

The Status of Patent Medicines

Patent medicines might have been praised or criticised in Georgian England, but all agreed that they were purchased and taken in large quantities. The criticism could be vigorous, especially amongst some regular practitioners who saw them as a threat, but such shrill denunciations created a potential paradox: if, according to these denigrators, they were a fraudulent imposition on a gullible public, why were so many so popular for prolonged periods? The damnation of patent medicines has been approvingly repeated by some later writers;¹ but closer observation reveals that the views of both the Georgian public and the medical practitioners were more complex. Opinions on the status of patent medicines were varied, and they were adjustable to suit the needs of the moment: for example, owners were prepared to be fiercely critical of other patent medicines while supporting their own.

The status of patent medicines evolved over time. The patenting of medicines dates from the beginning of the Georgian period, and it was rare until the middle of the eighteenth century, but similar owned medicines were available earlier. After the Restoration, secret, branded, medicines were distributed widely with the help of advertisements in the annual almanacs. By the 1750s, a patent medicines industry had been developed, and patent medicines were purchased across the country for the treatment of most acute and chronic conditions, including those confined to children, women and the elderly. Most patent medicines

were recommended for several conditions, but they were advertised for a narrower range of problems than has been assumed by historians in the past. In this period, a specific medicine for a single problem was largely regarded as suspect by orthodox physicians: so prescribed medicines were also recommended for numerous conditions, with the choice of a particular medicine dependent on the patient's circumstances.

The professional standing of both the owners and critics of patent medicines is fundamental to understanding the status of the medicines themselves, and the standing of medical practitioners was expressed as 'regular' or 'irregular'. Such a distinction was in theory straightforward: regulars had received the required training as physicians, surgeons or apothecaries and practised in an appropriate manner, while irregulars had not. In practice, the absence of a medical register and the lack of formal qualifications for most practitioners meant that the boundary between regular and irregular status was hazy and porous, and that regular status was often a matter of local opinion. The word 'quack' rarely appears in this book outside quotations as it was largely a term of non-specific abuse, conveying little sense and running the risk of returning the reader to an earlier era of general criticism for all aspects of alternative medicine. 'Quackery', on the other hand, does have some meaningful content as it referred to a particular style of practice which was difficult to define but was readily recognised by contemporaries.

Georgian England was not a place for holding back critical opinions. Members of the royal family, including the King, were ruthlessly satirised, and members of all ranks of society could be condemned forcibly and possibly unjustly. In this environment, denunciations of patent medicines in general, and specific medicines in particular, could be vigorous from both the general public and medical practitioners. Their main targets were not so much the composition of the medicines, but more the secrecy of their recipes and the claims of their promoters. But the criticisms were far from universal, and those coming from physicians could be qualified, rather than blanket, condemnations. On the other side of the debate, influential members of the public took or recommended patent medicines, and prominent members of the medical professions supported them, or even owned them.

The backing by many members of the community was augmented by the inadvertent validation by the state through the patent system and the excise stamp. The royal patent, as it was usually described, was promoted as an official endorsement of both the novelty and the efficacy

of patented medicines, though in reality it was a legal, not an executive, device which paid little attention to both of these properties. However, the patent was expensive and cumbersome to obtain, and the excise stamp, introduced in 1783, largely replaced it as an official commendation. The excise stamp, with a large central crown, was applied to every bottle and box, and thus carried a strong implication that the medicine was approved by the state. With both public and official support, patent medicines were an established, if sometimes controversial, component of the medical market, and they were regarded by many as a reasonable alternative to orthodox medicine.

EARLY DEVELOPMENT OF SECRET OWNED MEDICINES

Purchasing pre-prepared medicines for self-medication has a very long history, but the sale of what later became known as patent medicines becomes visible in the seventeenth century. This type of medicine, kept secret by an owner and with a wide distribution helped by advertising, was being sold pre-packaged, branded and at a fixed price in the mid-seventeenth century, though the legal patenting of medicines came later in the early eighteenth century.² As we shall see in the next chapter, a substantial English patent medicines industry was then developed in the middle of the eighteenth century; but examples of the techniques which were widely adopted in the industry to brand, publicise and distribute patent medicines can also be found in the seventeenth century.³

Louise Curth has studied almanacs as a vehicle for the promotion of secret medicines across the country. Almanacs had been developed in the Middle Ages for the annual publication of astrological predictions, and by the seventeenth century they contained additional practical advice, including health preservation and medical therapy. By the 1660s over 400,000 were printed annually in England, one almanac for every 2.5 households, and they were an important method of advertising goods nationally before provincial newspapers appeared in the early eighteenth century.⁴ Some advertisements for secret medicines were printed in almanacs during the mid-seventeenth century, but they became commoner in the 1680s and 1690s, accompanied by the development of clearer branding.⁵ For example, 'Spirits of Scurvy Grass' were advertised from the 1650s, but only from the 1680s did this type of medicine have a specific name, such as 'Robert Bateman's Scurvy Grass' which was now competing with at least three other scurvy grasses with different named owners.⁶

According to the almanac advertisements, some of these branded medicines were only sold at the producer's premises in London, but others were available at a variety of fixed retail sites, which included alehouses, taverns, inns and coffee houses, and to a lesser extent, booksellers.⁷ By contrast, Elizabeth Furdell concluded that booksellers were the dominant vendors for owned medicines in the late seventeenth century.⁸ The medicines could also be purchased from temporary outlets, such as fairs, hawkers and pedlars, and they could be delivered by post. Antedating some features associated with the Georgian patent medicines industry, a few of the advertised medicines could be bought at fixed retailers across England, or at least Lincolnshire southwards, and some owners produced a range of medicines, though many were only associated with a single product.⁹

