacturers, he stated, seemed to appreciate the 'informal, elastic approach', and the resolution of matters through voluntary compliance and mutual agreement, and that, furthermore, the ABPI and the PAGB 'loyally observed' their promise to comply with the Committee's operation.

## 6.7 Inquiry into Phenacetin-Based Preparations

The following section uses the public inquiry related to phenacetin in the mid-1960s as a case study to investigate the relationship between the CSD and the PAGB. Phenacetin was synthesised by Bayer in 1887 and became popular as a

---

<sup>658</sup> PAGB Executive Committee Minutes , 19 December 1963, PAGB/1/2; PAGB Executive Committee Minutes , 16 January 1964, PAGB/1/2.

<sup>659</sup> PAGB Executive Committee Minutes , 13 February 1964, PAGB/1/2.

<sup>660</sup> Derrick Dunlop, 'The Work of the Medicines Commission', *Journal of the Royal Society of Health*, 91.3 (1971), 141-143, p. 141.

relief for mild to moderate pains and fevers (the action of phenacetin broadly comparable to aspirin and paracetamol).<sup>661</sup> By the 1960s, as indicated by the previous chapter, phenacetin was contained in many popular proprietary analgesics and was often used in combination with aspirin and caffeine; hence the term 'APC'. An association between phenacetin and renal damage was established in the 1950s in a series of reports from Europe and Australia.<sup>662</sup> In Britain, interest in phenacetin and renal failure was not aroused until February 1964 by a report by B. G. Sanerkin and C. M. Weaver in the *BMJ*.<sup>663</sup> Following

---

<sup>661</sup> For an additional, brief account of phenacetin in the 1950s see Davenport, *The Pursuit of Oblivion*.

<sup>662</sup> In 1953, Spühler and Zollinger in Switzerland described 44 cases of kidney damage in which several patients had taken large doses of phenacetin for long periods of time. The connection between renal disease and phenacetin was confirmed by further work conducted in Denmark (Lindeneg, Fisher, Pedersen, and Nissen, 1959), Sweden (Lindvall, 1960) and Australia (Jacobs and Morris, 1962). The results induced regulatory authorities in some countries to exercise control over its sale and its use. In Sweden, for example, the sale of phenacetin was restricted to medicine prescriptions in February 1961, and the number of cases of renal papillary necrosis was reported by clinicians to have fallen considerably. For summary, see Paul Ross, 'A.P.C. as a cause of renal disease', *The Medical Journal of Australia*, 6 October 1962, 539; Ole Lindeneg et al, 'Necrosis of the renal papillae and prolonged abuse of phenacetin', *Acta medica scandinavica* 165.5 (1959), 321-328; N. Lindvall, 'Renal Papillary Necrosis. A Roentgenological Study of 105 Cases', *Acta radiologica*, 192 (1960); L. A. Jacobs and J. G. Morris, 'Renal Papillary necrosis and the abuse of phenacetin', *Medical Journal of Australia*, 49.2 (1962), 531-538.

<sup>663</sup> The report contained details of a 54-year-old woman who was admitted to hospital and later died with uraemia. The patient had regularly taken a commercial preparation containing phenacetin to treat migraines, consuming an estimated total of 8 kg. of phenacetin over the course of about 40 years. In a summary of their findings, the authors explained that the apparent scarcity of chronic phenacetin nephropathy in the UK possibly reflected the non-recognition of the condition by clinicians and pathologists and suggested that particular inquiry should be made into the consumption of phenacetin amongst

the publication of the report, there was considerable public inquiry into phenacetin and into the safety of popular APCs such as ‘Anadin’, ‘Phensic’, ‘Beecham’s Powders’, ‘Yeast-Vite’, ‘Veganin’ and ‘Aspro’, all of which were manufactured by the subsidiary companies of Beechams Pills Ltd. Despite considerable public concern, the CSD was unwilling to make judgements related to the misuse and abuse of pharmaceuticals, and the inaction of the CSD provided the PAGB and the ABPI with the means to evade action on the matter of phenacetin. The case study indicates that because of the weakness and limitations of the CSD as an advisory and regulatory body, the members of the PAGB were largely insulated from any serious disruption, even if the (non) action of the CSD was challenged by consumer advocates.<sup>664</sup>

In August 1964, the Federal Food and Drugs Administration (FDA) in the United States established a requirement that all prescribed pharmaceutical preparations containing phenacetin must in future carry a warning that prolonged use or large doses could cause damage to the kidneys.<sup>665</sup> The warning read as follows: ‘This medication may damage the kidney when used in large amounts or for a long period of time. Do not take more than the recommended dosage, nor take regularly for longer than 10 days without consulting your physician.’<sup>666</sup> In December 1964, *The Observer* reported that

---

certain patients. ‘Chronic Phenacetin Nephropathy (“Chronic Interstitial Nephritis” with Papillary Necrosis)’, *BMJ*, 1 February 1964, 288.

<sup>664</sup> These findings support Abraham’s argument that the CSD was a weak regulatory agency, heavily dependent for its operation, organisation and reputation upon its liaison with the pharmaceutical industry. John Abraham, *Science, Politics and the Pharmaceutical Industry: Controversy and Bias in Drug Regulation* (London: University College Press, 1995); John Abraham and Graham Lewis, *Regulating Medicines in Europe: Competition, Expertise and Public Health* (London and New York: Routledge, 2000); John Abraham, ‘Scientific Standards and Institutional Interests: Carcinogenic Risk Assessment of Benoxaprofen in the UK and US,’ *Social Studies of Science*, 23 (1993), 420-23.

<sup>665</sup> ‘America Given Drug Warning’, *Observer*, 9 August 1964, p. 2.

<sup>666</sup> PAGB Executive Committee Minutes , 24 September 1964, PAGB/1/2.

the Dunlop Committee was, following the decision of the FDA, similarly, evaluating the safety of phenacetin which the staff reporter described as being dangerous to frequent users.<sup>667</sup> The reporter wrote that the Dunlop Committee had none of the statutory powers exercised by the FDA (which they described as 'one of the few national authorities which reserved judgement in thalidomide') but that the drug industry was pledged to accept its recommendations.

The Executive Committee of the PAGB discussed the article and gave particular consideration to the claim that the CSD was actively considering the adoption of a warning notice on labels.<sup>668</sup> In a conversation with Dr Broadbent, a secretary of the CSD, the PAGB were assured that no such discussions were taking place but that, due to the recent publicity on the matter, the issue of phenacetin might be considered by the CSD's Adverse Reactions Sub-Committee.<sup>669</sup> The PAGB's Executive Committee discussed the matter and decided that no recommendation would be made to members to adopt a warning notice. The Executive Committee did, however, establish a small sub-committee to conduct a study on phenacetin toxicity, in anticipation that the matter would eventually be subject to discussion.

In the following months, the phenacetin-matter indeed escalated. In early March 1965, the Pharmaceutical Society of Great Britain (PSGB) issued a press release on the dangers of phenacetin. The Council of the PSGB stated that though occasional use was harmless, the prolonged and regular use of phenacetin could cause 'serious and even fatal kidney damage'.<sup>670</sup> The PSGB explained that the substance had been in widespread use for many years for the relief of pain caused by headaches and rheumatism, and was an ingredient of many preparations sold directly to the public. It stated that the ill-effects of phenacetin upon the kidneys was so insidious that the risk of prolonged use

---

<sup>667</sup> 'Painkiller Drug can be Dangerous', *Observer*, 13 December 1964, p. 4.

<sup>668</sup> PAGB Executive Committee Minutes, 17 December 1964, PAGB/1/2.

<sup>669</sup> *Ibid.*

<sup>670</sup> 'Phenacetin Ill-Effects, Warning by Society's Council', *Chemist and Druggist*, 6 March 1965, p. 225.

had only recently been discovered and that people taking it did not connect its use with such illness. The PSGB emphasised that pharmacists were able to afford the public protection, by warning regular purchasers of preparations containing phenacetin and by advising them on alternatives that may suit them.<sup>671</sup>

It was, perhaps, not the intention of the PSGB, but the statement was covered widely by the national press and on radio and television.<sup>672</sup> Dr Cahal, as a representative of the CSD, appeared on ITV on the matter.<sup>673</sup> The details of his appearance were not recorded in the minutes of the PAGB but an article in the *Guardian* suggested that the Committee pledged to study the matter of phenacetin at the next available opportunity.<sup>674</sup> In an attempt to assuage public opinion, the PAGB issued a press release and the secretary spoke on the BBC News.<sup>675</sup> In these public addresses, the PAGB emphasised that the PSGB had alarmed the public ‘unnecessarily’ and ‘unduly’; that the PSGB had issued the statement without consulting the CSD which had issued no adverse statement on phenacetin; and that the Poisons Board (a statutory body on which the PSGB was represented) had also issued no recommendation for the substance’s

---

<sup>671</sup> *Ibid.*

<sup>672</sup> The anonymous contributor to the *Chemist and Druggist*, Xrayser, stated that he could only hope that what should have been private and confidential advice from the Council of the Pharmaceutical Society to members was inadvertently leaked and that it was not the intention of the Council that such information should reach the public in the way it did. He concluded that the situation ‘must never happen again’, an indication that Xrayser retail pharmacists had been cast by their own Society into an unnecessarily difficult situation. ‘Topical Reflections by Xrayser’, *Chemist and Druggist*, 13 March 1965, p. 251.

<sup>673</sup> PAGB Executive Committee Minutes , 18 March 1965, PAGB/1/2.

<sup>674</sup> Eric Silver, ‘Drug Report Caused “Undue Alarm”: Makers Defend Phenacetin’, *Guardian*, 6 March 1965, p. 1.

<sup>675</sup> PAGB Executive Committee Minutes , 18 March 1965, PAGB/1/2.

control.<sup>676</sup> The PAGB maintained that when taken in normal doses for the relief of pain, phenacetin was entirely safe and beneficial, and that any reports on the side-effects of the substance were few and stemmed from its gross abuse. In anticipation that there would be an inquiry on the matter at the level of government, the Association also took the action to furnish the Home Office, the Ministry of Health and the Dunlop Committee with an interim report on phenacetin put together by the Association's 'Phenacetin Sub-Committee'.<sup>677</sup>

In the following weeks, the CSD decided that they would not take any action on phenacetin and issued a press statement to that effect.<sup>678</sup> In the statement, Cahal explained that the ill-effects associated with phenacetin occurred after heavy and prolonged use of the drug; that the misuse of any drug was liable to be dangerous; and that it was not appropriate for the Committee to make any statement about phenacetin in particular.<sup>679</sup> Cahal added that pharmacists were in a good position to warn people who bought drugs about the dangers of taking them in larger doses or for longer periods without the advice of a doctor.

Following the wave of publicity on the matter, and despite the conclusion reached by the CSD, there were questions put to the Home Secretary, Frank Soskice (Labour MP for Newport, Monmouthshire) in the House of Commons, about the safety of phenacetin. In mid-March, Lena Jeger (Labour MP for Holborn and St. Pancras South) asked whether the Home Secretary felt justified to refer the substance to the Poisons Board.<sup>680</sup> Nigel Fisher (Conservative MP for Surbiton) similarly asked whether the Home Secretary would introduce legislation to make compulsory the labelling of medicines containing phenacetin in order to warn users of the danger of

---

<sup>676</sup> 'Phenacetin Risks Blame and Praise for Statement', *Chemist and Druggist*, 13 March 1965, p. 249; Silver, 'Drug Report Caused "Undue Alarm"'.

<sup>677</sup> PAGB Executive Committee Minutes , 18 March 1965, PAGB/1/2.

<sup>678</sup> PAGB Executive Committee Minutes , 22 April 1965, PAGB/1/2.

<sup>679</sup> Committee on Safety of Drugs Sub-Committee on Advertise Reactions (25 March 1965), MH 171/3, TNA.

<sup>680</sup> Phenacetin (Labelling), House of Commons (19 May 1965, vol. 712, cc. 251-252).

overdose.<sup>681</sup> On the basis of evidence, Soskice stated that he did not yet feel justified to recommend phenacetin to the Poisons Board and was awaiting the outcome of discussions with the ABPI and the PAGB about the possibility of introducing a voluntary labelling scheme.<sup>682</sup>

In May 1965, such a discussion took place between the Home Office and the PAGB.<sup>683</sup> The PAGB agreed that although the Association was still of the opinion that phenacetin produced no greater dangers than some other common drugs, members would be prepared, because of the current climate of opinion, to adopt of a voluntary warning notice. However, though the eight PAGB member companies who marketed phenacetin-products showed a willingness to co-operate with the voluntary scheme, the ABPI later advised the PAGB that the Association should refer the question, again, to the CSD.<sup>684</sup> The reasons for this are unclear. It is possible that the ABPI wanted to defer to the authority of the CSD because the Association knew that the Committee was very reluctant to intervene on the matter. Dr Cahal confirmed the position of the CSD, stating that despite his personal views on the matter, the Committee were not prepared to issue opinions or advice on problems arising from misuse of drugs. Consequently, the ABPI and the PAGB decided that as the toxic action of phenacetin had not been 'substantially proved' and that evidence was 'circumstantial', they would delay the voluntary action. In the following months, despite further publicity on the dangers of phenacetin (in the *Medical Journal of Australia*, for example), there was no further pressure on manufacturers to adopt a warning notice.<sup>685</sup> As a consequence of such inaction and drift, neither association were compelled to take any action on the matter.

---

<sup>681</sup> *Ibid.*

<sup>682</sup> *Ibid.*

<sup>683</sup> PAGB Executive Committee Minutes , 20 May 1965, PAGB/1/2.

<sup>684</sup> PAGB Executive Committee Minutes , 15 July 1965, PAGB/1/2.

<sup>685</sup> A. F. Burry, 'A profile of renal disease in Queensland: Results of an autopsy survey', *Medical Journal of Australia*, 1 (1966), 826-834; A. F. Burry, P. De Jersey and D Weedon, 'Phenacetin and renal papillary necrosis: Results of a prospective autopsy investigation', *Medical Journal of Australia* 1 (1966), 873-

It is useful here to briefly reflect on the possible advantages and disadvantages of risk-warnings. In the phenacetin case study, the incorporation of risk warnings provided manufacturers with a means to avoid their product becoming prescription-only or having to withdraw their product from distribution. However, though risk warnings appeared to offer members of the PAGB substantial protection from regulatory intervention, the archival record demonstrates that members of the PAGB were also reluctant to encourage the excessive use of risk warnings. I propose that this was due to the stigma of risk warnings, the resultant competitive disadvantage and, significantly, to a genuine fear that the admittance of risk would provide sufficient reason for the restriction of drugs to exclusive retail by chemists; a development which would severely encroach on PAGB members' channels of distribution.

In context of the passage of the Medicines Bill (see section 6.9), the PAGB did eventually incorporate satisfactory warnings on labels in connection with analgesics generally and were willing to take more specific action on phenacetin-based products.<sup>686</sup> In November 1968, in response to a tentative letter from the PAGB on the subject of improving the labelling of analgesic products, Dr Cahal stated that, as far as the CSD was concerned, the subject of phenacetin was now 'dead'.<sup>687</sup> The Executive Committee of the PAGB agreed that this was a 'most satisfactory outcome'. Phenacetin was increasingly withdrawn from common analgesics, thereafter, with some manufacturers substituting phenacetin for increased doses of paracetamol, aspirin or caffeine.<sup>688</sup> The non-prescription sale of phenacetin was not formally restricted in the United Kingdom until 1979 when the Medicines (Phenacetin) Prohibition Order prevented the sale of phenacetin in medicinal products without prescription based on the substance's acute toxicity.<sup>689</sup>

---

879; PAGB Executive Committee Minutes , 17 February 1966, PAGB/1/2; PAGB Executive Committee Minutes , 21 July 1966, PAGB/1/2.

<sup>686</sup> PAGB Executive Committee Minutes , 17 October 1968, PAGB/1/2.

<sup>687</sup> PAGB Executive Committee Minutes , 21 November 1968, PAGB/1/2.

<sup>688</sup> Davenport, *The Pursuit of Oblivion*.

<sup>689</sup> The Medicines (Phenacetin prohibition) Order, 1181 (London: HMSO, 1979).

## 6.8 Forthcoming Legislation on the Safety, Quality and Description of Drugs and Medicines

The Labour Party, under Harold Wilson (Labour MP for Huyton, Lancashire), won the October 1964 general election by a thin majority of 4 seats. Kenneth Robinson (Labour MP for St. Pancras North, London) was appointed as Minister of Health and, in fulfilment of election promises, set about trying to ‘modernise’ the NHS.<sup>690</sup> In the next four years, Robinson made some considerable contributions to reform around health and medicine.<sup>691</sup> He reversed the Conservative policy of funding the NHS through national insurance contributions and charges. He abolished prescription charges, with claims to restore as rapidly as possible ‘a completely free Health Service’ (though later, in 1968, Harold Wilson was forced to re-introduce them).<sup>692</sup> He introduced legislation to regulate certain promotional practices in relation to cigarettes.<sup>693</sup> He supported the passage of the Abortion Act in 1967.<sup>694</sup> He negotiated the Family Doctor Charter in 1966 which supported the development of general practice. Amongst these measures, Robinson was also active in responding to repeated recommendations for more comprehensive legislation to bring the whole field of medicine safety and quality under the responsibility of a central body of experts.

---

<sup>690</sup> Labour Manifesto (1964), <<http://labour-party.org.uk/manifestos/1964/1964-labour-manifesto.shtml>> [accessed 23 March 2021].

<sup>691</sup> Martin Gorsky, ‘The British National Health Service 1948–2008: A Review of the Historiography’, *Social History of Medicine*, 21.3 (2008), 437-460.

<sup>692</sup> Labour Manifesto (1964).

<sup>693</sup> Matthew Hilton, *Smoking in British Popular Culture, 1800-2000* (Manchester: Manchester University Press, 2000).

<sup>694</sup> *The Abortion Act 1967*, ed. by Michael D. Kandiah and Gillian Staerck (London: Institute of Contemporary British History, 2004).

Thus, in September 1967, he presented to Parliament a white paper which outlined proposals that would later be contained in the Medicines Bill.<sup>695</sup> The paper began with a reference to the ‘Thalidomide affair’, explaining that the ‘pharmaceutical revolution’ of the past thirty years, by introducing powerful and valuable new medicines, had given rise to problems for which the existing legislation ‘was never designed’. The paper proposed the establishment of a Medicines Commission which would have the duty of advising Health Ministers on all aspects of safety, efficacy and quality of medicines. It also proposed the establishment of a system whereby licenses would be required for the manufacturer, importation and marketing of all new drugs and whereby manufacturers would be required to show that their products were safe and effective. Finally, within the paper was an assertion that drugs were ‘not ordinary commodities’ and that, except for a defined range of treatments suitable for self-medication, they should only be sold by medical practitioners or pharmacists.<sup>696</sup>

Following the publication of the white paper, the Executive Committee of the PAGB immediately convened.<sup>697</sup> Several areas of the paper which proposed ‘substantial changes’ to existing laws and ‘entirely new provisions’ on various aspects of drug safety were quickly identified by the Executive Committee as presenting ‘major problems’ for the Association.<sup>698</sup> These included the ‘extremely wide’ definition of ‘drugs’ (which threatened to include such items as toilet preparations and foods), the possibility of inadequate industry representation on the proposed Medicines Commission and Expert Committees, and the possibility of the almost complete restriction of the sale

---

<sup>695</sup> Forthcoming Legislation on the Safety Quality and Description of Drugs and Medicines, Cmmd. 3395 (London: HMSO, 1967).

<sup>696</sup> ‘White Paper on Medicines Legislation: “Not Ordinary Commodities”’, *Chemist and Druggist*, 16 September 1967, p. 267.

<sup>697</sup> PAGB Executive Committee Minutes, 21 September 1967, PAGB/1/2. For ‘substantial changes’ and ‘entirely new provisions’ see, ‘Forthcoming Legislation’, p. 3.

<sup>698</sup> PAGB Executive Committee Minutes, 21 September 1967, PAGB/1/2.

of drugs to registered pharmacists.<sup>699</sup> Reservations were also expressed by the Executive Committee of the PAGB on the paper's 'vague' proposals for advertising controls.<sup>700</sup> The paper proposed to prohibit the publication or display (including radio and television) of advertisements calculated to mislead consumers as to the composition, quality, indications, contra-indications and efficacy of promoted drugs. To enforce adherence to these provisions, the paper proposed, furthermore, that the PSGB was to be empowered to regulate promotional content as related to composition, labelling and description.<sup>701</sup> The PAGB was staunchly opposed to such 'unsatisfactory' measures and sought, rather, a 'minimum degree of statutory control' for advertising.<sup>702</sup>

In the following months, the PAGB conducted a complete study of the white paper, so that the Association was prepared to draft amendments to objectionable clauses (described by the Executive Committee as 'matters of principle') as soon as the Medicines Bill was published.<sup>703</sup> In preparation to lobby Parliament, the PAGB also worked to identify 'sympathetic' politicians who could be briefed on the Association's views and who would be willing to make representations on behalf of the Association in Parliament.<sup>704</sup> Throughout this period, the PAGB worked in close liaison with the ABPI.<sup>705</sup> The two associations exchanged briefs and reports, and members of the PAGB attended certain meetings of the ABPI as 'observers'.<sup>706</sup> Through this process of interchange, a 'great degree of agreement' was reached between the two

---

<sup>699</sup> The Medicines Commission and the Expert Committees were intended to advise Ministers on matters of policy relating to the Medicines Act. For 'extremely wide', see PAGB Executive Committee Minutes , 27 September 1967, PAGB/1/2.

<sup>700</sup> For 'vague', see PAGB Executive Committee Minutes , *Ibid.*

<sup>701</sup> PAGB Executive Committee Minutes , 21 September 1967, PAGB/1/2.

<sup>702</sup> PAGB Executive Committee Minutes , 27 September 1967, PAGB/1/2.

<sup>703</sup> *Ibid.*

<sup>704</sup> *Ibid.*

<sup>705</sup> PAGB Executive Committee Minutes , 21 September 1967, PAGB/1/2.

<sup>706</sup> PAGB Executive Committee Minutes , 21 February 1967, PAGB/1/2.

associations on how to shape the forthcoming legislation.<sup>707</sup> The PAGB and ABPI also worked together to quickly identify and assemble an ‘efficient machine’ of Members of Parliament to make representations on behalf of the industry in the passage of the Bill through Parliament.<sup>708</sup> Dudley Smith (Conservative MP for Warwick and Leamington and former Director of Public Relations for the Beecham Group) was, the PAGB reported, very helpful in arranging ‘special meetings’ between the pharmaceutical industry and groups of mainly Conservative MPs (details of these meetings were not recorded in the PAGB’s minutes).<sup>709</sup> It should be noted that the Conservative Party was not opposed to the Medicines Bill and, indeed, had pledged in the 1964 Conservative Party Manifesto to update legislation related to the safety and quality of medicines, food and household goods.<sup>710</sup> However, it was evidently felt by the PAGB and the ABPI that Conservative MPs would be more sympathetic to their concerns about the effects of legal regulation and bureaucratic constraints on the industry’s competitive position and economic performance.

## 6.9 A Medicines Bill

On 2 February 1968, the Minister of Health presented a Medicines Bill, of considerable scope and complexity, to Parliament for the First Reading. A few days later, the Executive Committee of the PAGB met to decide which draft areas of the proposed legislation should be debated by the Association’s MPs

---

<sup>707</sup> PAGB Executive Committee Minutes , 27 November 1967, PAGB/1/2.

<sup>708</sup> PAGB Executive Committee Minutes , 14 December 1967, PAGB/1/2; PAGB Executive Committee Minutes , 27 November 1967, PAGB/1/2.

<sup>709</sup> PAGB Executive Committee Minutes , 27 November 1967, PAGB/1/2.

<sup>710</sup> See, for example, Conservative Party Manifesto (1964) <<http://www.conservativemanifesto.com/1964/1964-conservative-manifesto.shtml>> [accessed 23 March 2021].

in the 'Second Reading'.<sup>711</sup> In a discussion on the matter, the ABPI informed the PAGB that they had tentatively decided to issue briefs to MPs on the wide enabling powers of the Bill, the possible damage to export business and representation on the Medicines Commission.<sup>712</sup> The PAGB, by contrast, decided to prepare briefs on the problem of the 'General Sales List' (and the possible restriction of the distribution of medicines via non-chemist outlets), controls on advertising (should there be 'any move [by MPs] to argue for a ban on advertising') and enforcement powers (specifically, why these powers should not be given to the PSGB).<sup>713</sup> Upon completion, these briefs were sent swiftly by the Association to selected MPs.<sup>714</sup> In the days before the Second Reading, members of the PAGB additionally sought in-person meetings with MPs.<sup>715</sup>

The Second Reading of the Medicines Bill was held in the House of Commons on the 15 February and constituted a lengthy examination of the various issues associated with the measures. Though the House generally approved the aims of the Medicines Bill (which had as its object the 'safety and well-being of the public'), a number of Conservative MPs expressed concern that the measures were vague, imprecise and were, in some instances, too far-reaching.<sup>716</sup> Maurice Macmillan (Conservative MP for Farnham and the Conservative Party's spokesperson on health affairs), stated that though he

---

<sup>711</sup> PAGB Executive Committee Minutes , 8 February 1968, PAGB/1/2.

<sup>712</sup> Abraham, 'The Political Economy of Medicines Regulation in Britain'.

<sup>713</sup> The Medicines Bill proposed that the register pharmacy would become the principle retail outlet for the sale and supply of medicines. These outlets would be able to sell pre-packed medicines that were registered on a 'General Sales List' made by Ministers, based on advice from appropriate Expert Committees. Products which posed a hazard to health or a risk of misuse would be excluded from the list. 'Medicines Bill', House of Commons (15 February 1968, vol. 758, c. 1612). Else, see PAGB Executive Committee Minutes , 8 February 1968, PAGB/1/2.

<sup>714</sup> PAGB Executive Committee Minutes , 8 February 1968, PAGB/1/2.

<sup>715</sup> *Ibid.*

<sup>716</sup> 'Medicines Bill', House of Commons (15 February 1968, vol. 758, c. 1612).

admired the aims and intentions of the Minister of Health, the Bill was a large and cumbersome piece of legislation which gave the Ministry of Health unnecessarily wide powers. He explained that though the Bill was desirable and every reasonable measure should be taken to protect the general public, he thought the 'right' or 'duty' of the doctor to prescribe medicines should not be inhibited; that the general public should not be unduly restricted from access to medicines and treatments; and that the industry should be able to manufacture and promote its products at home and overseas 'with a reasonable freedom'.<sup>717</sup>

On 16 February, following the Second Reading, the Speaker of the House of Commons referred the Medicines Bill to a Standing Committee which, over the next three months, gave extensive consideration to the Bill's provisions. As in previous months, the PAGB worked to identify objectionable clauses and drafted amendments with full supporting arguments in careful liaison with the ABPI. As before, this documentation was forwarded by the PAGB and ABPI to MPs willing to represent the industry.<sup>718</sup> At the Committee Stage, the PAGB also co-operated with other trade associations (notably, the Advertising Association and the National Grocers' Federation) to conduct lobbying and appropriate public relations activity.<sup>719</sup> Two important amendments were sought by the PAGB at the Committee Stage: the restriction of the powers of enforcement granted to the PSGB and the inclusion of aspirin products in the General Sales List.

---

<sup>717</sup> *Ibid.*, c. 1621.

<sup>718</sup> PAGB Executive Committee Minutes , 21 February 1968, PAGB/1/2; PAGB Executive Committee Minutes , 21 March 1968, PAGB/1/2.

<sup>719</sup> It should be noted that these trade associations engaged in public relations activity before this date. See, for example, a letter to the *Economist* by T. B. Teesale, Director of the ABPI that sought to correct 'misleading' statements made by the publication in a summary of the Medicines Bill. E. B. Teesdale, 'Medicines Bill', *Economist*, 17 February 1968, p. 6. For reference to joint public relations committee, see PAGB Executive Committee Minutes , 21 February 1968, PAGB/1/2.

In April 1968, members of the PAGB approached the Ministry of Health to discuss the enforcement powers granted to the PSGB in dealing with labelling and advertising.<sup>720</sup> Through the twentieth century, the PSGB had been active in regulating the supply of drugs and it was deemed appropriate that the professional body should undertake the task of enforcing the provisions of the Medicines Bill. Members of the PAGB spoke 'very frankly' to convince the Health Ministers that, 'being a biased organisation' (namely, that it was opposed to the sale of proprietary medicines by non-qualified vendors), the PSGB should have no such powers of enforcement or that the powers of enforcement provided to them by the Medicines Bill should be substantially curtailed. For example, the draft Bill contained a provision which allowed PSGB's inspectors to enter manufacturing and wholesaling premises. Such wide powers, the PSGB defended, provided the body with the flexibility to meet the wide variety of circumstances that could arise in the policing of the manufacturer, sale and supply of drugs.<sup>721</sup> The PAGB were aghast that the PSGB should be permitted such powers of entry and, after some discussion, MPs agreed that they would restrict the PSGB's powers to packaging, point of sale display material and 'local advertising' (rather than national or regional advertising).<sup>722</sup> Following a 'great deal of activity' on the part of the PAGB, the Parliamentary Secretary finally agreed, at the Report Stage, that he would introduce an amendment which would prevent the PSGB's inspectors from entering manufacturing and wholesaling premises.<sup>723</sup>

After the Report Stage, the PAGB pursued further amendments to further prevent the PSGB from enforcing advertising regulation other than at the point of retail.<sup>724</sup> The eventual success of the PAGB concerning this matter

---

<sup>720</sup> PAGB Executive Committee Minutes , 18 April 1968, PAGB/1/2.

<sup>721</sup> 'White Paper on Medicines Legislation: "Not Ordinary Commodities"', *Chemist and Druggist*, 16 September 1967, p. 269.

<sup>722</sup> PAGB Executive Committee Minutes , 18 April 1968, PAGB/1/2; PAGB Executive Committee Minutes , 16 May 1968, PAGB/1/2.

<sup>723</sup> PAGB Executive Committee Minutes , 13 June 1968, PAGB/1/2.

<sup>724</sup> *Ibid.*

appeared to have been facilitated by the 'high level delegation' from the advertising industry that approached the Minister of Health to convince him that enforcement powers provided by the Bill in relation to advertising were unnecessary because of the efficiency of the system of voluntary regulation within the advertising industry.<sup>725</sup> There were, nevertheless, definite rules laid down by the Medicines Act with regard to advertising and labelling which made it illegal to give false or misleading information and to advertise unauthorised recommendations for the product. Anyone found guilty of these offences was threatened with a fine and/or imprisonment. It also became illegal to send an advertisement to a medical practitioner unless it was accompanied by a datasheet, to which the advertisement had to conform. The datasheet set out certain details related to the medicine in a standardised way including the proprietary and generic names of the preparation, the dosage and method of administration, reasons to use the treatment, reasons not to use the treatment and possible toxic effects. Moreover, the licensing authority had the power to require copies of any advertisements and data sheets relating to medicinal products. These provisions were not of particular concern to the PAGB as members advertised their products directly to consumers rather than via medical practitioners.

The General Sales List was subject to considerable dispute. Whereas previously, any medicine could be sold at any shop unless it contained a substance listed in the Poisons Rules or the Therapeutic Substances Act, the new bill proposed that all medicines except those appearing in a General Sales List should be sold only by registered pharmacists. The General Sales List was, in other words, a list of medicines which did not need to be sold in pharmacies. The PSGB was strongly in favour that the sale of all medicines, no matter how seemingly innocuous, were restricted to registered pharmacies. Others, including, of course, the PAGB believed that simple domestic remedies, properly labelled, should be available to the public for supply without prescription by either pharmaceutical or non-pharmaceutical retailers. Such remedies included treatments for coughs and colds, allergies, digestive health and transient aches and pains. The matter of aspirin was of particular concern

---

<sup>725</sup> PAGB Executive Committee Minutes , 18 April 1968, PAGB/1/2.

to the PAGB. The promotion and supply of analgesics had, for some years, come under scrutiny because of increased competition by makers of analgesics and, connectedly, dramatic claims made for the efficacy of their products. Such claims focused on the speed and mechanism of action and the comparative safety of the treatment.<sup>726</sup> Claims of safety were subject to particular criticism by the PSGB, given the recent revelations about phenacetin but also aspirin which was now widely understood as causing gastric irritation and haemorrhage in some individuals. The PSGB maintained that aspirin, as a popular drug that posed very real hazards to users, demonstrated a need to restrict the supply of all medicines and treatments to qualified professionals.<sup>727</sup>

During the Committee Stage, the PAGB explored 'all methods' for achieving the inclusion of aspirin products in the General Sales List.<sup>728</sup> The PAGB appointed a special working party consisting of analgesic manufacturers and public relations 'experts' to produce a better climate of opinion amongst regulatory bodies and legislators regarding the safety of aspirin and analgesics.<sup>729</sup> The Association also pressed non-pharmaceutical retail trade associations to lobby MPs for necessary amendments to clauses of the Medicines Bill on the General Sales List. In the following weeks, various parts of the grocery trade achieved 'considerable' publicity on the issue.<sup>730</sup> At an annual conference in Blackpool in June, for example, the National Grocers Federation demanded that it be consulted in the compilation of the General Sales List so that the public would not be denied access to aspirin and similar

---

<sup>726</sup> MH 149/1694, TNA.

<sup>727</sup> 'A "Public Menace" Need to live safely with modern medicines', *Chemist and Druggist*, 10 February 1968, p. 131.

<sup>728</sup> PAGB Executive Committee Minutes, 16 May 1968, PAGB/1/2.

<sup>729</sup> PAGB Executive Committee Minutes, 18 April 1968, PAGB/1/2.

<sup>730</sup> PAGB Executive Committee Minutes, 13 June 1968, PAGB/1/2; 'Grocers Fear Ban on Sale of Headache Cures', *Birmingham Daily Post*, 11 June 1968, p. 1; 'Grocers Fear Ban on Aspirin Sales', *Reading Evening Post*, 11 July 1968, p. 11.

preparations for minor ailments.<sup>731</sup> Following the announcement, branches of the federation wrote to local MPs demanding that their interests be adequately represented.<sup>732</sup> In July, in the *Grocers' Gazette*, an article reported test purchases of large quantities of aspirin tablets in chemists' shops by the Consumer Council and the National Grocers' Federation.<sup>733</sup> The article made the point that chemists did not give any advice to customers, despite the nature of the purchase, and that this subverted the pharmaceutical trade's 'strongest argument': 'that chemists are qualified to, and in fact do, give advice to customers'. According to the *Grocers' Gazette*, the Consumer Council also concluded that pharmacists exercised no more control over the sale of analgesics than supermarkets. The Consumer Council took the view that, if aspirin tablets were dangerous, they should be placed on prescription but that until that point, there should be no restriction of sale to pharmacies. In November 1968, the PAGB reported that activity taken by these groups to fight against the 'chemists-only' provision of the Bill was successful and that further action was no longer necessary on the matter: they were confident that aspirin would feature on the General Sales List.<sup>734</sup>

On 30 May 1968, after some 20 sittings, the Standing Committee returned the Medicines Bill to the House of Commons. In the following weeks, MPs considered the amendments to the Bill which were passed on the 24 June. The Executive Committee of the PAGB agreed that the sustained efforts of the Association had 'achieved a considerable degree of success'.<sup>735</sup> However, some issues had not yet been resolved including the matter of an Appeals Tribunal. The Appeals Tribunal was designed to allow pharmaceutical companies to present their own arguments against any proposal to exclude a drug or product

---

<sup>731</sup> 'Grocers Fear Ban on Sale of Headache Cures', *Birmingham Daily Post*, 11 June 1968, p. 1.

<sup>732</sup> *Ibid.*

<sup>733</sup> For a summary of the article, see 'Consumer Protection or Widest Sales', *Chemist and Druggist*, 13 July 1968, p. 35.

<sup>734</sup> PAGB Executive Committee Minutes, 21 November 1968, PAGB/1/2.

<sup>735</sup> PAGB Executive Committee Minutes, 18 July 1968, PAGB/1/2.

from the General Sales List before any public statement was made on the propriety of the drug or product in question.<sup>736</sup> As indicated by the PAGB's experience with podophyllum and, later, phenacetin, such an arrangement would ensure that, as far as possible, manufacturers would have the time to protect their products from incurring reputational damage.

At the Committee Stage in the House of Commons, the PAGB submitted a paper to the Ministry of Health, suggesting the need for an Appeals Tribunal. A meeting was arranged by the PAGB with MPs where it became clear that the Ministry of Health was not inclined to accept the proposal, though they did promise to consider a compromise whereby a process of appeal would be permitted in certain circumstances. Nothing was achieved on the matter in the House of Commons and the PAGB agreed that it should be made a matter of urgency when the Bill passed to the House of Lords. In the House of Lords, the PAGB experienced 'great difficulties' in attempting to arrange adequate contact with suitable peers.<sup>737</sup> The Association initially reached out to Lord Newton but, for reasons that were not recorded, the arrangement did 'not prove very helpful' and there were 'unhappy exchanges' between the two parties.<sup>738</sup> The PAGB also attempted to make use of Lord Shawcross who, on behalf of the Association, proposed an Appeals Tribunal at the Committee Stage. For whatever reason, however, he was unable to move the Appeals Tribunal amendment.<sup>739</sup> The PAGB realised that the Association needed the support of the ABPI if they were to be successful in securing the amendment and were able to convince the ABPI, hitherto unconcerned, as to the importance of the Appeals Tribunal.<sup>740</sup> Eventually, the PAGB were able to use the ABPI's superior representation in the House of Lords to secure an amendment which provided

---

<sup>736</sup> PAGB Executive Committee Minutes , 13 June 1968; 21 November 1968, PAGB/1/2.

<sup>737</sup> PAGB Executive Committee Minutes , 18 July 1968, PAGB/1/2.

<sup>738</sup> *Ibid.*

<sup>739</sup> *Ibid.*

<sup>740</sup> PAGB Executive Committee Minutes , 13 June 1968, PAGB/1/2.

for a ‘satisfactory’ appeals procedure.<sup>741</sup> By the Report Stage, the PAGB were generally satisfied with the Bill and felt no need to oppose any of the amendments which had been made in the House of Lords.<sup>742</sup> The Medicines Bill was passed substantially unchanged by the House of Lords and, after being considered once again by the House of Commons, it was enacted by MPs on 25 October 1968.

### **6.10 Securing Representation on the Medicines Commission**

Following the passage of the act, the PAGB, sought to secure representation on the newly established Medicines Commission; an advisory body to the Ministers of Health which would meet to consider the substantial number of matters preliminary to the implementation of the Medicines Act which would come into operation in 1971. These matters included the drawing up of the General Sales List which contained a list of products which could, ‘with reasonable safety’ be sold or supplied by someone other than a pharmacist. Initially, there was some discussion that the ABPI should be *the* industry representative but that PAGB was keen to press for two industry representatives, ‘one for “ethical” and one for “non-ethical”’ medicines.<sup>743</sup> The Ministry of Health agreed to the proposal and the PAGB appointed Lawrence M. Spalton, the Vice-Chairman of Sterling-Winthrop Group Ltd., as a representative.<sup>744</sup> The appointment was announced by Richard Crossman (Labour MP for Coventry East and Secretary of State for Health and Social Services) in November 1969.<sup>745</sup>

---

<sup>741</sup> PAGB Executive Committee Minutes , 18 July 1968; 19 September 1968, PAGB/1/2.

<sup>742</sup> PAGB Executive Committee Minutes , 18 July 1968, PAGB/1/2.

<sup>743</sup> PAGB Executive Committee Minutes , 15 May 1968, PAGB/1/2.

<sup>744</sup> Medicines Commission Draft Second Annual Report (1971), MH 149/1050, TNA.

<sup>745</sup> Written Answers, House of Commons (17 November 1969, vol. 791, c. 196).

From the sources available, it is uncertain as to why the PAGB supported the appointment of Spalton to the Medicines Commission. Sterling Winthrop Group Ltd. was the UK holding company of Bayer Products Ltd. which was a subsidiary of the American company Sterling Drug Inc.<sup>746</sup> In the 1920s, Sterling Drug Inc. acquired a number of British subsidiary businesses including Scott & Turner Ltd., manufacturers of 'Andrews Liver Salts' and Phillips Ltd., manufacturers of 'Milk of Magnesia'. In 1960, these businesses merged to form Phillips, Scott & Turner Ltd. and the company was listed as a member of the PAGB (see Appendix VIII) in the same year. According to the *Chemist and Druggist*, Spalton was responsible for the merger.<sup>747</sup> The author of the article in question also stated that he had a long career as a representative of the industry on matters related to health legislation and regulation. Spalton was not the only representation of the pharmaceutical trade on the Medicines Commission. Two other members included Dr. D. E. Wheeler, Deputy Chairman of the Wellcome Foundation Ltd. and J. M. T. Ross, the Chief Superintendent Pharmacist at Boots Pure Drugs Co. Ltd. With such representation, the pharmaceutical industry could exert a significant amount of influence over which products were included in the General Sales List and could secure the inclusion of aspirin- and phenacetin-based products. Such endeavours were aided by the appointment of Sir Derrick Dunlop as Chairman who, like the PAGB, maintained that simple domestic remedies, properly labelled, to relieve constipation, counteract aches and pains, ease sore throats, soothe insect bites and so on, should be immediately available to the public on a General Sales List.<sup>748</sup>

---

<sup>746</sup> Lesley Richmond, Julie Stevenson, and Alison Turton, *The Pharmaceutical Industry: A Guide to Historical Records* (Aldershot: Ashgate, 2003).

<sup>747</sup> 'Mr Lawrence M. Spalton, FPS', *Chemist and Druggist*, 6 October 1979, p. 511.

<sup>748</sup> Derrick Dunlop, 'The Work of the Medicines Commission', *Royal Society of Health Journal* 91.3 (1971), 141-143.

## 6.11 Conclusion

The chapter has set out to investigate the ways in which manufacturers of 'non-ethical' medicines sought to protect their interests in the 1960s; a decade which saw considerable legal upheaval in relation to the control of medicines. The chapter has demonstrated that, in the very early part of the decade, the PAGB sought to promote the effectiveness of the 'dual type control' system in the UK. The Association claimed that voluntary and statutory regulatory measures combined to create 'a very tightly woven net of control' which, though 'rather unique', was as good as 'any other country and probably considerably higher than most'. The chapter has demonstrated that many interest groups did not share this sentiment and claimed, instead, that the existing laws in relation to medicines and treatments were inadequate and needed to be subject to a comprehensive re-examination.

In keeping with previous scholarship, the chapter understands the thalidomide tragedy as accelerating transformations in drug regulation.<sup>749</sup> However, the report of the Interdepartmental Working Party on Legislation Relating to the Control of Medicine demonstrates that the UK's desire to become a member of the EEC also quickened the pace of change with regard to drug regulation in the UK. There has not been space within the chapter to investigate the PAGB's attitude to the UK's entry into the EEC. However, given the Association's partnership with European trade associations (the *Bunessfachverband der Heilmittelindustrie* and the *Association Européenne des Spécialités Grand Public*) in 1970 as the 'World Federation of Proprietary Medicine Manufacturers' or the *Fédération Mondiale des Fabricants de Spécialités Grand Public*, we can assume that the Association was open to working more closely with their European counterparts.

---

<sup>749</sup> Roberta Bivins, 'Limits and Liberties: CAM, regulation and the medical consumer in historical perspective', in *Routledge Handbook of Complementary and Alternative Medicine*, ed. by N.K. Gale & J.V. McHale (New York: Routledge, 2015), 13-29, p. 23.

As a consequence of the thalidomide tragedy, the British Government established a special Joint Sub-Committee on the Safety of Drugs which led to the establishment of the CSD in 1963. The Committee operated as an independent advisory body, tasked to review the safety of new drugs, monitor adverse reactions to existing drugs and inform medical practitioners of any relevant concerns or decisions. There were repeated manoeuvres on the part of the PAGB to carve out a role for itself in supporting the operations of the CSD and the chapter demonstrates that the Association was ultimately successful in securing such a role. The chapter describes the relationship between the CSD and the PAGB as mutually self-supporting; with the CSD providing the pharmaceutical industry with some much needed, albeit limited, rationalisation of drug regulation; and the PAGB providing the CSD with a means of operation. Though the CSD marked the beginning of changes to the system of drug regulation in the UK, through the phenacetin case study, the chapter has demonstrated that the period was also characterised by a degree of continuity, with the operations of members of the PAGB largely insulated from any serious disruption.

The CSD, only ever a temporary measure, was replaced by the provisions of the Medicines Act in 1968. The chapter has demonstrated that during the passage of the Bill through Parliament the PAGB worked with the ABPI and other trade associations to secure amendments in key policy areas. The chapter has highlighted the Association's desire to secure a place on the Medicines Commission as a representative of the 'non-ethical' drug industry which, once secured, provided the PAGB with certain influence over the drafting of the General Sales List and allowed the Association to protect the non-prescription supply of members' products. The PAGB also sought to protect members' advertising campaigns from 'unnecessary' scrutiny and was able to neuter the PSGB's campaign for more extensive powers relating to the control of advertising. This was achieved in co-operation with the Advertising Association which, in representations to the Ministry of Health, promoted the achievements and operation of the industry's system of self-regulation.

When the provisions of the Medicines Act became operational in 1971, it created an authorised market for particular categories of medicines and treatments which could be promoted directly to the public, sold without

prescription and supplied by non-pharmacist retailers. These ‘non-ethical’ medicines included treatments for coughs, colds, allergies, digestion and mild pain as well as dietary supplements. These arrangements enjoyed relative protection and stability in the following decades; with the act governing drug regulation in the UK until 1995 when British drug laws were superseded by those of the European Union. Like Quirke and Abraham, the chapter does not see the PAGB’s contribution to this situation as evidence of the pharmaceutical industry’s ‘capture’ of the system of drug regulation but, rather, as evidence of an accommodation by the British Government of the industry’s demands with a view to secure mutually beneficial policy outcomes.<sup>750</sup>

---

<sup>750</sup> Quirke, ‘Thalidomide, Drug Safety, and the British Pharmaceutical Industry; Abraham, ‘The Political Economy of Medicines Regulation in Britain’.

## Chapter 7 – Conclusion

### 7.1 Advertising Medicines in Twentieth-Century Britain

In the late 1910s and early 1920s, 'Yadil' was advertised widely by Clement & Johnson Ltd. in British newspapers and periodicals as a cure-all treatment for infectious diseases including tuberculosis, diphtheria and cholera. As we saw at the outset of the thesis, the product was typical of patent, proprietary or secret medicines in so far as it was based on a secret formula, promoted under a trade mark, advertised directly to consumers, distributed on a wide scale and supplied to consumers without a prescription. It was also typical of this genre of product, according to critics, because the preparation was possibly hazardous and certainly ineffective; because it was promoted by Clement & Johnson Ltd. with exaggerated claims; and because the cost of the preparation far exceeded its material and therapeutic value. Yadil is a vivid example of the types of extravagant claims that could be made by advertisers in the early-twentieth-century medical marketplace.<sup>751</sup> However, it also provides evidence of the ways in which medicine advertising was regulated during that period. Most notably, Clement & Johnson Ltd. did not promote Yadil as being able to 'cure' infectious diseases. Instead, they claimed that the preparation 'mastered', 'stopped' or 'controlled' them. The avoidance of the term 'cure' cannot be seen as an attempt on the part of the company to avoid hyperbole as a means to establish trust, credibility and authority. Rather, it constituted an attempt on the part of the company to comply with the terms of membership of the Association of Manufacturers of British Proprietaries (AMBP), an association of prominent manufacturers of non-prescription, proprietary medicines (and allied articles including cosmetics and foods) who, from 1919, worked to elevate the respectability of the industry and, in so doing, protect it from unprecedented government intervention.

---

<sup>751</sup> Robert Bud, *Penicillin: Tragedy and Triumph* (Oxford: Oxford University Press, 2008), pp. 16-17.

The thesis has demonstrated that from the 1920s to the 1960s there was considerable change in the systems of regulation that governed the promotion of medicines and treatments in Britain. In this context, it is instructive to revisit what might have happened had Yadil not been withdrawn from the market by Clement & Johnson Ltd. in the 1920s. It would have certainly fallen foul of the Pharmacy and Medicines Act which, from 1941, banned the promotion of cures for certain diseases including tuberculosis and prohibited the sale of secret remedies. If Yadil continued to be promoted nationally or even regionally thereafter, Clement & Johnson Ltd. would most likely have had to conform to certain shared standards of conduct agreed by large networks of associated advertisers (media organisations, advertising agencies and copy committees). These shared terms of conduct prohibited claims that products were able to cure (by any expression) ailments or symptoms of ill-health; banned products that offered advice about or relief from serious diseases, complaints and conditions; and forbade adverts which either explicitly or implicitly departed from the known composition, character or action of the medicine or treatment advertised. It is, though, entirely possible that even some of the more extravagant claims associated with Yadil might have been permitted in more 'local' advertising, counter displays at the point of sale or in packaging. However, from 1971, under the provisions of the Medicines Act, the Pharmaceutical Society of Great Britain was able to exert a degree of control over these types of promotion. Yadil – as it was promoted in the early 1920s – could not have been marketed in Britain by any legitimate means beyond the 1940s. Nevertheless, the *trade mark* 'Yadil' might well have survived well beyond the 1940s and could have been used to promote the same (or a slightly altered) preparation for the management of minor (rather than major) ailments. For instance, after the 1960s, Yadil might have been promoted and sold directly to consumers as a treatment for coughs, colds, allergies, digestion or mild pain, and bought by them on the basis of the brand's credibility which could have been carried forward despite regulatory changes and promotional revisions. The fact that Yadil could have, at least theoretically, existed as an over-the-counter pharmaceutical treatment in the second half of the twentieth century is largely due to the work of the AMBP which was renamed the Proprietary Association of Great Britain (PAGB) in 1926.

A number of scholars of the history of medicine and advertising have made reference to the contributions of the PAGB and, together, have suggested that the Association was established with a precise objective: to eliminate the use of fraudulent and dishonest claims in medicine advertising.<sup>752</sup> In a study which considered the period immediately prior to the founding of the PAGB, Laura Robson-Mainwaring argues that the establishment of the Association marked a watershed moment in the advertising of pharmaceutical products and that the Association ushered in a 'new era' of regulation.<sup>753</sup> Though there was, indeed, considerable change in the regulation of advertising subsequent to the formation of the PAGB, the main aim of the Association was not the regulation of inaccurate or misleading claims in medicine advertising but, rather, the protection of prominent manufacturers' commercial operations from (what they considered to be) harmful government interference. The Association's requirement that members conform to certain standards of advertising conduct was simply an instrument which served that higher aim. Thus, though the PAGB did facilitate change in the regulation of advertising relating to proprietary medicines, the Association was predominantly

---

<sup>752</sup> Peter Homan, Briony Hudson and Raymond Rowe, *Popular Medicines: An illustrated History* (London, 2008), 8-9; Terence R. Nevett, *Advertising in Britain: A History* (London: The History of Advertising Trust, 1982), pp. 163-165; Lesley Richmond, Julie Stevenson, and Alison Turton, *The Pharmaceutical Industry: A Guide to Historical Records* (Aldershot: Ashgate, 2003), pp. 413-414; Sydney W. F. Holloway, 'The Origins of the PAGB: The Association of Manufacturers of British Proprietaries 1919-1926', *The Pharmaceutical Journal Supplement*, 252 (February 1994), p. 2; Laura Robson-Mainwaring, 'Branding, Packaging and Trade Marks in the Medical Marketplace, c. 1870- c. 1920', (unpublished doctoral thesis, University of Leicester, 2019), pp. 360-361.

<sup>753</sup> Laura Robson-Mainwaring, 'Branding, Packaging and Trade Marks in the Medical Marketplace, c. 1870- c. 1920', (unpublished doctoral thesis, University of Leicester, 2019), p. 361.

concerned with the preservation of members' operational freedoms and market advantages.<sup>754</sup>

The PAGB's code of advertising standards was able to satisfy the Association's objective because it was able to generate a sufficient degree of trust, credibility and authority in the operation of the Association and associated members. First, it signalled that amongst reputable manufacturers there was a culture of responsibility toward the rights and interests of the public. Second, it provided the Association with a means to codify and to normalise certain practices that were congruent with the interests of prominent members. Third, it contributed to the formation of a system of self-regulation by which the PAGB was empowered to block, delay or re-shape external interventions (whether from government departments or other regulatory bodies). Finally, it provided the PAGB with a basis on which to generate and participate in a complex matrix of mutually-beneficial political, institutional, professional, industrial and commercial arrangements that, together, were capable of sustaining the marketplace for non-prescription, proprietary medicines.<sup>755</sup> These outcomes were not part of a distinct chronology but were rather in a constant state of generation and construction, subject to the changing constraints and possibilities brought about by a shifting socio-economic, technological and political landscape.

The PAGB's development of and adherence to minimum standards of conduct provided the Association with influence in shaping statutory instruments of control. Government ministers referred to and depended on voluntary systems of regulation to ensure good advertising behaviour and they were willing to endorse, supervise and extend authority to the functioning of voluntary systems of regulation that spoke to their policy aims. Because the PAGB was able to demonstrate a willingness and an ability to implement controls in ways that satisfied the Government's policy objectives, government

---

<sup>754</sup> Clea D. Bourne, 'Producing Trust, Knowledge and Expertise in Financial Markets: The Global Hedge Fund Industry "Represents" Itself', *Culture & Organisation*, 18.2 (2012), pp. 107-122.

<sup>755</sup> *Medicine and the Market in England and its Colonies, c. 1450-c. 1850*, ed. by Mark Jenner and Patrick Wallis, (Basingstoke: Palgrave Macmillan, 2007).

ministers were disposed to accommodate the interests of the PAGB when developing legislation relating to the promotion and supply of non-prescription medicines.<sup>756</sup> Thus, in the period under investigation, the systems of voluntary and statutory regulation of medicine advertising were profoundly intertwined. The situation was such that members' products were eventually authorised by the Government, through General Sales List in the Medicines Act (1968), to be promoted directly to the public, sold without prescription and supplied by pharmacist and non-pharmacist retailers.

Over the course of the twentieth century, there was a campaign by the Advertising Association to create a common code of advertising standards as related to medicines. This is evidenced, first, by the publication of the British Code of Standards on the Advertising of Medicines and Treatments, first issued in 1948 and revised throughout the 1950s; second, by the British Code of Advertising Practice in 1961. However, despite aspiring to a shared code of advertising standards, associated advertisers' development of and adherence to such a code was not straightforward and there were disputes between various associations as to what constituted appropriate advertising. Notable disagreements in the advertising industry included the use of comparative advertising and testimonials as well as the promotion of menopausal treatments, central nervous system depressants and analgesics. There were also deliberate attempts on the part of regulatory bodies to resist the monopolising forces of a single (or an external) code of standards. Thus, in the

---

<sup>756</sup> In this way, the thesis speaks to the scholarship of Viviane Quirke and John Abraham who argue that in the twentieth century there was an accommodation by the British Government of the pharmaceutical industry's demands as a means to secure mutually beneficially policy outcomes. Viviane Quirke, 'Thalidomide, Drug Safety, and the British Pharmaceutical Industry: The Case of Imperial Chemical Industries', in *Ways of Regulating Drugs in the 19<sup>th</sup> and 20<sup>th</sup> Centuries*, ed. by Jean-Paul Gaudillière and Volker Hess (Basingstoke: Palgrave Macmillan, 2013), pp. 151-180; John Abraham, 'The Political Economy of Medicines Regulation in Britain', in *The Regulation of Science and Technology*, ed. by Helen Lawton Smith (Basingstoke: Palgrave, 2002), 221-264, pp. 221-263.

period under investigation, the voluntary system of advertising regulation in Britain was distinctly de-centralised. This observation is in marked distinction to the PAGB's notion in the early 1960s that Britain had a comprehensive, rationalised 'dual type control' system for the advertising of medicines and treatments.

The processes by which associations enforced codes of advertising standards were also more ambiguous than the PAGB admitted. For members of the PAGB, there was a mutual undertaking to carry out or to refrain from particular acts that were conducive or non-conducive to the common aims of the Association. Membership to the Association could be suspended by the Executive Committee in cases of non-compliance but, except for Clement & Johnson Ltd., there is little evidence of such situations arising. There was, instead, a willingness by the Executive Committee to follow the letter rather than uphold the spirit of the code of advertising standards in accommodating members' interests. The Advertising Association and the Committee on Safety of Drugs (an independent advisory committee), by contrast, could only make recommendations and had no power to enforce adherence to those recommendations. They did, however, brandish the threat of public disparagement should members' not comply with their recommendations. Under the threat of public disparagement, both the claimant and the respondent had to evaluate the potential reputational gains and losses of bringing their dispute into the public arena. In most cases, interested parties found it preferable to engage in a process of negotiation behind closed doors and to subject codes of standards to scrutiny, interpretation and, in some cases, manipulation in order to reach an agreement. Codes of advertising practice, thus, did not necessarily correlate with the attitudes and behaviours of the persons, companies or associations that subscribed to those codes.<sup>757</sup> This was

---

<sup>757</sup> The argument is in keeping with the observations of a number of scholars in the history of medicine. See, in particular, Claire L. Jones, 'A Barrier to Medical Treatment? British Medical Practitioners, Medical Appliances and the Patent Controversy, 1870-1920', *British Journal for the History of Science*, 49.4 (2016), 601-625; Peter Bartrip, "Secret Remedies, Medical Ethics, and the Finances of the British Medical Journal," in Robert Baker, ed., *The Codification of Medical*

recognised by government departments, professional societies and consumer advocacy groups as being one of the objectionable features of the advertising industry's system of self-regulation. Nevertheless, the thesis has demonstrated that, collectively mobilised, voluntary codes of advertising standards could be tremendous instruments with which to press claims against advertisers of proprietary medicines, to challenge claims of trust, credibility and authority, and to secure the amendment of certain types of advertising content. The power of voluntary codes of advertising standards as an instrument of accountability was evidenced by the PAGB's refusal to support the British Code of Advertising Practice in 1961.

By investigating the broader regulatory conditions in which medicine and healthcare advertisements were produced, circulated and consumed, the thesis provides an opportunity for historians to rethink how they approach advertisements (or any modes of promotion) in their research. Historians should be aware of the different ways of regulating adverts: not only the statutory instruments of control that prohibited certain types of claims but, crucially, the cultures of compliance amongst British advertisers with various, overlapping and evolving codes of practice. Such a proposal follows in the wake of scholarship on the medical marketplace which has drawn attention to actors' (professional, industrial and commercial) constant balancing of commercial interests against ethical considerations.<sup>758</sup> However, scholars of twentieth-century history should be cognisant that systems of voluntary regulation became increasingly formalised over the course of the twentieth

---

*Morality* (Boston, 1995), pp. 191-204; Lori Loeb, 'Doctors and Patent Medicines in Modern Britain: Professionalism and Consumerism', *Albion*, 33.3 (2001), 404-25.

<sup>758</sup> *Medicine and the Market in England and its Colonies*, ed. by Jenner and Wallis, p. 17; Alan Mackintosh, *The Patent Medicines Industry in Georgian England: Constructing the Market by the Potency of Print* (Palgrave Macmillan, 2018); Claire L. Jones, *The Medical Trade Catalogue in Britain, 1870-1914* (Pittsburgh: University of Pittsburgh Press, 2016); Roy Church and E. M. Tansey, *Burroughs Welcome & Co.: Knowledge, Trust, Profit and the Transformation of the British Pharmaceutical Industry, 1880-1940* (Lancaster: Crucible Books, 2007).

century. An investigation of the regulatory conditions in which advertising was produced, circulated and consumed should be made in addition to scholars' investigation of corporate promotional strategies, readership and circulation figures, sales rates and audience responses. These, together, provide valuable insights into the dynamics and conditions of marketplaces.

Such scholarship might take into consideration certain additional questions that have been generated by these findings. First, there remains a question as to the nature and significance of local and regional differences in advertising regulation. The thesis has focused, in the main, on advertisements produced by members of the PAGB which were typically placed through advertising agencies and then circulated or broadcast nationally. However, the chapters have indicated that there were regional disparities in advertising regulation and that small scale and local types of advertising were not subject to the same forms of regulation or level of public scrutiny as large-scale and national advertising. A future study should investigate these geographical asymmetries in advertising regulation more explicitly. Second, during the decades under investigation, the thesis has uncovered very little interaction between the PAGB and consumer advocacy groups. This is largely because such groups only came to prominence within British commercial life from the late 1950s and 1960s. A future study focused on post-1950s Britain would be able to investigate more fully the ways in which consumer advocacy groups have contributed to non-statutory forms of regulating medicine and healthcare advertising. Third, the thesis has established that the PAGB had strong trans-imperial, trans-Atlantic and trans-European connections and that these connections had a significant bearing on the Association's operations and decision-making. A complete exploration of the nature and significance of these relations is clearly beyond the scope of this thesis. However, there remains considerable potential to situate and understand the PAGB's activity beyond the geographical confines of England and Britain.

## **7.2 Advertising in Twentieth-First Century Britain**

The above research has considerable parallels with current discussions relating to online content regulation. In recent years, in Britain and elsewhere, concerns have been raised by parliamentary committees, charities and advocacy groups in relation to various ‘online harms’ including the intimidation of public figures, the promotion of violence and self-harm, age-inappropriate content and the spread of misinformation. In 2019, the Department for Digital Culture Media and Sport published the ‘Online Harms White Paper’ laying out the Government’s proposals to deal with online content that harms users and that threatens the ‘way of life in the UK’.<sup>759</sup>

The relevance of such work to medicine and healthcare has been brought into sharp relief by the COVID-19 pandemic. Since early 2020, there has been a tide of ‘disinformation’ (deliberatively deceptive) and ‘misinformation’ (false information) propagated by members of the public and public figures who have trivialised the risks of COVID-19, questioned the effectiveness of control measures, promoted unproven treatments and politicised vaccination programmes. Ofcom, the UK’s communication’s regulator, has reported that social media has been the biggest source of false and misleading information during the pandemic.<sup>760</sup> Social media platforms have responded to these complaints and some have sought to tackle the spread of disinformation and misinformation through technical changes to their products. Facebook, for example, continues to develop specific tools to identify and block false stories, clickbait and spam and employs a number of fact-checkers to review content. In promoting these schemes, the company has

---

<sup>759</sup> Online Harms White Paper, Department of Digital Culture Media and Sport and Home Department (April 2019),  
<[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/793360/Online\\_Harms\\_White\\_Paper.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/793360/Online_Harms_White_Paper.pdf)> [accessed 11 April 2021], p. 6.

<sup>760</sup> COVID-19 News and Information: Summary of Views about Misinformation, Ofcom (9 June 2020),  
[https://www.ofcom.org.uk/\\_data/assets/pdf\\_file/0030/196536/covid-19-news-consumption-week-ten-misinformation-summary.pdf](https://www.ofcom.org.uk/_data/assets/pdf_file/0030/196536/covid-19-news-consumption-week-ten-misinformation-summary.pdf) [accessed 11 April 2021].

parroted the demands of health organisations for trusted, accurate and verified information in the management of the virus.<sup>761</sup>

In context of the pandemic, repeated national lockdowns and the roll-out of the vaccination programme, the UK Government has been empowered to approach the matter of online content regulation with more urgency. In December 2020, the Government pledged that it would introduce an Online Safety Bill in 2021.<sup>762</sup> Through the Bill, the Government intends to enact an ambitious plan to create a new system of accountability and oversight for tech companies. In 2019, the Secretary of State for Digital Culture Media and Sport, Jeremy Wright (Conservative MP for Kenilworth and Southam), claimed that the Bill would bring an end to the ‘era of self-regulation’ for online companies.<sup>763</sup> The thesis has indicated that we should be sceptical of such claims. Just as the UK Government was committed to protecting the pharmaceutical industry in the mid-twentieth century, the current UK government is committed to using digital technologies and services to power

---

<sup>761</sup> Verified, United Nations <<https://shareverified.com/en/about/>> [accessed 11 April 2021]; Keeping People Safe and Informed About the Coronavirus, Kang-Xing Jin, Head of Health, Facebook (18 December 2020) <<https://about.fb.com/news/2020/12/coronavirus/>> [accessed 11 April 2021].

<sup>762</sup> Online Harms White Paper: Full Government Response to the Consultation (15 December 2020) <<https://www.gov.uk/government/consultations/online-harms-white-paper/outcome/online-harms-white-paper-full-government-response>> [accessed 11 April 2021].

<sup>763</sup> Commenting on DCMS’ publication of Online Harms White Paper in April 2019, digital secretary Jeremy Wright said: ‘The era of self-regulation for online companies is over. Voluntary actions from industry to tackle online harms have not been applied consistently or gone far enough. Tech can be an incredible force for good and we want the sector to be part of the solution in protecting their users. However those that fail to do this will face tough action.’ ‘UK sets out safety-focused plan to regulate internet firms’, Natasha Lomas, Tech Crunch <<https://techcrunch.com/2019/04/08/uk-sets-out-safety-focused-plan-to-regulate-internet-firms/>> [accessed 11 April 2021].

economic growth and to foster a competitive, innovative and wealthy digital economy. Likewise, just as the UK Government accommodated the interests of commercial groups in the formulation of policy related to medicines in the mid-twentieth century, the current government will work with large tech companies to ensure that a statutory system of regulation related to online content supports rather than hinders their current and future commercial operations. The success of the Online Safety Bill, if enacted, will depend on the willingness of tech companies to meet and exceed the provisions of the Bill: they need to uphold the spirit rather than just the letter of codes of practice.

Though much of the public debate related to online harms has been directed towards the responsibility of social media companies to adopt a culture of responsibility towards users, there is a growing awareness amongst businesses that they, too, need protection. In context of COVID-19, pharmaceutical companies like Pfizer and AstraZeneca have been the object of large-scale misinformation campaigns. Telecoms companies have had their operations disrupted by conspiracy theorists who have linked the coronavirus epidemic to the roll out of 5G infrastructure. There are steps that individual companies have taken to protect themselves against harmful content online including 'social listening' which is the process of monitoring social media channels for audience feedback, direct mentions of brands, or more general conversations and discussions around certain topics, competitors or industries. In the future, however, companies might take a more collaborative approach to the development of a comprehensive and co-ordinated approach to tackling online harms at scale including, perhaps, the establishment of a shared, open protocol to increase transparency around how content is moderated.<sup>764</sup> Whether or not that happens, we should be conscious of which commercial players are involved in the development of regulation against online harms, the types of regulation that they promote and how, precisely, those ways of regulating serve to promote or protect their commercial assets.

---

<sup>764</sup> Lyric Jain, 'Disinformation is emerging as a threat to business', *Fast Company* (5 May 2021) <<https://www.fastcompany.com/90633225/disinformation-threat-business>> [accessed 13 May 2021].

## Bibliography

### Manuscript Sources

#### **History of Advertising Trust (HAT) (Raveningham Centre, Raveningham, Norwich)**

##### Advertising Standards Association Archive

Annual Reports. ASA 1/1/1 – 6.

Minutes. ASA 1/1/1 – 10.

HAT 33. Advertising Controls Medical/Pharmaceutical Industries.

#### **Proprietary Association of Great Britain (PAGB) (New Penderel House, Holborn, London)**

Box 1. PAGB/1/2/1. Foundation Records (1919 – 1925).

Box 2. PAGB/1/2/1. Executive committee minutes (1925 – 1953).

Box 3. PAGB/1/2/1. Executive committee minutes (1954 – 1963).

Box 4. PAGB/1/2/1. Executive committee minutes (1964 – 1971).

Box 22. PAGB/5/2. Publications.

#### **The National Archives (Kew, Richmond, London)**

##### Board of Trade

BT 209/321. Trade Marks (Amendment) Bill: Proprietary Association of Great Britain (1937).

BT 13/139. Trade Marks Committee (1933).

##### Customs and Excise

CUST 49/1242. Medicine stamp duty (1911-1931).

CUST 49/1910. Medicine stamp duty (1909-1936).

##### Home Office

HO 388/10. Poisons Board: Minutes and Papers (1953-1958).

##### Ministry of Health

MH 133/274. Sub-committee on Safety of Drugs (1962-1963).

- MH 149/1039. Preparation of the Medicines Commission and Committees Regulations (1969-1971)
- MH 149/1049. Medicines Commission: Working Papers (1970).
- MH 149/1842-3. Complaints from chemists about radio and television advertisements for pharmaceutical products (1964-1969).
- MH 149/1050. Medicines Commission: Draft Report (1970-1971)
- MH 149/1187. Committee on Safety of Drugs: Procedure (1963-1965)
- MH 149/1693-4, Interdepartmental Working Party on Legislation Concerning Medicines: Memoranda from Interested Bodies (1960-1961).
- MH 149/1914. Notice to prescribers inviting their co-operation in the [Committee on Safety of Drug's] work (1963-1964).
- MH 149/1916. Marketing of medicinal products not submitted to the Committee (1963-1965).
- MH 149/1921. Adverse Reactions Sub-Committee: Action on Marketed Medicinal Products (1964-1966).
- MH 149/2479. Interdepartmental Working Party on Legislation Concerning Medicines, memorandum of conclusions and draft report (1962).
- MH 149/2478. Interdepartmental Working Party on Legislation Concerning Medicines, minutes of meetings (1959-1962).
- MH 164/43. Medicines (General Sale List) Order 1977 (1972-1977).
- MH 171/1-2. Sub-Committee on Adverse Reactions (1963-1964).
- MH 171/23. Adverse reactions following the use of sedatives in young children (1967-1969).

**St. Helens Local History and Archives Library (Gamble Building, St. Helens)**

- BP/1/3/22. Details and documents on a legal case, Irving's Yeast Vite Ltd. v. Horsenail (1933).
- BP/1/3/29/1-9. Files of circulars from Beechams Pills Ltd., Irving's Yeast Vite Ltd. and Veno Drug Co. Ltd.
- BP/1/3/29/10. File of papers on the substitution problems of Beechams Pills Ltd., Irving's Yeast Vite Ltd. and Veno Drug Co. Ltd.
- BP/1/3/30. Substitution cases (1902-1939).

BP/1/3/32. Medicine stamp duty (1930-1940).

**Health Sciences and Human Services Library (Baltimore, Maryland)**

Proprietary Association of America, *Standard Remedies*, vol. 4 – 23 (1918 – 1937).

**Consumer Healthcare Products Association (CHPA) (1625 Eye Street, Washington DC, 20006)**

Bulletins 3467 to 3719 (13 May 1927 – 7 May 1928).

Bulletins 4948 to 5484 (21 May 1932 – 22 May 1933).

Bulletins 6260 to 6608 (11 June 1935 – 12 May 1936).

**Ephemera**

Consumers' Project., The Home Medicine Cabinet (1936).

Cullen, Frederick J., Behind the Contents of the Home Medicine Chest.

Cullen, Frederick J., Did You Say Patent Medicine?

Cullen, Frederick J., Information on Labelling and Advertising (1958).

Cullen, Frederick J., Information on Labelling and Advertising (1961).

Cullen, Frederick J., Safeguarding the Family Medicine Chest.

Cullen, Frederick J., Your Home Medicine Chest (1962).

Gardener, Edward H., Advisory Committee on Advertising of the Proprietary Association.

PAA, Advertising and Labeling Review Service.

PAA, Code of Advertising Practice of the Proprietary Association (1971).

PAA, Voluntary Programs, Codes, Guidelines.

Safeguarding Your Medicine Cabinet (1936).

School and Society, Better Teaching: Through the Use of Current Materials (1947).

Executives' Newsletters 126 to 171 (2 June 1940 – 19 May 1950.)

Executives' Newsletters 172 to 214 (2 June 1950 – 11 May 1951).

Legislative News Bulletins 130 to 171 (2 June 1940 – 19 May 1950).

Legislative News Bulletins 172 – 212 (2 June 1950 – 11 May 1951).

**Science Museum (National Collections Centre, Wroughton)**

1999-1233. Collection of photos and slides in B: G27; CU; 04.

1990-234. Collection of annual and special reports, in B; C27; CU; 04 and 05.

1999-235. Collection of Posters and Leaflets, in B; G27; PP; 02.

1999-238. Collection of 85 artworks, in B; G27; PP, 02.

**National Library of Medicine, National Institutes of Health (Bethesda, Maryland)**

PAGB, British Code of Standards in Relation to the Advertising of Medicines and Treatments, 2<sup>nd</sup> Edition ( London: McCorquodale, April 1950).

PAGB, British Code of Standards in Relation to the Advertising of Medicines and Treatments, 4<sup>th</sup> Edition ( London: McCorquodale, January 1958).

**Published Primary Sources**

Allen, Abbott W. and D. D. Krongold, 'Dormison: A New Hypnotic', *Quarterly Bulletin Sea View Hospital* (12 April 1951).

Bergin, Mary Cecelia, *Markets for Prepared Medicines*, Department of Commerce, Bureau of Foreign and Domestic Commerce, Trade Promotion Series, 48 (1927).

Bigland, J., *The Law of Trade Marks: Including the Merchandise Marks Act, 1862, and the Trade Marks Registration Act, 1875* (London, 1876).

Brooke, Eileen M. and M. M. Glatt, *More and More Barbiturates, Medicine, Science and the Law*, 4.4 (1964), 277-282

Brush, Milton T. 'C. Sedatives and Hypnotics', in *The Nervous System: Central Nervous System Drugs Vol. II*, ed. by Walter S. Root and Federick G. Hoffman (New York and London: Academic Press, 1963), 185-213.

Burrell, Robert, 'Trade Marks Act 1938 – Suggested Amendments Part I – Articles and Reports', *Trademark Report* 44 (1954), 11-23.

Burry, A. F., 'A profile of renal disease in Queensland: Results of an autopsy survey', *Medical Journal of Australia*, 1 (1966), 826-834.

Burry, A. F., P. De Jersey and D. Weedon, 'Phenacetin and renal papillary necrosis: Results of a prospective autopsy investigation', *Medical Journal of Australia* 1 (1966), 873-879.

- Clark, A. M. G. and Maurice J. Parsonage, 'A case of podophyllum poisoning with involvement in the nervous system', *BMJ*, 16 (1957), 1155.
- Clement & Johnson Ltd., *The Yادil Book: The Careful Study of this Book and the Use of Yادil Everywhere for Every Disorder will Save Hundreds of Thousands of Lives Every Year* (London: Clement & Johnson, 1922).
- Burn, Duncan, *The Structure of British Industry: A Symposium, Vol. II*, (Cambridge: Cambridge University Press, 1964).
- Dunlop, Derrick. 'The Work of the Medicines Commission', *Journal of the Royal Society of Health*, 91.3 (1971), 141-143.
- Forthcoming Legislation on the Safety Quality and Description of Drugs and Medicines, Cmmd. 3395 (London: HMSO, 1967).
- Garth, Alan. 'A History of the Publicity Club of London' (London: C Nicholls & Co, 1978).
- Glatt, M. M., *A Guide to Addiction and Its Treatment* (Dordrecht: Springer, 1974).
- , 'The abuse of barbiturates in the United Kingdom', *Bulletin on Narcotics*, 14.2 (1962).
- Hess, Herbert W., 'History and Present Status of the "Truth-in-Advertising" Movement As Carried on by the Vigilance Committee of the Associated Advertising Clubs of the World', *The Annals of the American Academy of Political and Social Science*, 101 (1922), 211-220.
- Hirsh, Harold L. and William H. Orsinger, 'Methylparafynol - a new type of hypnotic, preliminary report on its therapeutic efficacy and toxicity', *American practitioner and digest of treatment*, 3.1 (1952), 23-26.
- Hoggart, R., 'The Uses of Television', *Encounter*, 14.1 (1960), 38-45.
- Jacobs, L. A. and J. G. Morris, 'Renal Papillary necrosis and the abuse of phenacetin', *Medical Journal of Australia*, 49.2 (1962), 531-538.
- Jones, G.S., *Exposures of quackery: being a series of articles upon, and analysis of various patent medicines* (London, 1897).
- Kerly, D.M., *The Trade Marks Acts 1905 and 1919* (London, 1920).
- Lindeneg, Ole *et al*, 'Necrosis of the renal papillae and prolonged abuse of phenacetin', *Acta medica scandinavica* 165.5 (1959), 321-328.
- Lindvall, N. 'Renal Papillary Necrosis. A Roentgenological Study of 105 Cases', *Acta radiologica*, 192 (1960).

- Linstead, H. N. 'The Work of the Poisons Board', *Medico-Legal and Criminological Review*, 4.2 (1936), 106-128.
- MacDonald, A. D., 'Some Mood-Modifying Drugs and Their Possible Abuse', *British Journal of Addiction to Alcohol & Other Drugs*, 53 (1957), 75-82.
- Malone, Harold J. George Romuald Klimkiewicz, and Hyman Joel Gribetz, 'A study of the hypnotic effect of Dormison in children', *The Journal of Pediatrics*, 41.2 (1952), 153-158.
- 'Medicine Stamp Duties', *Medico-Legal and Criminological Review* 5.4 (1937), 380-384.
- Ministry of Health, *Drug Addiction: Report of the Interdepartmental Committee* (London: HMSO, 1961).
- More Secret Remedies: what they cost and what they contain* (London: BMA, 1912).
- Muller, J. C., William W. Pryor, M.D., James E. Gibbons, M.D., and Edward S. Orgain, M.D., 'Depression and Anxiety Occurring during Rauwolfia Therapy', *JAMA*, 159.9 (1955), 836-839.
- Muller, J. M. E. Schlittler and H. J. Bein, '*Resperin, der sedative Wirkstoff aus Rauwolfia serpentina Benth*', *Experientia* 8 (1952), 338.
- Noel-Baker, Francis, 'We Need More Light on Advertising', *Labour Woman* (July 1959), p. 99.
- Payn, H., *The Merchandise Marks Act 1887: With Special Reference to the Importation Sections* (London, 1888).
- 'The Proprietary Association of America', *Druggists' Circular*, 51.1 (January 1907), pp. 112-4.
- Report of the Committee on Broadcasting* 1753 (London: HMSO, 1970).
- Report of the Select Committee on Patent Medicines* (London, HMSO, 1914).
- 'Restraint of Trade - In General - British Court Holds Concerted Refusal to Deal Void under Restrictive Trade Practices Act. - *In Re Chemists' Fed'n Agreement* (No. 2) (Restrictive Practices Ct. 1958)', *Harvard Law Review*, 72.8 (1959), 1581-1584.
- Rhineland, Laurens H., 'The British Restrictive Trade Practices Act', *Virginia Law Review* 46.1 (1960), 1-60.
- Ross, Paul, 'A.P.C. as a cause of renal disease', *Medical Journal of Australia* (6 October 1962), p. 539.

- Secret Remedies: What They Cost and What They Contain* (London: BMA, 1909).
- Vakil, Rustom Jal, 'A clinical trial of rauwolfia serpentina in essential hypertension', *British Heart Journal*, 11.4 (1949), 350-355.
- Vakil, Rustom Jal, 'Rauwolfia Serpentina in the Treatment of High Blood Pressure: A Review of the Literature', *Circulation* 12.2 (1955), 220-229.
- Wolff, P. O., 'The Activities of the World Health Organisation in Drug Addiction', *British Journal of Addiction to Alcohol & Other Drugs*, 50 (1953), 12-28.

### **Published Secondary Sources**

- Abraham, J., *Science, Politics and the Pharmaceutical Industry: Controversy and Bias in Drug Regulation* (London: University College Press, 1995).
- , 'Scientific Standards and Institutional Interests: Carcinogenic Risk Assessment of Benoxaprofen in the UK and US', *Social Studies of Science*, 23 (1993), 420-23.
- , 'The Political Economy of Medicines Regulation in Britain, The Regulation of Science and Technology', in *The Regulation of Science and Technology*, ed. by Helen Lawton Smith (London: Palgrave Macmillan, 2002), 221-263.
- Abraham, J. and Graham Lewis, *Regulating Medicines in Europe: Competition, Expertise and Public Health* (London and New York: Routledge, 2000).
- Abraham, J. and T. Reed, 'Progress, Innovation and Regulatory Science in Drug Development: the Politics of International Standard-Settings', *Social Studies of Science*, 32 (2002), 337-69.
- Alberti, S., 'Objects and the Museum', 96 (2005), 559-71.
- Alborn, Timothy L., *Conceiving Companies: Joint-Stock Politics in Victorian England* (London: Routledge, 1998).
- Alexander, Andrew, 'Past, Present and Future Directions in the Study of the History of Retailing', ed. by John Benson, *Journal of Historical Research in Marketing*, 2.3 (2010), 356-62.

- Anderson, S., 'Community Pharmacy and Public Health in Great Britain, 1936 to 2006: How a Phoenix Rose from the Ashes', *Journal of Epidemiology & Community Health*, 61.10 (2007), 844–48.
- , 'Evidence, Experts and Committees: The Shaping of Hospital Pharmacy Policy in Great Britain 1948 to 1974', *Clio Medica (Amsterdam, Netherlands)*, 75 (2005), 185–216.
- , *Making Medicines: A Brief History of Pharmacy and Pharmaceuticals*, ed. by Stuart Anderson (London and Chicago: Pharmaceutical Press, 2005).
- , 'Pharmacy and Empire: The "British Pharmacopoeia" as an Instrument of Imperialism 1864 to 1932', *Pharmacy in History*, 52.3/4, (2010), 112–21.
- Apple, Rima D., *Vitamina: Vitamins in American Culture* (New Brunswick; New Jersey: Rutgers University Press, 1996).
- Arapostathis, Stathis and Graeme Gooday, *Patently Contestable: Electrical Technologies and Inventor Identities on Trial in Britain* (Cambridge, Mass. And London: MIT Press, 2013).
- Arvidsson, Adam, 'Brands: A Critical Perspective', *Journal of Consumer Culture*, 5.2 (2005), 235–58.
- Ashworth, William, *An Economic History of England 1870-1939* (London: Methuen & Co. Ltd., 1960).
- Avis, Mark, and Robert Aitken, 'Intertwined: Brand Personification, Brand Personality and Brand Relationships in Historical Perspective', *Journal of Historical Research in Marketing*, 7.2 (2015), 208–31.
- Balleisen, Edward J., 'American Better Business Bureaus, the Truth-in-Advertising Movement, and the Complexities of Legitimizing Business Self-Regulation over the Long Term', *Politics and Governance*, 5.1 (2017), 42.
- , 'Private Cops on the Fraud Beat: The Limits of American Business Self-Regulation, 1895-1932', *Business History Review*, 83.1 (2009), 113–60.
- Barker, Hannah, 'Medical Advertising and Trust in Late Georgian England', *Urban History*, 36 (2009), 379-398.

- Barnes, Felicity, 'Bringing Another Empire Alive? The Empire Marketing Board and the Construction of Dominion Identity, 1926-33', *The Journal of Imperial and Commonwealth History*, 42.1 (2014), 61-85.
- Bartrip, Peter, 'Secret remedies, medical ethics, and the finances of the British Medical Journal', in *The Codification of Medical Morality*, ed. by Robert Baker (Dordrecht: Springer, 1995), 191-204.
- Bastos, Wilson, and Sidney J. Levy, 'A History of the Concept of Branding: Practice and Theory', *Journal of Historical Research in Marketing*, 4.3 (2012), 347-68.
- Beard, Fred, 'Archiving the Archives: The World's Collections of Historical Advertisements and Marketing Ephemera', *Journal of Historical Research in Marketing*, 10.1 (2018), 86-106.
- Bellido, Jose, and Alain Pottage, 'Lexical Properties: Trademarks, Dictionaries, and the Sense of the Generic', *History of Science*, 57.1 (2019), 119-39.
- Bennett, Trevor, 'The British Experience with Heroin Regulation', *Law and Contemporary Problems*, 51.1 (1988), 299-314.
- Benteleand, Günter, and René Seidenglanz, 'Trust and Credibility—Prerequisites for Communication Management', in *Public Relations Research: European and International Perspectives and Innovations*, ed. by Ansgar Zerfass, Betteke van Ruler and Krishnamurthy Sriramesh (VS Verlag für Sozialwissenschaften, 2008), 48-61.
- Berridge, Virginia, 'Drugs and Social Policy: The Establishment of Drug Control in Britain 1900-30', 14.
- , 'History Matters? History's Role in Health Policy Making', *Media History*, 52.3 (2008), 311-26.
- , *Making Health Policy; Networks in Research and Policy after 1945* (Amsterdam: Rodopi, 2005).
- , *Marketing Health: Smoking and the Discourse of Public Health in Britain, 1945-2000* (Oxford: Oxford University Press, 2007).
- , 'Medicine and the Public: The 1962 Report of the Royal College of Physicians and the New Public Health', in *Cancer in the Twentieth Century*, ed. by D. Cantor (Baltimore: The John Hopkins University Press, 2008), pp. 286-311.

- , 'Medicine, Public Health and the Media in Britain from the Nineteen-Fifties to the Nineteen-Seventies', *Historical Research*, 82.216 (2009), 360–73.
- , 'Shifting Boundaries of Public Health: Europe in the Twentieth Century (Review)', *Bulletin of the History of Medicine*, 83.3 (2009), 632–33.
- , 'Thinking in Time: Does Health Policy Need History as Evidence?', *Lancet*, 375.9717 (2010), 798–99.
- , 'Why Policy Needs History (and Historians)', *Health Economics, Policy, and Law*, 2018, 1–13.
- Berridge, Virginia, Martin Gorsky, and Alex Mold, *Health in History* (Maidenhead: Open University Press, 2011).
- Berridge, Virginia, and K. Loughlin, *Medicine, the Market and the Mass Media; Producing Health in the Twentieth Century* (London: Routledge, 2005).
- Berridge, Virginia, and Kelly Loughlin, 'Smoking and the New Health Education in Britain 1950s–1970s', *Public Health Then and Now: American Journal of Public Health*, 95 (2005), 956–64.
- Bevir, Mark, and Frank Trentmann, eds., *Critiques of Capital in Modern Britain and America: Transatlantic Exchanges 1800 to the Present Day* (Houndmills, Basingstoke, Hampshire ; New York: Palgrave Macmillan, 2002).
- Biagioli, Mario, *Galileo's Instruments of Credit: Telescopes, Images, Secrecy* (Chicago, University of Chicago Press, 2007).
- Biagioli, Mario, Peter Jaszi and Martha Woodmansee, *Making and Unmaking Intellectual Property: Creative Production in Legal and Cultural Perspective* (Chicago: The University of Chicago Press, 2011).
- Biedermann, Zoltán, *(Dis)connected Empires: Imperial Portugal, Sri Lankan Diplomacy, and the Making of a Habsburg Conquest in Asia* (Oxford: Oxford University Press, 2018).
- Bingham, Adrian, *Family Newspapers? Sex, Private Life, and the British Popular Press 1918-1978* (Oxford: Oxford University Press, 2009).
- , 'Ignoring the First Draft of History', *Media History*, 18 (2012), 311–26.
- Bivins, Roberta, *Alternative Medicine? A History* (Oxford: Oxford University Press, 2010).

- , *Contagious Communities: Medicine, Migration, and the NHS in Post War Britain* (Oxford: Oxford University Press, 2015).
- , 'Limits and Liberties: CAM, regulation and the medical consumer in historical perspective', in *Routledge Handbook of Complementary and Alternative Medicine*, ed. by N.K. Gale & J.V. McHale (New York: Routledge, 2015), 13-29.
- Bivins, Roberta, Hilary Marland, and Nancy Tomes, 'Histories of medicine in the household : recovering practice and "reception"', *Social History of Medicine*, 29.4 (2016), 669-675.
- Bivins, Roberta, and Hilary Marland, 'Weighting for Health: Management, Measurement and Self-Surveillance in the Modern Household', *Social History of Medicine*, 29.4 (2016), 757-80.
- Black, Lawrence, 'Whose Finger on the Button? British Television and the Politics of Cultural Control', *Historical Journal of Film, Radio and Television*, 25.4 (2005), 547-75.
- Bourne, Clea D., 'Producing Trust, Knowledge and Expertise in Financial Markets: The Global Hedge Fund Industry "Represents" Itself', *Culture & Organisation*, 18.2 (2012), pp. 107-122.
- Bowker, Geoff, 'What's in a patent?', in *Shaping Technology/Building Society: Studies in Sociotechnical Change*, ed. by Wiebe E. Bijker and John Law (Cambridge, MA: MIT Press, 1992).
- Bradford, James Tharin, *Poppies, Politics, and Power: Afghanistan and the Global History of Drugs and Diplomacy* (Ithaca, NY: Cornell University Press, 2019).
- Bramwell, Erin Elizabeth, '"She Used to Doctor Us up Herself": Patent Medicines, Mothers, and Expertise in Early Twentieth-Century Britain', *Twentieth Century British History*, 31.4 (2020), 555-578.
- Brown, Stephen, 'There's a Scholar Born Every Minute: This Way to the Eejit', *Journal of Historical Research in Marketing*, 4.2 (2012), 324-30.
- Buchwitz, Lilly Anne, 'A Model of Periodization of Radio and Internet Advertising History', *Journal of Historical Research in Marketing*, 10.2 (2018), 130-50.
- Bud, Robert, *Penicillin: Tragedy and Triumph* (Oxford: Oxford University Press, 2008).

- Bufton, Mark, and Virginia Berridge, 'British Expert Advice on Diet and Heart Disease c.1945–2000', in *Making Health Policy: Networks in Research and Policy After 1945* (Amsterdam: Rodopi Press, 2005), pp. 125–48.
- Burney, Ian A., 'The Politics of Particularism: Medicalisation and Medical Reform in Nineteenth-Century Britain', ed. by Roberta E. Bivins and John V. Pickstone, *Medicine, Madness and Social History: Essays in Honour of Roy Porter* (Basingstoke: Palgrave Macmillan, 2007), pp. 46–57.
- Camporesi, Valeria, *Mass Culture and National Traditions: The BBC and American Broadcasting, 1922–1954* (Fucecchio: European Press Academic Publishing, 2000), 197–199.
- Carpenter, Daniel P., *Reputation and Power: Organizational Image and Pharmaceutical Regulation at the FDA*, Princeton Studies in American Politics (Princeton: Princeton University Press, 2010).
- Castles, Francis G., 'Social laboratory' in *The Oxford Companion to Australian History*, ed. by Graeme Davison, John Hirst, and Stuart Macintyre (Melbourne, 1998), 592–593.
- Chakrabarti, Pratik, *Medicine and Empire: 1600–1960* (Basingstoke: Palgrave Macmillan, 2013).
- Channon, Charles, *Twenty Advertising Case Histories (Second Series)* (London: Cassell, 1989).
- Chapman, Stanley, *Jesse Boot of Boots the Chemists* (London: Hodder & Stoughton, 1974).
- Church, Roy and E. M. Tansey, *Burroughs Wellcome & Co.: Knowledge, Trust, Profit and the Transformation of the British Pharmaceutical Industry, 1880–1940* (Lancaster: Crucible Books, 2007).
- Church, Roy, 'Trust, Burroughs Wellcome & Co. and the Foundation of a Modern Pharmaceutical Industry in Britain, 1880–1914', *Business History*, 48.3 (2006), 376–398.
- Ciarlo, David, *Advertising Empire: Race and Visual Culture in Imperial Germany* (Cambridge, MA.: Harvard University Press, 2011).
- Clampin, David, *Advertising and Propaganda in World War II: Cultural Identity and the Blitz Spirit*, 2014.

- Cohen, Andrew C., and Shai M. Dromi, 'Advertising Morality: Maintaining Moral Worth in a Stigmatized Profession', *Theory and Society*, 47.2 (2018), 175–206.
- Collins, Harry, 'Studies of Expertise and Experience', *Topoi*, 37.1 (2018), 67–77.
- Collins, Joseph C., and John R. Gwilt, 'The Life Cycle of Sterling Drug, Inc', *Bulletin for the History of Chemistry*, 25.1 (2000), 22-29.
- Conboy, Martin, and John Steel, eds., *The Routledge Companion to British Media History* (London and New York: Routledge, 2015).
- Cooter, R., 'After Death/after-"Life": The Social History of Medicine in Post-Postmodernity', *Social History of Medicine*, 20.3 (2007), 441–64.
- Cooter, R., and J. Pickstone, *Medicine in the Twentieth-Century* (London: Routledge, 2003).
- Cooter, R., and C. Stein, 'Coming into Focus: Posters, Power and Visual Culture in the History of Medicine', *Medizinhistorisches Journal*, 42 (2007), 180–209.
- Coppin, Clayton A., and Jack C. High, *The Politics of Purity: Harvey Washington Wiley and the Origins of Federal Food Policy* (Ann Arbor: University of Michigan, 1999).
- Corley, T. A. B., 'The Beecham Group in the World's Pharmaceutical Industry 1914-70', *Journal of Business History* 39.1 (1994), 18-30.
- , *Beecham's, 1848-2000: From Pills to Pharmaceuticals* (Lancaster: Crucible, 2011).
- , 'Competition and the Growth of Advertising in the US and Britain, 1800-1914', *Business and Economic History* 17 (1988), 155-165, p. 162.
- , 'UK Government Regulation Medicinal Drugs, 1890-2000', *Business History* 47.3 (2005), 337-351.
- Court, William H. B., *British Economic History, 1700-1870: Commentary and Documents* (Cambridge: Cambridge University Press, 1965).
- Crawford, Robert, "'Ignoble but Lucrative": Quacks, Ads, & Regulation', *Journal of Australian Studies*, 36.1 (2012), 29–47.
- Crellin, J. K., 'Pharmaceutical History and Its Sources in the Wellcome Collections. I. The Growth of Professionalism in Nineteenth-Century British Pharmacy', *Medical History*, 11.3 (1967), 215–27.

- Crellin, J. K., and Dennis B. Worthen, *A Social History of Medicines in the Twentieth Century: To Be Taken Three Times a Day* (New York: Pharmaceutical Products Press 2004).
- Daemmrich, Arthur, *Pharmacopolitics: Drug Regulation in the United States and Germany* (Chapel Hill, The University of North Carolina Press, 2004).
- Daston, Lorraine, *Biographies of Scientific Objects* (Chicago, 2000).
- Daston, Lorraine, and Peter Galison, *Objectivity* (New York: Zone Books, 2010).
- Daunton, Martin, and Matthew Hilton, eds., *The Politics of Consumption: Material Culture and Citizenship in Europe and America* (Oxford: Berg, 2001).
- Davenport-Hines, R. P. T., and Judy Slinn, *Glaxo: A History to 1962* (Cambridge: Cambridge University Press, 1992).
- Davenport-Hines, R. P. T., *The Pursuit of Oblivion: A Social History of Drugs* (London: Phoenix Press, 2001).
- Digby, Anne, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720- 1911* (Cambridge: Cambridge University Press, 1994).
- Dominici, Sarah, *Travel Marketing and Popular Photography in Britain, 1888-1939: Reading the Travel Image* (Routledge: Abingdon, 2018).
- Dow, Derek A., "'Pruned of its Dangers': The Tohunga Suppression Act 1907", *Health and History* 3.1 (2001), 41-64.
- , *Safeguarding the Public Health: a History of the New Zealand Department of Health* (Wellington: Victoria University Press, 1995).
- Drayton, Richard, and David Motadel, 'Discussion: the futures of global history', *Journal of Global History* 13.1 (2018), 1-21.
- Dunbar, David S., 'Estimates of Total Advertising Expenditure in the UK before 1948', *Journal of Advertising History*, 1 (December 1977), 9-11.
- Dyer, Serena, 'State of the Field: Material Culture,' *History*, 106 (2021), 282-292.
- Elliott, Blanche B., *A History of English Advertising* (London: Business Publications Ltd., 1962).
- Elliott, P., *The Sociology of the Professions* (New York: Herder & Herder, 1972).

- Ellison, James, 'Separated by the Atlantic: The British and de Gaulle, 1958–1967', *Diplomacy & Statecraft*, 17.4 (2006), 853–870.
- Evans, Gail, *Law Making Under the Trade Constitution: A Study in Legislating by the World Trade Organization*, 14 (Cambridge, MA: Kluwer Law International BV, 2000).
- Finn, Margot C., *The Character of Credit: Personal Debt in English Culture, 1740–1914* (Cambridge: Cambridge University Press, 2003).
- Fletcher, Winston, *Powers of Persuasion: the Inside Story of British Advertising: 1951–2000* (Oxford: Oxford University Press, 2008).
- Floud, Roderick, and Paul Johnson, *The Cambridge Economic History of Modern Britain, Vol. 2, Economic Maturity, 1860–1939* (Cambridge: Cambridge University Press, 2004).
- French, Michael, 'Modernity in British Advertising: Selling Cocoa and Chocolate in the 1930s', *Journal of Historical Research in Marketing*, 9.4 (2017), 451–66.
- French, Michael, and Jim Philips, *Cheated Not Poisoned?: Food Regulation in the United Kingdom, 1875–1938* (Manchester, NH.: Manchester University Press, 2000).
- French, Mike, "'Slowly Becoming Sales Promotion Men?": Negotiating the Career of the Sales Representative in Britain, 1920s–1970s', *Enterprise & Society*, 17.01 (2016), 39–79.
- Gabriel, Joseph M., *Medical Monopoly: Intellectual Property Rights and the Origins of the Modern Pharmaceutical Industry* (Chicago: Chicago University Press, 2014).
- , 'A Thing Patented Is a Thing Divulged: Francis E. Stewart, George S. Davis, and the Legitimization of Intellectual Property Rights in Pharmaceutical Manufacturing, 1879–1911', *Journal of the History of Medicine and Allied Sciences*, 64.2 (2008), 135–72.
- , 'Restricting the Sale of "Deadly Poisons": Pharmacists, Drug Regulation, and Narratives of Suffering in the Gilded Age', *The Journal of the Gilded Age and Progressive Era*, 9.03 (2010), 313–36.
- Gaudillière, Jean-Paul, 'From Propaganda to Scientific Marketing: Schering, Cortisone, and the Construction of Drug Markets', *History and Technology*, 29.2 (2013), 188–209.

- , 'How Pharmaceuticals Became Patentable: The Production and Appropriation of Drugs in the Twentieth Century', *History and Technology*, 24.2 (2008), 99–106.
- , 'Introduction: Drug Trajectories', *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 36.4 (2005), 603–11.
- Gaudillière, Jean-Paul, and Ulrike Thoms, 'Pharmaceutical Firms and the Construction of Drug Markets: From Branding to Scientific Marketing', *History and Technology*, 29.2 (2013), 105–15.
- Gaudillière, Jean-Paul and Volker Hess, *Ways of Regulating Drugs in the 19th and 20th Centuries*. (Basingstoke: Palgrave Macmillan, 2012).
- Geels, Frank W. Toine Pieters & Stephen Snelders, 'Cultural Enthusiasm, Resistance and the Societal Embedding of New Technologies: Psychotropic Drugs in the 20th Century', *Technology Analysis & Strategic Management*, 19.2 (2007), 145–165.
- Ghiabi, Mazyar, *Drugs Politics: Managing Disorder in the Islamic Republic of Iran* (Cambridge: Cambridge University Press, 2019).
- Gieryn, Thomas, *Cultural Boundaries of Science: Credibility on the Line* (Chicago: University of Chicago Press, 1999).
- Gooday, Graeme, 'Liars, Experts and Authorities', *History of Science*, 46.4 (2008), 431–56.
- Gorsky, Martin, 'Images of Disease: Science, Public Policy and Health in Post-War Europe.', *Medical History*, 47.4 (2003), 531–32.
- , 'Medicine and the Market: Equity v. Choice.', *Social History of Medicine*, 20.3 (2007), 636–37.
- , 'The British National Health Service 1948–2008: A Review of the Historiography', *Social History of Medicine*, 21.3 (2008), 437–60.
- , 'The Political Economy of Health Care', in *The Oxford Handbook of the History of Medicine*, ed. by Mark Jackson (Oxford: Oxford University Press, 2011).
- Gorsky, Martin, Krzysztof Krajewski-Siuda, Wojciech Dutka, and Virginia Berridge, 'Anti-Alcohol Posters in Poland, 1945–1989: Diverse Meanings, Uncertain Effects', *American Journal of Public Health*, 100.11 (2010), 2059–69.

- Greene, Jeremy A., 'What's in a Name? Generics and the Persistence of the Pharmaceutical Brand in American Medicine', *Journal of the History of Medicine and Allied Sciences*, 66.4 (2011), 468–506.
- , 'Attention to "Details": Etiquette and the Pharmaceutical Salesman in Postwar American', *Social Studies of Science*, 34.2 (2004), 271–92.
- , *Prescribing by Numbers: Drugs and the Definition of Disease* (Baltimore: Johns Hopkins University Press, 2007).
- , 'The Materiality of the Brand: Form, Function, and the Pharmaceutical Trademark', *History and Technology*, 29.2 (2013), 210–26.
- Greene, Jeremy A., Flurin Condrau, and Elizabeth Siegel Watkins, eds., *Therapeutic Revolutions: Pharmaceuticals and Social Change in the Twentieth Century* (Chicago and London: The University of Chicago Press, 2016).
- Greenwood, Anna, and Hilary Ingram, 'Sources and Resources "The People's Chemists": The Walgreens Boots Alliance Archive', *Social History of Medicine*, 2018.
- Griffiths, John, 'Exploring Corporate Culture: The Potential of Company Magazines for the Business Historian', *Business Archives: Sources and History*, 78 (1999), 27–37.
- Grimes, S., *The British National Health Service: State Intervention in the Medical Marketplace, 1911- 1948* (New York: Garland, 1991).
- Gurney, Peter, "'The Curse of the Co-Ops": Co-Operation, the Mass Press and the Market in Interwar Britain', *The English Historical Review*, 2015, 905–924.
- , *The Making of Consumer Culture in Modern Britain* (London: Bloomsbury Publishing, 2017).
- Gutzke, W. D., *Britain and Transnational Progressivism* (New York: Palgrave Macmillan, 2008).
- Hallam, Christopher, *White Drug Cultures and Regulation in London, 1916-1960* (Cham: Palgrave Macmillan, 2018).
- Hagget, Ali, *Desperate Housewives, Neuroses and the Domestic Environment, 1945–1970* (Abingdon: Routledge, 2012).

- Hand, Jane, 'Marketing Health Education: Advertising Margarine and Visualising Health in Britain from 1964–c.2000', *Contemporary British History*, 2017, 1–24.
- Hardy, Anne, *The Epidemic Streets: Infectious Diseases and the Rise of Preventive Medicine 1856–1900* (Oxford: Oxford University Press, 1993).
- Harris, Bernard, 'Welfare since 1945: Rewriting the History of Britain's Welfare State', *Twentieth Century British History*, 17.1 (2006), 103–9.
- Hau, Michael, *The Cult of Health and Beauty in Germany: A Social History, 1830-1930* (Chicago: Chicago University Press, 2003).
- Haughton, Philippa, 'Justifying British Advertising in War and Austerity, 1939–51', *Twentieth Century British History*, 28.3 (2017), 390–413.
- Hawkins, Ben, and Chris Holden, "'Water dripping on stone" Industry Lobbying and UK alcohol policy', *Policy & Politics*, 42.1 (2014), 55-70.
- Hawkins, Richard A., 'The Origins of Marketing Practice in Britain: From the Ancient to the Early Twentieth Century', *Journal of Historical Research in Marketing*, 9.4 (2017), 467–87.
- Hayes, Mick, "'Don't Blame the Shopkeeper!!": Food, Drink and Confectionery Advertising and British Government Market Controls during the Second World War', *Journal of Historical Research in Marketing*, 9.4 (2017), 359–85.
- Hayden, Reynolds, 'Review of the Reorganisation of the Sanitary and Public Health Work in the Dominican Republic under the United States Military Government of Santo Domingo', *The American Journal of Tropical Medicine*, 2.1 (January 1922), 41-57.
- Healy, David, *The Creation of Psychopharmacology* (London: Harvard University Press, 2002).
- Heller, Michael, 'British Company Magazines, 1878-1939: The Origins and Functions of House Journals in Large-Scale Organisations', *Media History*, 15.2 (2009), 143-166.
- , 'The National Insurance Acts 1911-1947, the Approved Societies and the Prudential Assurance Company', *Twentieth Century British History*, 19.1 (2007), 1–28.

- Hennessey, E., “‘Her Stand-by for Keeping Going’ APC Use During the Boom Decades’, *Journal of the Royal Historical Society of Queensland*, 15.5 (1992), 248–264.
- Herzberg, David., *Happy Pills in America: From Miltown to Prozac* (Baltimore: Johns Hopkins University Press, 2009).
- , *White Mark Drugs: Big Pharma and the Hidden History of Addiction in America* (Chicago: University of Chicago Press, 2020).
- Hess, Volker, and J. Andrew Mendelsohn, ‘Case and Series: Medical Knowledge and Paper Technology, 1600-1900’, *History of Science*, 68 (2010) 287-314.
- Hill Curth, Louise, ed., *From Physick to Pharmacology. Five Hundred Years of British Drug Retailing* (Aldershot: Ashgate, 2006).
- Hilton, Matthew, *Consumerism in twentieth-century Britain: The search for a historical movement* (Cambridge: Cambridge University Press, 2003).
- , *Smoking in British Popular Culture, 1800-2000* (Manchester: Manchester University Press, 2000).
- Hobbs, Andrew, ‘When the Provincial Press Was the National Press (c.1836-c.1900)’, *The International Journal of Regional and Local Studies*, 5.1 (2009), 16–43.
- Hogle, Linda F., ‘Introduction: Jurisdictions of Authority and Expertise in Science and Medicine’, *Medical Anthropology*, 21.3–4 (2002), 231–46.
- Holloway, Sydney, ‘The Origins of the PAGB: The Association of Manufacturers of British Proprietaries 1919-1926’, *The Pharmaceutical Journal Supplement*, 252 (February 1994).
- , *Royal Pharmaceutical Society of Great Britain, 1841-1991: A Political and Social History* (London: Pharmaceutical Press, 1991).
- Homan, Peter, Briony Hudson and Raymond Rowe, *Popular Medicines: An illustrated History* (London: Pharmaceutical Press, 2008).
- Jackson, Mark, *Health and the Modern Home* (New York: Routledge, 2007).
- , *The Oxford Handbook of the History of Medicine* (Oxford: Oxford University Press, 2011).
- , ‘Stress in Post-War Britain: An Introduction’, in *Stress in Post-War Britain, 1945-1985* (London: Routledge, 2015).

- Jardine, Boris, 'State of the Field: Paper Tools', *Studies in History and Philosophy of Science Part A*, 64 (2017), 53–63.
- Jenkinson, Jacqueline, 'More "Marginal Men": A Prosopography of Scottish Shop-Keeping Doctors in the Late Nineteenth and Early Twentieth Centuries', *Social History of Medicine*, 29.1 (2016), 89–111.
- Jenner, M., and P. Wallis, *Medicine and the Market in England and Its Colonies, c.1450–c.1850* (Basingstoke: Palgrave Macmillan, 2007).
- Jones, Claire L., 'A Barrier to Medical Treatment? British Medical Practitioners, Medical Appliances and the Patent Controversy, 1870–1920', *British Journal for the History of Science*, 49.4 (2016), 601–625.
- , *The Business of Birth Control: Contraception and Commerce in Britain Before the Sexual Revolution* (Manchester: Manchester University Press, 2020)
- , *The Medical Trade Catalogue in Britain, 1870–1914* (University of Pittsburgh Press, 2016).
- , 'Under the Covers? Commerce, Contraceptives and Consumers in England and Wales, 1880–1960', *Social History of Medicine*, 29.4 (2016), 734–56.
- Jones, D. G. Brian, Alan J. Richardson, and Teri Shearer, 'Truth and the Evolution of the Professions: A Comparative Study of "Truth in Advertising" and "True and Fair" Financial Statements in North America during the Progressive Era', *Journal of Macromarketing*, 20.1 (2000), 23–35.
- Jones, Greta, *Social Hygiene in Twentieth-Century Britain* (London: Croom Helm, 1986).
- Jones, Helen, *Health and Society in Twentieth-Century Britain* (London: Longman, 1994).
- Jordanova, Ludmilla, 'Introduction', in *The Look of the Past: Visual and Material Evidence in Historical Practice* (Cambridge: Cambridge University Press, 2012).
- , 'The Social Construction of Medical Knowledge', *Social History of Medicine*, 7.3 (1995), 361–81.
- Kamminga, Harmke, and Andrew Cunningham, eds., *The Science and Culture of Nutrition, 1840–1940* (Amsterdam: Rodopi, 1995).

- Kandiah, Michael D., and Gillian Staerck, eds., *The Abortion Act 1967* (London: Institute of Contemporary British History, 2004).
- Kassel, Lauren, 'Casebooks in Early Modern England: Medicine, Astrology, and Written Records', *Bulletin of the History of Medicine*, 88 (2014), 595-625.
- Jill Kirby, *Feeling the strain: A cultural history of stress in twentieth-century Britain* (Manchester: Manchester University Press, 2019).
- Kreshel, Peggy J., 'Advertising Research in the Pre-Depression Years: A Cultural History', *Journal of Current Issues & Research in Advertising*, 15.1 (1993), 59-75.
- La Berge, Ann F., 'How the Ideology of Low Fat Conquered America', *Journal of History of Medicine and the Allied Sciences*, 63 (2008), 139-77.
- Lane, J., *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001).
- Latour, Bruno, and Peter Weibel, *Making Things Public: Atmospheres of Democracy* (Cambridge, Mass.: MIT Press, 2005).
- Latham, Mark, "A Fraud, a Drunkard, and a Worthless Scamp": Estate Agents, Regulation, and Realtors in the Interwar Period', *Business History*, 59.5 (2017), 690-709.
- Lawrence, C., *Medicine in the Making of Modern Britain, 1700-1920* (London, 1997).
- Lawrence, Jon, 'Class, "Affluence" and the Study of Everyday Life in Britain, C. 1930-64', *Cultural and Social History*, 10 (2013), 273-99.
- Layton, Roger, 'Marketing, Marketing Systems, and the Framing of Marketing History', *Journal of Historical Research in Marketing*, 7.4 (2015), 549-72.
- Lazell, H. G., *From Pills to Penicillin: The Beecham Story* (London: Heinemann, 1975)
- Lentacker, Antoine, 'The Drug Fetish: Capitalism, the Mass Press, and the Body of the Worker in Austrian Socialism, 1888-1920', *The Journal of Modern History*, 91.1 (2019), 38-73.
- , 'Powers of the Script: Prescription and Performance in Turn-of-the-Century France', *Representations* 148.1 (2019), 57-85.

- , 'The Symbolic Economy of Drugs', *Social Studies of Science*, 46.1 (2016), 140–56.
- Levene, Alys, 'Between Less Eligibility and the NHS: The Changing Place of Poor Law Hospitals in England and Wales, 1929–39', *Twentieth Century British History*, 20.3 (2009), 322–45.
- Lewis, Milton, and Roy MacLeod, 'Medical politics and the professionalisation of medicine in New South Wales, 1850-1901', *Journal of Australian Studies*, 22 (1988), 69-82.
- Liebenau, Jonathan, 'Ethical Business: The Formation of the Pharmaceutical Industry in Britain, Germany, and the United States Before 1914', *Business History*, 30(1), 116-129.
- Liebenau, Jonathan, and Justin Gundlach, 'Modernizing the Business of Health: Pharmaceuticals in Britain, in Comparison with Germany and the United States, 1890–1940: Table 1', *Industrial and Corporate Change*, 22.3 (2013), 807–47.
- Lipartito, Kenneth, and David Sicilia, *Constructing Corporate America: History, Politics, Culture* (Oxford: Oxford University Press, 2004).
- Loeb, Lori, 'Beating the Flu: Orthodox and Commercial Responses to Influenza in Britain, 1889–1919', *Social History of Medicine*, 18.2 (2005), 203–24.
- , 'Consumerism and Commercial Electrotherapy: The Medical Battery Company in Nineteenth-Century London', *Journal of Victorian Culture*, 4.2 (1999), 252–75.
- , 'Doctors and patent medicines in modern Britain: professionalism and consumerism', *Albion: A Quarterly Journal Concerned with British Studies* 33.3 (2001): 404-425.
- Loftus, Donna, 'Capital and Community: Limited Liability and Attempts to Democratise the Market in Mid-Nineteenth-Century England', *Victorian Studies*, 45.1 (2002), 93–120.
- López-Muñoz, F. R., Ucha-Udabe, and C. Alamo, 'Review Essay: A History of Barbiturates a Century after Their Clinical Introduction', *Neuropsychiatric Disease and Treatment*, 1.4 (2005), 338-339.
- Loudon, Irvine, *Medical Care and the General Practitioner, 1750-1850* (Oxford: Clarendon Press, 1986).

- Löwy, Ilana, "Sexual Chemistry" before the Pill: Science, Industry and Chemical Contraceptives, 1920-1960', *The British Journal for the History of Science*, 44.2 (2011), 245–74.
- Lucey, Donnacha Seán, 'Cradle to Grave: Municipal Medicine in Interwar England and Wales. By Alysa Levene, Martin Powell, John Stewart and Becky Taylor.', *Twentieth Century British History*, 25.1 (2014), 157–60.
- Ludmilla, Jordanova, 'The Social Construction of Medical Knowledge', *The Society for the Social History of Medicine*, 8.3 (1995), 361–81.
- Lynch, Karen Danna, 'Advertising Motherhood: Image, Ideology, and Consumption', *Berkeley Journal of Sociology*, 49 (2005), 32–57.
- Macdonald, Charlotte, 'Body and Self: Learning to Be Modern in 1920s–1930s Britain', *Women's History Review*, 22.2 (2013), 267–79.
- Mackay, Thomas Ashley, 'The Emerging Advertising Industry's Dual Promotional Campaigns, 1890-1920', 3.2, 10.
- Mackintosh, Alan, *The Patent Medicines Industry in Georgian England: Constructing the Market by the Potency of Print* (Palgrave Macmillan, 2018).
- Malleck, Dan, *When Good Drugs Go Bad: Opium, Medicine, and the Origins of Canada's Drug Laws* (Vancouver and Toronto: University of British Columbia Press, 2016).
- Marchand, Roland, *Creating the Corporate Soul: The Rise of Public Relations and Corporate Imagery in American Big Business* (Berkeley: University of California Press, 1998).
- Markey, R. A., 'The 1890s as the Turning Point in Australian Labor History', *International Labor and Working-Class History*, 31 (1987), 77-88.
- Marks, Nicolas, *The Progress of Experiment: Science and Therapeutic Reform in the United States, 1900-1990* (Cambridge: Cambridge University Press, 1990).
- Matthews, Leslie G., *History of Pharmacy in Britain* (Edinburgh: E. S. Livingstone Ltd., 1962).
- Mayer, Roger C., James H. Davis and F. David Schoorman, 'An Integrative Model of Organizational Trust', *The Academy of Management Review*, 20. 3 (1995), 709–734.

- Middlemas, Keith, *Politics in Industry Society: The Experience of the British System since 1911* (London: Andre Deutsch, 1979).
- McCarthy, Mary, 'The Changing Nature of Advertisements in The Freeman's Journal: A Case Study, 1763-1924', ed. by Bernadette Whelan, *Journal of Historical Research in Marketing*, 6.1 (2014), 131–58.
- Milland, Jeffrey, 'Courting Malvolio: The Background to the Pilkington Committee on Broadcasting, 1960–62', *Contemporary British History*, 18.2 (2004), 76–102.
- Mills, James H., *Cannabis Britannica: Empire, Trade, and Prohibition, 1800-1928* (Oxford: Oxford University Press, 2003).
- Miracle, Gordon E. and Terence Nevett, 'A Comparative History of Advertising Self-regulation in the UK and the USA', *European Journal of Marketing* (1988).
- Miskell, Peter, 'Cavity Protection or Cosmetic Perfection? Innovation and Marketing of Toothpaste Brands in the United States and Western Europe, 1955-1985', *The Business History Review*, 78.1 (2004), 29–60.
- Moir, Alistair, Eve Read, and Sophie Towne, 'The History of Advertising Trust Archive', *Journal of Historical Research in Marketing*, 9.4 (2017), 535–42.
- Mold, Alex, 'The "British System" of Heroin Addiction Treatment and the Opening of Drug Dependence Units', 1965–1970, *Social History of Medicine*, 17.3 (2004), 501–517.
- , "'Everybody Likes a Drink. Nobody Likes a Drunk". Alcohol, Health Education and the Public in 1970s Britain.', *Social History of Medicine*, 30.3 (2016), 612–36.
- , 'Making the Patient-Consumer in Margaret Thatcher's Britain', *Historical Journal*, 52.2 (2011), 509–28.
- , *Making the Patient-Consumer: Patient Organisations and Health Consumerism in Britain* (Manchester, NH.: Manchester University Press, 2015).
- , *Patient Organisations and Health Consumerism in Britain* (Manchester: Manchester University Press, 2015).
- , 'Patients' Rights and the National Health Service in Britain, 1960s-1980s', *American Journal of Public Health*, 102.11 (2012), 2030–38.

- , 'Repositioning the Patient: Patient Organisations, Consumerism, and Autonomy in Britain during the 1960s and 1970s', *Bulletin of the History of Medicine*, 87.2 (2013), 225–49
- Mordhorst, Mads, and Stefan Schwarzkopf, 'Theorising Narrative in Business History', *Business History*, 59.8 (2017), 1155–75.
- Moscucci, Ornella, 'The British Fight Against Cancer: Publicity and Education, 1900–1948', *Social History of Medicine*, 23 (2007), 356–73.
- Murdock, Caitlin E., 'Selling Scientific Authority: Radium Spas, Advertising and Popular Understandings of Radioactivity in Germany, 1900–1937\*', *German History*, 35.1 (2017), 21–42.
- Murdock, Graham, and Peter Golding, 'The Structure, Ownership and Control of the Press: 1914-1976', in *Newspaper History from the 17<sup>th</sup> Century to the Present Day*, ed. by George Boyce, James Curran and Pauline Wingate (London: Constable, 1978), 130-148.
- Nason, James M., and Shaun P. Vahey, 'The McKenna Rule and UK World War I Finance', *The American Economic Review*, 97.2 (May 2007), 290-294.
- Navon, Daniel, 'Truth in Advertising: Rationalizing Ads and Knowing Consumers in the Early Twentieth-Century United States', *Theory and Society*, 46.2 (2017), 143–76.
- Neill, Edmund, 'Conceptions of Citizenship in Twentieth Century Britain', *Twentieth Century British History*, 17.3 (2006), 424–38.
- Nevett, Terence, *Advertising in Britain: A History* (London: The History of Advertising Trust, 1982).
- Nestle, Marion, *How the Food Industry Influences Nutrition and Health* (Berkeley: University of California Press, 2002).
- Newman, Janet, and John Clarke, *Publics, Politics and Power: Remaking the Public in Public Services* (London: Sage, 2009).
- Nixon, Sean, 'Apostles of Americanisation? J. Walter Thompson Company Ltd., Advertising and Anglo-American relations 1945-67', *Contemporary British History*, 22 (2008), 477-499.
- , 'Gentlemanly professionals and men-about-town: Occupational identities amongst London advertising men, 1951–67', *Cultural and Social History* 13.3 (2016), 377-401.

- , ‘Salesmen of the Will to Want’: Advertising and its Critics in Britain 1951–1967, *Contemporary British History* 24.2 (2010), 213–233.
- Offner, Avner, ‘Body Weight and Self-Control in the United States and Britain Since the 1950s’, *Social History of Medicine*, 14 (2001), 79–106.
- O’Hara, Glen, ‘The Complexities of “Consumerism”: Choice, Collectivism and Participation within Britain’s National Health Service, c.1961–c.1979’, *Social History of Medicine*, 26.2 (2013), 288–304.
- O’Malley, Tom, ‘Demanding Accountability: The Press, the Royal Commissions and the Pressure for Reform, 1945–77’, in *Sex, Lies and Democracy: The Press and the Public*, ed. by Hugh Stephenson and Michael Bromley (London: Longman, 1998).
- O’Neill, Daniel, ‘“People Love Player’s”: Cigarette Advertising and the Teenage Consumer in Post-War Britain’, *Twentieth Century British History*, 28.3 (2017), 414–39.
- Oudshoorn, Nelly, ‘United We Stand: The Pharmaceutical Industry, Laboratory, and Clinic in the Development of Sex Hormones into Scientific Drugs, 1920–1940’, *Science, Technology, & Human Values*, 18.1 (1993), 5–24.
- Oudshoorn, Nelly, and T. Pinch, *How Users Matter: The Co-Construction of Users and Technology* (MIT Press, 2003).
- Parkhurst, Justin, *The Politics of Evidence* (Abingdon, Oxon; New York: Routledge, 2017).
- Parle, Julie, ‘Olbiv[i]on C: Sedatives, Schedules, and the Stresses of “Modern Times”: South African Pharmaceutical Politics, 1930s to 1960s’, *South African Historical Journal*, 71.4 (2019), 614–643.
- Pauwels, Luc, *Visual Cultures of Science: Rethinking Representational Practices in Knowledge Building and Science Communication* (Hanover, NH: Dartmouth College Press, 2005).
- Patsiaouras, Georgios, ‘The History of Conspicuous Consumption in the United Kingdom: 1945–2000’, *Journal of Historical Research in Marketing*, 9.4 (2017), 488–510.
- Patsiaouras, Georgios, and James A. Fitchett, ‘The Evolution of Conspicuous Consumption’, ed. by Ben Wooliscroft, *Journal of Historical Research in Marketing*, 4.1 (2012), 154–76.

- Pelt, April, 'Advertising Agency: Print Culture and Female Sexuality in "Nausicaa"', *James Joyce Quarterly*, 48.1 (2010), 41–53.
- Perkin, Harold, *The Rise of Professional Society: England since 1880* (New York: Routledge, Chapman & Hall, 1989).
- Peters, Toine and Stephen Snelders, 'From King Kong Pills to Mother's Little Helpers – Career Cycles of Two Families of Psychotropic Drugs: The Barbiturates and Benzodiazepines', *Canadian Bulletin of Medical History*, 24.1 (2007), 93–112.
- Phillips, Simon, 'Chemists to the Nation': House Magazines, Locality and Health at Boots The Chemists 1919—1939', *Management & Organizational History*, 3.3-4 (2008), 239–255.
- Pickstone, J., 'Medical History as a Way of Life', *Social History of Medicine*, 18.2 (2005), 307–23.
- , *Ways of Knowing : A New History of Science, Technology and Medicine* (Manchester, 2000).
- Porter, Roy, *Disease, Medicine and Society in England, 1550–1860*, New Studies in Economic and Social History, 2nd edn (Cambridge: Cambridge University Press, 1995).
- , *Health for Sale: Quackery in England, 1660-1850* (Manchester: Manchester University Press, 1989).
- , 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 14.2 (1985), 175–98.
- Porter, Theodore, *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life* (Princeton: Princeton University Press, 1995).
- Pressey, Andrew, 'A Quiet Revolution: The Evolution of the Marketing Syllabus at the Faculty of Commerce, University of Birmingham, Great Britain (1902-1969)', *Journal of Historical Research in Marketing*, 9.4 (2017), 511–34.
- Quirke, Viviane, 'The Material Culture of British Pharmaceutical Laboratories in the Golden Age of Drug Discovery (c. 1935–75)', *The International Journal for the History of Engineering & Technology*, 79.2 (2009), 280–99.
- , 'Standardising Pharmaceutical R&D in the Second Half of the Twentieth Century: ICI's Nolvadex Development Programme in

- Historical and Comparative Perspective,' in *Harmonizing Drugs: Standards in 20<sup>th</sup>-Century Pharmaceutical History*, ed. by Christian Bonah *et al.* (Paris: Glyphe, 2009), pp. 132-45.
- Ram, Haggai, *Intoxicating Zion: A Social history of Hashish in Mandatory Palestine and Israel* (Stanford: Stanford University Press, 2020).
- Rasmussen, Nicolas, 'Making the First Anti-Depressant: Amphetamine in American Medicine, 1929–1950', *Journal of the History of Medicine and Allied Sciences*, 61.3 (2006), 288–323.
- Rice, Geoffrey W., 'The Making of New Zealand's 1920 Health Act', *New Zealand Journal of History*, 22.1 (1988), 3-22.
- Robinson, Alexandra M., 'Let's Talk About Stress: History of Stress Research', *Review of General Psychology*, 22 (2018), 1-9.
- Roodhouse, Mark, *Black Market Britain: 1939-1955* (Oxford: Oxford University Press, 2013).
- Ross, L., P. Lyon, and C. Cathcart, 'Pills, Potions and Devices: Treatments for Hearing Loss Advertised in Mid-Nineteenth Century British Newspapers', *Social History of Medicine*, 27.3 (2014), 530–56.
- Rowe, Raymond C., 'Bile Beans', *International Journal of Pharmaceutical Medicine* 17 (2003), 137–140.
- Saks, Mike, *Professions and the Public Interest: Medical Power, Altruism and Alternative Medicine* (London: Routledge, 1995).
- Schultze, Quentin J., "'An Honorable Place": The Quest for Professional Advertising Education, 1900–1917', *Business History Review*, 56.01 (1982), 16–32.
- Schwarzkopf, Stefan, 'Advertising, Emotions, and "Hidden Persuaders": The Making of Cold-War Consumer Culture in Britain from the 1940s to the 1960s', in *Cold War Cultures : Perspectives on Eastern and Western Societies*, ed. by Annette Vowinckel, Marcus M. Payk, and Thomas Lindenberger (New York: Berghahn Books, 2012), pp. 172–90.
- , 'Consumer Communication as Commodity : British Advertising Agencies and the Global Market for Advertising 1780-1980.', in *Consuming Behaviours: Identity, Politics and Pleasure in Twentieth-Century Britain*, ed. by Erika Rappaport, Sandra Trudgen Dawson, and Mark J. Crowley (London: Bloomsbury Academic, 2015), pp. 121–38.

- , 'Consumer Research as Market Practice and the Making of "Choice" as a Cognitive–Semantic Field', *Journal of Macromarketing*, 32.4 (2012), 448–49.
- , 'Consumer-Citizens : Markets, Marketing and the Making of "Choice"', in *The SAGE Handbook of Consumer Culture*, ed. by Olga Kravets, Pauline MacLaran, Miles Stevens, and Alladi Venkatesh (London: Sage Publications, 2018), pp. 435–52.
- , 'Consumers, Markets and Research: The Role of Political Rhetoric and the Social Sciences in the Engineering of British and American Consumer Society, 1920-1960', in *Engineering Society : The Role of the Human and Social Sciences in Modern Societies, 1880-1980*, ed. by Kerstin Bruckweh, Dirk Schumann, Richard F. Wetzell, and Benjamin Ziemann (Basingstoke: Palgrave Macmillan, 2012), pp. 252–72.
- , 'Cultural Economy, Capitalism and the Logic of the Public Sphere : Reading Promotional Cultures with Habermas and Schmitt', *Journal of Cultural Economy*, 8.6 (2015), 721–29.
- , 'In Search of the Consumer : The History of Market Research from 1890 to 1960', in *The Routledge Companion to Marketing History*, ed. by Brian Jones and Mark Tadajewski (Abingdon: Routledge, 2016), pp. 61–83.
- , 'Marketing History from below: Towards a Paradigm Shift in Marketing Historical Research', ed. by Assoc. Prof. Stefan Schwarzkopf, *Journal of Historical Research in Marketing*, 7.3 (2015), 295–309.
- , 'The Consumer as "Voter", "Judge" and "Jury": Historical Origins and Political Consequences of a Marketing Myth', *Journal of Macromarketing*, 31.1 (2011), 8–18
- , 'The Subsiding Sizzle of Advertising History: Methodological and Theoretical Challenges in the Post Advertising Age', *Journal of Historical Research in Marketing*, 3.4 (2011), 528–48.
- , 'They Do It With Mirrors: Advertising and British Cold War Consumer Politics', *Contemporary British History*, 19 (2005), 135–36
- , 'Turning Trade Marks into Brands: How Advertising Agencies Created Brands in the Global Market Place, 1900-1930', *CGR Working Paper 18* (2008).

- Scott, Peter, and James T. Walker, 'Retailing under Resale Price Maintenance: Economies of Scale and Scope, and Firm Strategic Response, in the Inter-War British Retail Pharmacy Sector', *Business History*, 60.6 (2018), 807-32.
- Shapin, Steve, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago: University of Chicago Press, 1995).
- Shorter, Edward. *Before Prozac: The Troubled History of Mood Disorders in Psychiatry* (Oxford, Oxford University Press, 2009).
- Sherman, Brad, and Lionel Bently, *The Making of Modern Intellectual Property Law: The British Experience, 1760-1911* (Cambridge: University of Cambridge Press, 1999).
- Shorter, Edward, *Before Prozac: The Troubled History of Mood Disorders in Psychiatry* (Oxford: Oxford University Press, 2009), p. 13.
- Silberstein-Loeb, Jonathan, 'Puff Pieces and Circulation Scams: Middlemen and the Making of the Newspapers Advertising Market, 1881-190', 16.
- , 'The Structure of the News Market in Britain, 1870-1914', *Business History Review*, 83.4 (2009), 759-88.
- Slinn, Judy, *History of May and Baker, 1834-1984* (Cambridge: Hobson, 1984).
- Smith, David F., and Jim Philips, eds., *Food, Science, Policy and Regulation in the Twentieth Century: International and Comparative Perspectives* (London: Routledge, 2000)
- Sonnedecker, Glenn, ed., *Kremer's and Urdang's History of Pharmacy* (Philadelphia: Lippincott, 1963).
- Speaker, Susan L., 'From Happiness Pills to National Nightmare: Changing Cultural Assessment of Minor Tranquilizers in America, 1955-1980', *Journal of the History of Medicine* 52 (1997), 338-77.
- Stark, James F., 'Introduction: Plurality in Patenting: Medical Technology and Cultures of Protection', *The British Journal for the History of Science*, 49.04 (2016), 533-40.
- , *The Cult of Youth: Anti-Ageing in Modern Britain* (Cambridge: Cambridge University Press, 2020).
- , "'Replace Them by Salads and Vegetables": Dietary Innovation, Youthfulness, and Authority, 1900-1939', *Global Food History*, 4.2 (2018), 130-51.

- Stebbing, Chantal, 'Farmer v Glyn-Jones (1903): The Perils of Revenue Practice', in *Landmark Cases in Revenue Law*, ed. by John Snape and Dominic de Cogan (Oxford: Hart Publishing, 2019), pp. 49-66.
- , *Tax Medicines and the Law: From Quackery to Pharmacy* (Cambridge: Cambridge University Press, 2018).
- Storm, Erica M, 'Roy Porter Student Prize Essay, Gilding the Pill: The Sensuous Consumption of Patent Medicines, 1815–1841', *Social History of Medicine*, 31.1 (2018), 41–60.
- Strang, J. M., 'In Full Possession of Her Powers: Researching and Rethinking Menopause in early Twentieth-century England and Scotland', *Social History of Medicine*, 25.3 (2012), 685–700.
- Strang, J. M., and M. Gossop, eds., *Heroin Addiction and the British System: Origins and Evolution* (Abingdon: Routledge, 2005).
- Strasser, Bruno J., 'Magic Bullets and Wonder Pills: Making Drugs and Diseases in the Twentieth Century', *Historical Studies in the Natural Sciences* 38.2 (2008).
- Sturdy, Steve, and Roger Cooter, 'Science, Scientific Management and the Transformation of Medicine in Britain, c. 1870-1950', *History of Science*, 36 (1998), 421-466.
- Sturken, Marita, and Lisa Cartwright, *Practices of Looking: An Introduction to Visual Culture* (Oxford: Oxford University Press, 2001).
- Sutcliffe-Braithwaite, Florence, 'Neoliberalism and Morality in the Making of Thatcherite Social Policy', *The Historical Journal*, 55 (2012), 497–520.
- Swett, Pamela E., *Pamela E. Swett, Selling under the Swastika: Advertising and Commercial Culture in Nazi Germany* (Stanford, CA.: Stanford University Press, 2013).
- , *Selling Under the Swastika: Advertising and Commercial Culture in Nazi Germany* (Stanford, CA.: Stanford University Press, 2014).
- Tadajewski, Mark, 'Paradigm Debates and Marketing Theory, Thought and Practice: From the 1900s to the Present Day', ed. by Professor Mark Tadajewski, *Journal of Historical Research in Marketing*, 6.3 (2014), 303–30.
- , 'The Complete English Tradesman: Business Relations, Trust, and Honesty or "Let's Rethink the History of Relationship Marketing"', ed.

- by Assoc. Prof. Stefan Schwarzkopf, *Journal of Historical Research in Marketing*, 7.3 (2015), 407–22.
- Thoms, Ulrike, 'Standardizing Selling. Pharmaceutical Marketing, the Pharmaceutical Company and the Marketing Expert (1900–1980)', *History and Technology*, 29.2 (2013), 169–87.
- Thomson, Peter, 'The work of the British Advertising Standards Authority', *Antitrust Law Journal*, 54.2 (1985), 563–569.
- Tomes, Nancy, *The Gospel of Germs: Men, Women and the Microbe in American Life*. (Cambridge, MA.: Harvard University Press, 1998).
- Toon, Elizabeth, "'Cancer as the General Population Knows It': Knowledge, Fear, and Lay Education in 1950s Britain', *Bulletin of the History of Medicine*, 81 (2007), 116–38.
- Tone, Andrea, *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilisers* (New York: Basic Books, 2008).
- Trentmann, Frank, 'Bread, Milk and Democracy: Consumption and Citizenship in Twentieth-Century British', in *The Politics of Consumption: Material Culture and Citizenship in Europe and America*, ed. by Martin Daunton and Matthew Hilton (Oxford and New York: Berg, 2001).
- Tucker, Jennifer, 'Objectivity, Collective Sight, and Scientific Personae', *Division II Faculty Publications*, Paper 28 (2008).
- , 'Photography as Witness, Detective and Impostor: Visual Representation in Victorian Science', in *Victorian Science in Context* (Chicago: University Of Chicago Press, 1997), pp. 378–408.
- , 'The Historian, the Picture, and the Archive', *Division II Faculty Publications*, Paper 27 (2006)
- Twede, Diana, 'The Birth of Modern Packaging: Cartons, Cans and Bottles', *Journal of Historical Research in Marketing*, 4.2 (2012), 245–72.
- Ueyama, T., *Health in the Marketplace: Professionalism, Therapeutic Desires, and Medical Commodification in Late-Victorian London* (The Society for the Promotion of Science and Scholarship, 2010)
- Van Dalen, Arjen, 'Journalism, Trust, and Credibility', in *The Handbook of Journalism Studies*, ed. by Karin Wahl-Jorgensen and Thomas Hanitzch (New York: Routledge, 2019).

- Van der Geest, Sjaak, Susan Reynolds Whyte and Anita Hardon, 'The Anthropology of Pharmaceuticals: A Biographical Approach', *Annual Review of Anthropology* 25 (1996), 153-78.
- Van Schendel, Willem, and Itty Abraham, eds., *Illicit flows and criminal things: States, borders, and the other side of globalization* (Indiana University Press, 2005).
- Vandendriessche, Joris, Evert Peeters, and Kaat Wils, 'Introduction: Performing Expertise', in *Scientists' Expertise as Performance: Between State and Society, 1860-1960* (London: Pickering & Chatto, 2015), pp. 1-14.
- Vieyra, Alejandro, and Ana Barahona, 'Clinical practices: Epilepsy at the National Hospital for the Paralysed and Epileptic, London, from 1860 to 1870', *Social History of Medicine*, *hkz020* (2019)
- Wallis, Patrick, 'Consumption, Retailing, and Medicine in Early-Modern London', *The Economic History Review*, 61.1 (2008), 26-53.
- Watkins, E. S., 'Medicine, Masculinity, and the Disappearance of Male Menopause in the 1950s', *Social History of Medicine*, 21.2 (2008), 329-344.
- Watson, Lindsay R., 'Tom Fiddler's round: Irregular Medical Practitioners and Male Sexual Problems in New Zealand, 1858-1908', *Medical History* 57.4 (2013).
- Weber, Max, *The Theory of Economic and Social Organization*, translated by A. M. Henderson and Talcott Parsons (New York: Oxford University Press, 1947).
- Weisz, George, 'The Emergence of Medical Specialization in the Nineteenth Century', *Bulletin of the History of Medicine*, 77 (2003), 536-74.
- Whipple, Amy C., "'Into Every Home, Into Every Body": Organicism and Anti-Statism in the British Anti-Fluoridation Movement, 1952-1960', *Twentieth Century British History*, 21.3 (2010), 330-49.
- Wilson, Duncan, 'Who guards the guardians? Ian Kennedy, bioethics and the "Ideology of Accountability" in British medicine', *Social History of Medicine* 25.1 (2012), pp. 193-211.
- Wilson, Janice C., 'Periodical Knowledge: Medical Journals and Their Editors in Nineteenth-Century Britain', in *Medical Journals and Medical*

- Knowledge*, ed. by W.F. Bynum, Stephen Lock, and Roy Porter (New York: Routledge, 1992), pp. 29–48.
- Woloshyn, Tania Anne, 'Patients Rebuilt: Dr Auguste Rollier's Heliotherapeutic Portraits, c.1903–1944', *Medical Humanities*, 2013.
- , *Soaking up the Rays: Light Therapy and Visual Culture in Britain, c. 1890-1940* (Manchester: Manchester University Press, 2017).
- Worthen, Dennis B., 'Lyman Frederick Kebler (1863-1955): Foe to Fakers', *Journal of the American Pharmaceutical Association*, 50.3 (2003), 429–32.
- Wright, Katie, *The Rise of the Therapeutic Society* (New Academia Publishing, LLC, 2011).
- , 'Theorizing Therapeutic Cultures: Past Influences, Future Directions', *Journal of Sociology*, 44.4 (2008), 321–36.
- Wright, P., and A. Treacher, *The Problem of Medical Knowledge: Examining the Social Construction of Medicine* (Edinburgh, 1982).
- Yamey, B. S., 'The Origins of Resale Price Maintenance: A Study of Three Branches of Retail Trade', *The Economic Journal*, 6.247 (1952), 522–545.
- Yang, Timothy, *A Medicated Empire: The Pharmaceutical Industry and Modern Japan* (Cornell University Press, forthcoming).
- Young, James Harvey, *Pure Food: Securing the Federal Food and Drug Act of 1906* (Princeton, NJ.: Princeton University Press, 1989).
- , *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation* (Princeton, NJ.: Princeton University Press, 1961).
- Zweiniger-Bargielowska, Ina, *Austerity in Britain: Rationing, Controls and Consumption, 1939–1954* (Oxford: Oxford University Press, 2000).
- , 'The Culture of the Abdomen: Obesity and Reducing in Britain, circa 1900–1939', *Journal of British Studies*, 44.2 (2005), 239–73.
- , 'The Making of a Modern Female Body: Beauty, Health and Fitness in Interwar Britain', *Women's History Review*, 20.2 (2011), 299–317.
- , *Managing the Body: Beauty, Health and Fitness in Britain, 1880-1939* (Oxford: Oxford University Press, 2010).

———, 'Raising a Nation of "Good Animals": The New Health Society and Health Education Campaigns in Interwar Britain', *Social History of Medicine*, 20.1 (2007), 73–89.

Zweiniger-Bargielowska, Ina, 'The Culture of the Abdomen: Obesity and Reducing in Britain, circa 1900–1939', *Journal of British Studies*, 44.2 (2005), 239–73.

## Material in Private Hands

Sarah Murphy-Young

Prescription No. 27 or 'Quick Rub', Walfox Brand Product.

Phosferine Brand Tonic, by Phosferine (Ashton & Parsons) Ltd.

## Unpublished Theses

Gray, Jennifer M., 'Potions, Pills and Poisons: Quackery in New Zealand, circa 1900–1915' (unpublished BA Hons thesis: University of Otago, 1980).

Hand, Jane, 'Visualising Food as a Modern Medicine: Gender, the Body and Health Education in Britain, 1940–1992' (unpublished PhD thesis, University of Warwick, 2008).

Haughton, Philippa Lucy, 'The Formation of Professional Identity in the British Advertising Industry, 1920–1954' (unpublished PhD thesis, University of Durham, 2015).

Kirby, Jill, 'Troubled by Life: The Experience of Stress in Twentieth-Century Britain' (unpublished doctoral thesis, University of Sussex, 2014).

Lentacker, Antoine, *Signs and Substances: Making Media and Drugs in Modern Europe* (unpublished doctoral thesis, University of Yale, 2016).

Mackintosh, Alan, 'Rethinking Georgian Healthcare: The Patent Medicines Industry in England, 1760–1830' (unpublished PhD thesis, University of Leeds, 2015).

**Newspapers, Magazines, Periodicals and Journals**

*Aberdeen Press and Journal*

*Advertiser's Weekly*

*American Druggist and Pharmaceutical Record*

*Bath Chronicle and Weekly Gazette*

*Birmingham Daily Post*

*British Medical Journal*

*Chemist and Druggist*

*Daily Herald*

*Daily Mail*

*Daily Telegraph*

*Derby Daily Telegraph*

*Dover Express*

*Economist*

*Exeter and Plymouth Gazette*

*Financial Times*

*Gloucester Citizen*

*Guardian*

*Hull Daily Mail*

*Lancet*

*Pharmaceutical Era*

*Pharmaceutical Journal*

*Reading Evening Post*

*Reports of Patent, Design and Trade Mark Cases*

*Times*

*Weekly Bulletin of the Department of Health*

*Western Gazette*

*Western Times*

*Yorkshire Evening Post*

**Websites**

Conservative Party (2021) <<http://conservativemanifesto.com>>.

Facebook (2021), <<https://about.fb.com>>.

Fast Company (2021), <<https://fastcompany.com>>.

Gale Primary Sources, 'Artemis Primary Source programme', *Gale* (2021), <<https://gale.com>>.

Hansard (2021), <<https://hansard.parliament.uk>>.

Internet Archive (2021), <<https://archive.org>>.

Labour Party (2021), <<http://labour-party.org.uk>>.

Merriam-Webster (2021), <<https://www.merriam-webster.com>>.

Oxford Dictionary of National Biography (2021), <<https://oxforddnb.com>>.

Royal College of Physicians (2021), <<https://history.rcplondon.ac.uk>>.

Science Museum Group, Digital Collection (2021), <<https://collection.sciencemuseumgroup.org.uk/>>.

Tech Crunch (2021), <<https://techcrunch.com>>

UK Government (2021), <<https://gov.uk>>.

US National Library of Medicine, 'Digital Collections', (2019), <<https://collections.nlm.nih.gov>>.

Verified, United Nations (2021) <<https://shareverified.com/>>.

Wellcome Collection Images, (2021), <<https://wellcomecollection.org/works>>.

## Appendices

### Appendix I

#### Estimated shares of the different economic types of retailer in the total retail sales of chemists' goods, 1900 – 1930.<sup>765</sup>

Year	Proportion of total sales undertaken by			
	Co-operative Societies %	Department stores %	Multiple shop retailers %	Other retailers (i.e. small or independent retailers) %
1900	< 1	< 1	6.5 – 8.0	90.5 – 93.5
1910	< 1	1	10.0 – 12.0	86.0 – 89.0
1920	< 1	2.0 – 3.0	14.5 – 16.5	80.0 – 83.0
1930	1.5 – 2.5	2.0 – 3.5	24.0 – 28.0	66.0 – 72.5

\* Included in chemists' goods are all proprietary and non-proprietary medicines and drugs, toilet and beauty preparations and toilet articles, surgical goods, photographic and optical goods, and dispensing. Tobacco, spirits and confectionery are excluded.

---

<sup>765</sup> 'Estimated shares of the different economic types of retailer in the total retail sales of chemists' goods, 1900-50', James B. Jefferys, *Retail Trading in Britain, 1850-1950* (Economic and Social Studies, 1954), 396.

## Appendix II

**List of attendees at the AMBP's inaugural meeting at the Canon Hotel, London, 2 June 1919, as documented in the Association's minutes.<sup>766</sup>**

Ashton & Parsons, Ltd.	Manufacturer of 'Ashton and Parsons' infant teething powders and 'Phosferine'.
Albert & Co.	Manufacturer of 'Albert's Grasshopper Ointment and Pills' (for headaches, insomnia, liver, kidney and digestive complaints).
Armour & Co., Ltd.	Manufacturer of 'Armour' meat extracts
Ayrton, Saunders & Co., Ltd.	Manufacturer of proprietary articles including 'Ayrton's Heart Shape Bismuth Indigestion Tablets'
Thomas Beecham	Manufacturer of several proprietary medicines, notably, 'Beecham's Pills', a treatment for digestion.
Bengers Food, Ltd.	Manufacturer of 'Bengers Food', a supplement formulated for children with "stomach troubles" and also sold as an "invalid food"
Boots Pure Drug Co., Ltd.	Company-chemist 'chain' store.
E. Burgess	Manufacturer of 'Burgess' Lion Ointment, Pills, & Nerve Tonic

---

<sup>766</sup> PAGB Foundation Records, 2 June 1919, PAGB/1/1.

T. F. Bristow & Co., Ltd.	Manufacturer of proprietary toilet preparations (soaps, creams, perfumery, baby powder, etc.).
Bell, Hills & Lucas, Ltd.	Company-chemists.
Condy & Mitchell Ltd.	Manufacturer of 'Condy's Fluid' and 'Condy's Crystals (disinfectants) solution.
Clement & Johnson Ltd.	Manufacturer of 'Yadil', an antiseptic.
Capsuloids Ltd.	Manufacturer of 'Capsuloids', treatment for thinning or greying hair; and various treatments for indigestion, constipation, flatulence and acidity.
Calvert & Co.	Manufacturer of soap and tooth powder, including 'Calvert's Carbolic Tooth Powder'.
Castle Laboratory	Manufacturer of several proprietary medicines including 'Helicon' (acetylsalicylic acid or 'aspirin').
Coleman & Co., Ltd.	Manufacturer of 'Wincarnis' (advertised as a tonic and 'restorative') and other proprietary articles.
J. T. Davenport, Ltd.	Company-chemist and manufacturer of 'Dr. John Collis Browne's Chlorodyne', for coughs, colds, asthma and bronchitis.

George Eade Ltd.	Manufacturer of 'Eade's Rheumatic and Gout Pills'
Evans Sons, Lescher & Webb, Ltd.	Company-chemist.
Foster-McClennan Co.	Manufacturer of 'Doans Backache Kidney Pills'.
C. E. Fulford	Manufacturer of several proprietary medicines including 'Bile Beans for Biliousness'.
J. Howard & Co.	Wholesale agent of 'Byrolin' (manufactured by the Byrolin Co.), an aseptic and antiseptic ointment and emollient (also known as 'Dr. Graf's Ointment').
Thomas Keating	Manufacturer of 'Keating's Cough Lozenges' (and Keating's Insect Powder).
Lincoln & Midland Counties Drug Co.	Manufacturer of 'Clarke's Blood Mixture', for sores, glandular swelling, skin complaints, scrofula, scurvy, cancerous ulcers, bad legs, rheumatism, gout, etc.
Lorimer-Marshall & Co.	Company-chemist.
Maltine Manufacturing Co., Ltd.	Manufacturer of various malt-extract preparations sold under the name 'Maltine'.
McClinton Ltd.	Manufacturer of soaps and creams including 'McClinton's Colleen Soap'.
Mellins Food Ltd	Manufacturer of 'Mellin's Food for Infants and Invalids'

Omega Ltd	Manufacturer of various proprietary articles including 'Omega Oil'.
Parke, Davies & Co.	Manufacturer of 'Metagen' and 'Euthymol' toothpaste, amongst other proprietary articles.
Prout & Harsant	Manufacturer of preparations including 'Blair's Gout and Rheumatic Pills'
Page Woodcock, Ltd.	Manufacturer of 'Page Woodcock's Wind Pills' for indigestion.
Parkes Drug Stores	Company-chemist.
W. Sutton & Co.	Manufacturer of various proprietary medicines including 'Daffy's Elixir' (or Elixir Salutis) (a purgative) and 'Bateman's Pectoral Drops' (a preparation for the chest and lungs).
J. H. Stedman	Manufacturer of various 'Stedman' soothing and teething powders for infants.
Sanitas Co., Ltd	Manufacturer of 'Sanitas' soap and disinfectants
Thomas Tyrer & Co., Ltd	Manufacturer of 'sterling brand' articles.
A. J. White Ltd.	Manufacturer of various proprietary medicines including 'Mother Siegal's Curative Syrup'.

W. H. Woodward Ltd.	Manufacturer of 'Woodward's Gripe Water' for infant discomfort.
Western Dental Manufacturing Co.	Manufacturer of proprietary dental articles including 'Sotol' antiseptic mouth and throat wash and nasal douche.
W. E. Woods & Co.	Manufacturer of 'Woods' Peppermint Cure' for coughs, colds and influenza.
A. Wander Ltd	Manufacturer of 'Ovaltine', a beverage for breastfeeding mothers and infants.
Ridges	Manufacturer of 'Dr. Ridge's Food for infants and invalids'.
Nathan & Co., Ltd.	Manufacturer of 'Glaxo' foods for infants.
B. S. Carpenter	Representative of G. T. Congreve, manufacturer of 'Congreve's Balsamic Elixir' for bronchitis, asthma, coughs, colds and influenza.
Thomas Holloway	Manufacturer of 'Holloway's Pills' and 'Holloway's Ointment', treatments for bad breasts, sores, ulcers, skin diseases, and rheumatism.
C. B. Todd	Charles B. Todd, representative of Bates & Co., company-chemist, sellers of 'Bates's Salve' for wounds and sores.

### Appendix III

**Requirements for membership in the Proprietary Association of America adopted in November 1915, as they appeared in Section VIII of the Association's by-laws:**

'(1) The preparation must be of such character as may reasonably be expected to bring about the results for which it is recommended. Statements on package and elsewhere regarding composition, origin, place of manufacturer, and name of manufacturer or distributor must be in exact accordance with the facts. Statements regarding therapeutic effects must neither be obviously unreasonably nor demonstrably false.

'(2) The preparation must not be offered or intended directly or indirectly for use as an abortifacient nor for any other immoral or illegal purpose.

'(3) The preparation must not contain cocaine or eucaïne; nor shall it contain opium or any of its alkaloids or their derivatives in greater proportion than those specified in Section Six of the Federal Law commonly known as the Harrison Act, and it shall also contain other active drugs in such proportions that when used as directed it will not be likely to create or satisfy a drug habit; provided that is specially intended for the use of babies or small children, the preparation shall contain none of the drugs named in this section in any quantity.

'(4) If the preparation contains alcohol the amount shall not be greater than is properly necessary to hold in solution in permanently active condition the essential constituents of the preparation and to protect against freezing, fermentation or other deleterious change, and the medication shall be sufficient to render the preparation unsuitable for use as an intoxicating beverage.

'(5) The preparation must not be advertised or recommended as a cure for diseases or conditions which are generally recognised as incurable by the simple administration of drugs.

‘(6) The package either as to wrapper, label or accompanying literature shall contain no statement in conflict with the misbranding provisions of the Federal Food and Drugs Act.

‘(7) The preparation must be of such character as not to endanger life or health if used in accordance with instructions accompanying the package.’

‘(8) In order to secure the enforcement of these requirements and to take charge of the examination necessary to that end, a Committee on Requirements.’<sup>767</sup>

## Appendix IV

### Proprietary Association of Great Britain, List of Members (September 1936).<sup>768</sup>

Allied Drug & Chemical Co., Ltd.	Jordan’s ‘Gin’ Pills.
Aspro Ltd.	‘Aspro.’
Barker, Robert & Son, Ltd.	‘Atkinsons’ Infant Preservative.’
Beecham’s Pills Ltd.	‘Beechams’ Pills,’ etc.
Blosser, Dr. Ltd.	‘Dr. Blosser’s Catarrh Remedy.’
Boots Pure Drug Co., Ltd.	‘Manufacturing Chemists.’
Bragg, J. L., Ltd.	‘Bragg’s Charcoal Biscuits,’ etc.
British Felsol Co., Ltd.	‘Felsol.’
Carter Medicine Co.	‘Carter’s Little Liver Pills.’
Castle Laboratory, Ltd	‘Antexcema.’
Cicfa Co., Ltd.	‘Cicfa.’

<sup>767</sup> ‘Standards for Package Remedies’, *Standard Remedies*, IV, February 1918, 5-11.

<sup>768</sup> Proprietary Association of Great Britain, List of Members (September 1936), BT 209/321, TNA.

Chesebrough Manufacturing Co.	'Vaseline.'
Christy, Thos. & Co.	'Forhan's Tooth Paste,' etc.
Cockburn & Co., Ltd.	'Cockburn's Pills.'
Cockle & Co., Ltd.	'Cockle's Pills.'
Coleman & Co., Ltd.	'Wincaris.'
Condy & Mitchell, Ltd	'Condy's Fluid.'
Davenport, J. T. Ltd.	'Collis Browne's Chlorodyne.'
Denver Chemical Manufacturing Co.	'Collis Browne's Chlorodyne.'
Dodds Medicine Co., Ltd.	'Dodds Pills.'
De Witt, E.C. & Co., Ltd.	'De Witt's Pills' (Kidney and Bladder)
Eade, George, Ltd.	'Eade's Pills and Ointment.'
Elliman, Sons & Co., Ltd.	'Elliman's Embrocation.'
Ellis, J. E., Ltd.	'Daisy Powders,' Tablets, etc.
Eno, J. C., Ltd.	'Eno's Fruit Salts.'
Ex-Lax Ltd.	'Ex-Lax'
Fennings, Alfred	'Fennings Powders,' etc.
Fulford, C. E., Ltd.	'Zam-Buk,' 'Bile Beans,' 'Peps.'
Fulford, G. T., Co., Ltd. (of Canada)	'Dr. Williams Pink Pills.'
Foster-McClellan Company.	'Doan's Backache Pills,' etc.
General Kaputine Syndicate Ltd.	'Kaputine Headache Powders.'
Green, Stephen, Ltd.	'Singleton's Eye Ointment.'
Guy's Tonic Ltd.	'Guy's Tonic.'
Hairs (Dr.) Asthma Cure, Ltd.	'Hair's Asthma Cure.'
Harley, Thomas, Ltd.	'Mascot Liquid Inhalent,' Harleys 3 Salts,' etc.
Modern Health Products	'Nalex' preparations
Mothersill Remedy Co., Ltd.	'Mothersill.'
Natural Chemicals Ltd.	'Phyllosan.'

Newton Chambers & Co., Ltd.	'Izal.'
Owbridge, W. T., Ltd.	'Owbridge's Lung Tonic.'
Phosferine (Ashton & Parsons) Ltd.	'Phosferine.'
Potter & Clarke, Ltd.	'Potter's Asthma Cure.'
Prichard & Constance, Ltd.	'Amami' Preparation.
Proprietary Agencies, Ltd.	Philips' 'Milk of Magnesia.'
Potter Drug & Chemical Co.	'Cuticura' Preparation.
Rankin & Co., Ltd.	'Rankin's Ointment.'
Roberts Croupline, Ltd.	'Robert's Croupline,' etc.
Sanitas Co., Ltd.	'Sanitas.'
Scott & Bowne, Ltd.	'Scotts Emulsion.'
Scott & Turner, Ltd.	'Andrews Liver Salts.'
Smith, Stephen & Co., Ltd.	'Hall's Wine.'
Steedman & Co., J.	'Steedman's Powders.'
Thermogene Co., Ltd.	'Thermogene.'
Tucker A. Q., & Co.	'Dr Tucker's Asthma Remedy.'
Veno Drug Co., Ltd.	'Venos Lightning Cough Cure', 'Germolene,' 'Dr. Cassell's Tablets.'
Vick Chemical Co.	'Vick Vapour Rub.'
Virol Ltd.	'Virol.'
Wander, A., Ltd.	'Ovaltine,' etc.
Warner, W. R. & Co., Ltd.	'Agarol,' etc.
Whelpton, G. & Son, Ltd.	'Whelpton's Pills.'
White, A. J., Ltd.	'Mother Seigel's Syrup.'
Woodward, W., Ltd.	'Woodward's Gripe Water.'
Wright, Layman & Umney Ltd.	'Wright's Coal Tar Soap,' etc.
Yeast Vite, Ltd.	'Yeast-Vite' Tablets.

## Appendix V

### PAGB Code of Standards, 1937.<sup>769</sup>

Members of the Association should bear in mind that, in advertising, they owed a duty to the public and to their fellow members, that is to say, that advertisements should be such a character that they do not mislead the public nor contain statements which would permit criticisms to be levelled at proprietary medicines as a whole or which may cause public confidence in proprietary medicines to be impaired. For this purpose, all members of the Association should cooperate to observe these basic principles and the particular injunctions all prohibitions hereinafter set out.

1. No advertising must contain any matter which in any way departs from truth as to the character of the product or its suitability for the purposes for which it is recommended. Further, no untruthful implications should be imported in any advertising matter.
2. No advertisement should contain any matter which could be regarded as a holding out for the prevention and cure or relief of serious diseases which should rightly be under the care of a medical man and, in particular, in accordance with the undertaking required by the rules of the Association, no member shall:
  - a. Advertise or offer for sale to the public any medicine for treatment which is directly or by implication held out as being effective:
    - i. For the treatment of Bright's disease, cancer, tuberculosis or consumption, diabetes, epilepsy, fits, locomotorataxy, lupus or for preventing any of those ailments of producing any beneficial effect with respect to the course of any of those ailments;

---

<sup>769</sup> Code of Standards (Adopted at a Meeting of the Executive Committee held at 43 Gordon Square, London, WC1, Thursday 9<sup>th</sup> December, 1937).

- ii. For the cure of amenorrhoea, hernia, blindness, or any structural or organic elements of the auditory system;
    - iii. For procuring the miscarriage of women;
    - iv. For the treatment of habits associated with sexual excess or indulgence or of any ailment associated with those habits.
  - b. Publish or cause to be published any advertisements or send or cause to be sent to any person any circular which contains an indication that he or they is or are prepared to diagnose by correspondence, diseased conditions or any particular Diseased conditions in a human being, or to receive from any person a statement of his or any other person symptoms of ill-health with a view to advising as to, or providing for the treatment of such ill-health by correspondence; or
  - c. To treat by correspondence any of the ailments specified in paragraph 1 above.
3. No advertisement shall contain any matter which would lead persons to believe from the symptoms described that they are suffering from any serious ailment.
4. If any testimonial is used, it should be honestly obtained and should be limited to the actual views of the user, and no member should pay for any testimonial. No testimonial given by a foreign doctor should be in any way used so as to imply that the doctor is a British doctor.
5. No advertisements relating to a proprietary medicine should propound prize competitions or any schemes which are calculated to lower the tone of the industry.
6. Illustrations should be in good taste and should not be distorted or exaggerated so as to convey false impressions.
7. No member of the Association shall make use of any imitation of the trademarks or names of competitors which imitates the get up or packaging or labelling of goods will imitate a distinctive advertising devices, nor should any advertisement either directly or indirectly disparage or criticise other advertised goods or services.

8. No member of the Association shall without authority use any title, description or address which may lead persons to believe that the product recommended emanates from any hospital or official source and is otherwise than a proprietary medicine advertised by particular manufacturer for the purpose specified.
9. Every member of the Association must take steps to provide his advertising agent with copies of this code and every member will be held responsible for the contents of any advertisement which may appear over his name or in connection with his goods.
10. Any infringement of the provisions of this code will render a member liable to suspension and expulsion as provided for by the rules of the Association.

## **Appendix VI**

### **The Newspaper Proprietors Association, Ltd. and The Newspaper Society, 1944.<sup>770</sup>**

Recognised advertising agents are advised that the Advertisement Committees of The Newspaper Proprietors Association and The Newspaper Society have adopted the undernoted code of standards in regard to the advertising of medicines and treatments.

Observance of these rules will avoid the necessity for notification that amendments and/or deletions are necessary before advertisements can be accepted.

1. No advertisement will be accepted by the newspapers represented in The Newspaper Proprietors Association or The Newspaper Society which contained any matter which can be regarded as a holding out for the prevention, cure or relief of serious diseases which should rightly be under the care of a registered medical practitioner, or offers for sale to the public any medicine or treatment which is directly or by

---

<sup>770</sup> HAT 33 Advertising Controls Medical/Pharmaceutical Industries.

implication held out in terms calculated to lead to the belief that the product or subject advertised is effective in:-

- a. The treatment of Bright's disease, cancer, tuberculosis or consumption, diabetes, epilepsy, eye-strain and overstrain, fits, locomotorataxy, or any ataxia, cataract, glaucoma, disseminated sclerosis, osteoarthritis, spinal, cerebral and venereal diseases, lupus, or paralysis, or for preventing any of those ailments or for producing any beneficial effect with respect to the course of any of those ailments.
  - b. The cure of amenorrhoea, hernia, blindness, arthritis, or any structural or organic ailment of the auditory system.
  - c. Procuring the miscarriage of women.
  - d. The treatment of habits associated with sexual indulgence or of any ailment associated with those habits.
2. No advertisement will be accepted from an advertiser who by printed matter, orally, mechanically or by any other method undertakes:-
- a. To diagnose by correspondence diseased conditions or any particular diseased condition in a human being, or to receive from any person a statement of his or any other person's symptoms of ill-health with a view to advising as to, or providing for the treatment of such ill-health by correspondence or
  - b. To treat by correspondence any of the ailments specified in paragraph 1 above.
3. No advertisement will be inserted containing a testimonial other than one limited to the actual views of the writer, nor any testimonial given by a doctor other than a recognised British medical practitioner unless it is manifest that the writer is not a British Doctor of Medicine. (The original testimonial may be called for by the Advertisement Committee before publication).
4. No advertisement will be inserted containing illustrations which are distorted or exaggerated in such a manner as to convey false impressions or containing statements of a 'knocking' or extravagant nature.

5. No advertisement will be accepted which in any way lead persons to believe that the product recommended emanates from any hospital or official source, or is other than a proprietary medicine advertised by a particular manufacturer for the purpose specified, unless the advertising agent submitting the copy declares that the authority of such hospital or official source had been duly obtained.

Fleet Street., London, EC4. February, 1944.

## **Appendix VII**

### **British Code of Standards in Relation to the Advertising of Medicines and Treatments, 1948.<sup>771</sup>**

'This Code has been drafted for the guidance of advertisers, manufacturers and distributors of proprietary medicines, advertising agents, publishers and suppliers of various advertising media. The paragraphs are arranged and indexed for easy reference It is important that they should be regarded as setting forth the minimum standards to be observed by the parties concerned. The harm to the individual that may result from exaggerated, misleading or unwarranted claims justifies the adoption of a very high standard and the inclusion of considerable detail in a Code designed to guide those who are concerned with this form of advertising. Newspaper and other advertising media are urged not to accept advertisements in respect of any product or treatment from any advertiser or advertising agent who disregards the provisions of this Code in any form of advertising or publicity relating to that product or treatment. The provisions of this Code do not apply to an advertisement published by a Government Ministry or Department or by a local authority, nor to an advertisement published only in so far as is medical or dental practitioners, registered pharmacists or registered nurses.

---

<sup>771</sup> HAT 33 Advertising Controls Medical/Pharmaceutical Industries.

## **Section I**

### **General Recommendations**

1. **Cure.** No advertisement should contain a claim to cure any ailment or symptoms of ill-health, nor should an advertisement contain a word or expression used in such a form or context as to mean in the positive sense the extirpation of any ailment, illness or disease.
2. **Illnesses, etc., properly requiring medical attention.** No advertisement should contain any matter which can be regarded as an offer of a medicine product or advice relating to the treatment or relief of serious diseases, complaints, conditions, indications or symptoms which should rightly receive the attention of a registered medical practitioner. (see also Sections II and III)
3. **Misleading or Exaggerated claims.** No advertisement should contain any matter which directly or by implication misleads or departs from the truth as to the composition, character or action of the medicine or treatment advertised or as to its suitability for the purpose for which it is recommended.
4. **Appeals to Fear.** No advertisement should be calculated to induce fear on the part of the reader that he is suffering, or may without treatment suffer, or suffer more severely, from an ailment, illness or disease.
5. **Competitions.** No advertisement should contain any prize competition or similar scheme. It should be noted that such advertisements may constitute an offence under Section 26 of the Betting and Lotteries Act, 1934.
6. **Diagnosis or Treatment by Correspondence.** No advertisement should offer to diagnose by correspondence diseases, conditions or any symptoms of ill-health in a human being or request from any person a statement of his or any other person's symptoms of ill-health with a view to advising as to or providing for treatment of such conditions of ill-health by correspondence. No should any advertisement offer to treat by correspondence any ailment, illness, disease or symptoms thereof in a human being.

7. Disparaging References. No advertisement should directly or by implication disparage the products, medicines or treatments of another advertiser or manufacturer or registered medical practitioners or the medical profession.
8. Money-back Offers. No advertisement should offer to refund money paid.
9. College, Clinic, Institute, Laboratory. No advertisement should contain these or similar terms unless an establishment corresponding with the description used does in fact exist.
10. Doctor, Hospitals, etc. No advertisement should contain any reference to doctors or hospitals, whether British or foreign, unless such reference can be substantiated by independent evidence and can properly be used in the manner proposed. No advertisement should contain in the name of a product the term 'Doctor' or 'Dr' unless the product were so named prior to 1<sup>st</sup> January, 1944.
11. Products offered particularly to women. No advertisements of products, medicines or treatments for disorders or irregularities peculiar to women should contain the following or similar expressions which may imply that the product, medicine or treatment advertised can be effective in inducing miscarriage. "Female pills", "Not to be used in cases of pregnancy", "The stronger the remedy the more effective it is", "Never known to fail".
12. Illustrations (a) No advertisement should contain any illustration if the reasonable inference to be drawn therefrom comes within any of the restrictions of this Code. (b) Illustrations in advertisements should be in good taste and should not be distorted or exaggerated to convey false impressions.
13. Magic, Magical, Miraculous. No advertisement should contain these terms.
14. Natural Remedies. No advertisement should claim or suggest, contrary to the fact, that the article advertised is in the form in which it occurs in nature or that its value lies in its being a "natural" product.
15. Special claims for Drugs and Chemicals. No advertisement of drugs or chemicals should contain any reference which is calculated to lead the

public to assume that the article, product, medicine or treatment advertised has some special property or quality which is in fact unknown or unrecognised.

16. Sexual Weakness. No advertisement should claim that the product, medicine or treatment advertised will promote sexual virility or be effective in treating sexual weakness, or habits associated with sexual excess or indulgence, or any ailment, illness or disease associated with those habits.
17. Premature Ageing, Impaired Vitality, Loss of Virility. These and similar expressions may be understood to mean sexual weakness and the recommendations under that heading may apply.
18. Tonic. The use of this expression in advertisements should not imply that the product or medicine can be used in the treatment of sexual weakness.
19. Testimonials. No statement or implication should be allowed to appear in a testimonial which would not be permitted in the text of the advertisement. In any case no advertisement should contain a testimonial other than one limited to the actual views of the writer, nor any testimonial given by a doctor other than a registered British medical practitioner unless it is obvious in the advertisement that the writer is not a British Medical Practitioner.

## **Section II**

### **Restrictions Imposed by Statute**

- a. Cancer. The Cancer Act, 1939, makes it an offence to take part in the publication of any advertisement which contains an offer to treat any person for cancer, to prescribe any remedy therefor, or to give any advice calculated to lead to its use in the treatment of cancer.
- b. Abortion. The Pharmacy and Medicines Act, 1941, makes it an offence to take part in the publication of any advertisement referring to any article in terms which are calculated to lead to the use of the article for procuring the miscarriage of women.

- c. Bright's Disease, Cataract, Diabetes, Epilepsy, Fits, Glaucoma, Locomotor Ataxy, Paralysis, Tuberculous (Phthisis, Consumption). The Pharmacy and Medicines Act, 1941, makes it an offence to take part in the publication of an advertisement referring to any article in terms which are calculated to lead to the use of that article for the purpose of the treatment of these diseases. (NOTE:- Bright's Disease is sometimes referred to as Nephritis, Epilepsy as "Falling Sickness" and Tuberculosis as "Wasting Disease").
- d. Venereal Diseases. The Venereal Diseases Act, 1917, makes it an offence to advertise in any way any preparation or substance of any kind as a medicine for the prevention, cure or relief of venereal disease.

The above prohibitions do not apply in the case of technical journals which circulate among persons of the classes mentioned in the respective Acts. It is permissible, for example, for advertisements to appear in technical journals intended for circulation mainly among registered medical practitioners, registered pharmacists and nurses (except in the case of (4) above, where no provision is made in the Venereal Diseases Act, for advertising in journals circulating among nurses.)

The above is a very broad outline of the effect of the relevant section of the respective Acts. For further and more detail information, reference should be made to the Acts.

### **Section III**

#### **Diseases, Illness or Conditions for Which Medicines, Treatments or Products May Not Be Advertised**

No advertisement should contain any matter which can be regarded as an offer of a medicine, treatment or product in relation to any of the following diseases:

Alopecia

Amenorrhoea

Ankles, diseased.

Arteriosclerosis  
Artery troubles  
Arthritis  
Baldness  
Barber's Rash  
Blood disease  
Blood pressure  
Cardiac symptoms  
Convulsions  
Dermatitis (where the statement related to all forms)  
Disseminated Sclerosis  
Ears (any structural or organic ailment of the auditory system)  
Eyes (any structural or organic ailment of the optical system)  
Fungus infections  
Gallstones  
Goitre  
Heart Troubles  
Hypertension  
Hypotension  
Impetigo  
Indigestion (where the claim is in respect of chronic or persistent)  
Insomnia (where the claim is in respect of chronic or persistent)  
Itch  
Kidneys, diseases of.  
Lazy eye  
Legs, bad, painful, troubles.  
Lupus  
Menopausal ailments  
Obesity  
Osteoarthritis  
Prolapse  
Purpura  
Pyorrhoea  
Rheumatism (where the claim is in respect of chronic or persistent).

Rheumatoid arthritis

Ringworm

Scabies

Scaly eruptions

Sclerosis

Skin diseases (where the claim is in respect of all or most skin diseases or skin ailments in general)

Sleeplessness (where the claim is in respect of chronic or persistent).

Slimming, Weight reducing\*

Squint

Sycosis

Ulcers, duodenal, gastric, pyloric stomach,

Varicose veins

[\* this restriction herein does not apply to offers of physical exercise courses or to articles used for the purpose of physical exercise]

## Appendix VIII

### **‘The Proprietary Association of Great Britain List of Members’ (May 1960).<sup>772</sup>**

Alcona Products Ltd.	1-7 Grenville Road, London, N19
Allcock Products Ltd.	225-227, Knowsley Road, Bootle, Liverpool, 20.
Anestan Ltd.	59, Brook Street, London, W1
Ashe Laboratories Ltd.	Ashetree Works, Kingston Road, Leatherhead Surrey
Askit Ltd.	Saracen Street, Glasgow N.

---

<sup>772</sup> Memorandum from the Proprietary Association of Great Britain submitted to the Interdepartmental Working Party on Legislation Concerning Medicines, MH 149/1693, TNA.

Aspro-Nichola Ltd.	225, Bath Road, Slough
Barker, Robert & Sons Ltd	13 Alistair Street, C-on-M, Manchester
Bayer Products Ld.	Neville House, Eden Street, Kingston-on-Thames, Surrey
Beecham Pharmaceuticals Ltd.	St. Helens, Lancashire
Bengue & Co. Ltd	Mount Pleasant, Alperton, Wembley.
Boots Pure Drug Co., Ltd	Station Street, Nottingham
Bragg, J. L. Ltd	60 Beaconsfield Road, London, N11
Bristol-Myers Co. Ltd	209-215, Blackfriars Road, London, SE1
British Alkaloids Ltd.	Pinners Hall, Great Winchester Street, Lonfon, EC2
Care Laboratories Ltd	162, New Bond Street, London, W1
Cheseborough-Ponds Ltd.	Victoria Road, London, NW10
Christy, Thomas & Co. Ltd	North Lane, Aldershot, Hants.
Co-perative Wholesale Society Ltd.	Drug Works, Droysden, Manchester
Davenport, J. T. Ltd.	83-87, Union Street, London, SE1
D. D. D. Company Ltd.	94 Rickmansworth Road, Watford, Herts.
Denver Larboratories, Ltd.	12, Carlisle Road, London, NW9
De Witt, E.C. and Co., Ltd.	2 Cherry Orchard Road, Croydon, Surrey
Eade, George Ltd	232 Goswell Road, London, EC1
Elliman Sons & Co. Ltd	Chandos Street, Slough, Bucks
Ellis, J.E., Ltd.	20, Regents Parade, Harrogate, Yorks.
Ex-Lax Ltd	Slough, Bucks
Eucryl Ltd	Manufacturing Chemists, Southampton
Fassett & Johnson Ltd	86 Clerkenwell Road, London, EC1
Fennings, Alfred	Horsham, Sussex
Foster-McClellan Products Ltd	58b, Wells Street, London, W1
Fulford, C.E. Ltd	Carlton Hill, Leeds 2, Yorks.
Fulford, G. T. & Co. Ltd (of Canada)	Cornwall Road, Hatch End, Middlesex
Fletcher, Fletcher & Co., Ltd.	3-5, Thane Villas, Holloway, London

Granto Laboratories Ltd.	52-64, Health Road, Twickenham, Middlesex
Green, Stephen Ltd.	210, Lambeth Road, London, SE1
Hampshire, F.W. & Co. Ltd.	Sunnydale, Derby
Harley, Tomas Ltd.	55, South Methven Street, Perth, Scotland.
Hormo-Pharma Ltd	78, Buckingham Gate, London, SW1
Hough Hoseason & Co. Ltd	Atlas Laboratories, Levenshulme, Manchester, 19.
Hughes, E. Griffiths Ltd.	Adelphi, Salford 3, Manchester
Harvey Scruton Ltd.	4 Barker Lane, Yorks.
International Chemical Col, Ltd.	12 Chenies Street, London, WC1
International Laboratories Ltd.	20, Hook Road, Surbiton, Surrey
Kerbina Ltd.	177, Vauxhall Bridge Road, London, SW1
Knox Laboratores Ltd.	4, Hertford Street, London, W1
Koray Ltd.	Bristol House, 18-23, Holborn Viaduct, London, EC1
Lambert Chemical Co.	Chestnut Avenue, Eastleigh, Hants.
Lantigen (England) Ltd.	Bagshot, Surrey
Lincoln & Midland Counties Drug Co., Ltd.	Park Street, Lincoln
Lloyd, Howard & C., Ltd.	Trafalgar House, 11, Waterloo Place, London, SW1
The Lucozade Co.	Great West Road, Brentford, Middlesex
Mackenzie's Dr. Laboratories Ltd.	209-215, Blackfriars Road, London, SE1
Miles Laboratories Ltd.	Nuffield House, Piccadilly, London, W1
Mondart Ltd	49, Park Lane, London, W1
Monkseaton Herbalists Ltd.	52, Peru Street, Salford 3, Manchester
Moor Medicinal Products Ltd	Waverley House, Waverley Place, Aberdeen.
Morison, J.L. Son & Jones Ltd.	6, Albemarle Street, London, W1

Marns, Thomas Ltd.	Green Lane, Hounslow, Middlesex
Mentholatum, The Company Ltd.	Slough, Bucks
Newton Chambers & Co. Ltd.	Thorncliffe, Sheffield, Yorks.
Northam Warren Ltd.	20-215, Blackfriars Road, London, SE1
Numol Ltd	Elswick Road, Newcastle-on-Tyne.
Optrex Ltd.	Wadsworth Road, Perivale, Middlesex
Orstrax Ltd.	250, West Street, New York 19, NY, USA
Owbridge, W.T. Ltd.	Osbourne Street, Hull, Yorks.
Parkinsons Ltd.	Curzon Street, Burnley, Lancs.
Pascal, Jmes Ltd.	Mitcham, Surrey
Phillips, Scott & Turner Ltd.	179, Acton Vale, London, W3
Phospherine Products Ltd	Westfield Street, St. Helens, Lancs.
Potter & Clarke Ltd	Rover Road, Barking, Essex
Potter Drug & Chemical Co.	205-207 Victoria House, Southampton Row, London, WC1
Pretested Products Ltd	2-3 Maple Cross Industrial Estate, Denham Way, Richmansworth, Herts
Rendell, W. J. Limited	Ickleford Manor, Hitchin, Herts.
Rexall Drug Co., Ltd.	Loughborough, Leicestershire
Roberts Croupline Ltd.	Bolton, Lancs
Savory & Moore Ltd	61, Welbeck Street, London, W1
Scott & Bowne Ltd	50, Upper Brook Street, London, W1
Silten Ltd.	34, Batterdale, Hatfield, Herts
Smith Kline & French Laboratories Ltd.	Welwyn Garden City, Herts.
Steedman, John & Co.	272, Walworth Road, London, SE5
Therapeutic Products Ltd	Aintree Road, Perivale, Middlesex
Trevena Ltd.	20 Grosvenor Place, London, SW1
Universal Laboratories Ld.	137-139, Sandgate Road, Folkestone, Kent
Vick International Ltd.	10, New Burlington Street, London, W1
Wander, A. Ltd.	42 Upper Grosvenor Street, London, W1

Westminster Laboratories Ltd.	Chalcot Road, Regents Park, London, NW1
White Laboratories Ltd.	428, Southcroft Road, London, SW16
Woodward, W. Ltd.	1, Clapham Road, London, SW9