The preservation of some of Anthony Daffy's account books and legal documents from the 1670s and 1680s means that we have more precise information on his Elixir than most other patent medicines in both the Stuart and Georgian periods. Anthony Daffy was a shoemaker who apparently inherited the recipe from a clergyman cousin and turned it into a very profitable medicine with 132 agents in England outside London and 38 in Ireland, continental Europe and New England. The books, which do not include London sales, record the dispatch of an average of 9000 half-pint bottles a year in the period 1678–1683 at a price of 2s 6d to 3s, demonstrating a substantial national market for an owned medicine before the Georgian period.¹⁰ Daffy's Elixir was still a popular medicine for gout and stone in the nineteenth century, though the recipe may have changed: Thackeray mentioned it in several of his novels, it was used as a colloquial term for gin in the 1820s, and the recipe was published in the 1870s.¹¹

In common with several later Georgian patent medicines, some of the secret medicines of the late seventeenth century were the property of regular practitioners. Two licentiates of the College of Physicians in the Oracle group on Cheapside owned and advertised their secret medicines in 1687.¹² Also, William Cockburn devised a remedy for dysentery in 1696 which proved very successful in a trial in the Navy, leading to a substantial practice in London and the sale of the medicine to the Fleet for forty years.¹³ On land, John Coldbatch's Vulnary Powder for bleeding proved effective when tried out by the Army in Flanders in 1695: the following year, he sold the recipe to his publisher and bookseller, Daniel Brown, though he continued to 'supervise' its production.¹⁴ Cockburn

was already a licentiate of the College of Physicians when he created his medicine, while Coldbatch was initially an apothecary who became a physician after the success of his powder and was knighted in 1716.

The introduction of medicine patenting at the beginning of the eighteenth century was the next development in the market, potentially giving these owned medicines some official recognition. The first medicine patent is usually thought to have been Nehemiah Grew's in 1698 for medicinal salts from the spa at Epsom; but, as Josiah Peter who acquired the rights to the patent in 1700 pointed out, that patent was to protect the well-known production process of a naturally available medicine, and not for the compounding of a medicine itself.¹⁵ The first patent to seek to protect the formulation of a medicine was taken out by Timothy Byfield in 1711 for *sal. oleosum volatile*. In a promotional treatise for his medicine, Byfield did not explain the reasons for seeking a patent; but he commented that there must be a clear distinction between his medicine and other dangerous 'factitious compounds' made from inferior ingredients.¹⁶ In taking out a patent, he was probably aiming both to establish the uniqueness of his product and to prevent reproduction of its name. Medicine patents were rare in the early Georgian period, with only five more being granted before 1742; but owners now had an official, if cumbersome and expensive, mechanism for promoting their medicines and perhaps protecting their medicine names.¹⁷ The further development of a patent medicines industry in the Georgian period is discussed in Chapter 3.

DEMAND FOR PATENT MEDICINES

Several historians have noted the expansion of medicine-taking, both regular and irregular, during the eighteenth century.¹⁸ The estimated population of England more than doubled in this era, but the increase in medicine-taking was more than just the result of a larger number of consumers.¹⁹ Roy Porter's assertion that 'Georgian England was becoming a medicated society, drunk on self-drugging' is somewhat melodramatic, but it does emphasise the importance of medicines to the people of that period.²⁰ Within this general popularity of all medicines, patent medicines were being purchased in increasing amounts.

How often were patent medicines taken and by whom? Undoubtedly, they were widely consumed. Three examples from across the country are: Mary Dennett, a member of the Isle of Wight gentry, describing her friends taking a patent medicine as an alternative to consulting a medical

practitioner; Richard Latham, a Lancashire yeoman farmer, recording the purchase of at least thirty-five bottles or boxes of medicines in his accounts covering the last ten years of his life; and James Boswell's attraction to patent medicines for his recurrent episodes of venereal disease in London.²¹ Also, Fanny Burney's respect for some patent medicines runs through her copious journals and letters, where she recommended Dr. James's Fever Powder at least six times. Her most revealing entry is in a letter from Brussels to her husband, an Allied general, dated four to two days before the Battle of Waterloo. With the opposing armies manoeuvring and fighting only a few miles away, she had managed to buy three, urgently needed, patent medicines for her husband from a commercial traveller from Manchester.²²

Several sources confirm the widespread sale of a large number of patent medicines. Indeed, the multiple medicine advertisements in nearly every issue of every provincial newspaper are testimony to their popularity. The *Salisbury and Winchester Journal* printed an average of 14 advertisements for medicines in each issue during 1781, and *Aris's Birmingham Gazette* printed an average of nine in the same year. Such advertisements may have been fewer in other newspapers, but nearly all provincial newspapers from the mid-eighteenth century contained multiple advertisements for patent medicines in the large majority of issues. Medicine advertisements will be explored in detail in later chapters: each advertisement normally cost at least four to six shillings in the 1770s, including excise duty, and rather more later as the duty progressively increased.²³ Even if a newspaper printer who was a medicine retailer was advertising medicines for sale in his own newspaper, each advertisement still cost at least the stamp duty of a minimum of two shillings: there was no such thing as a free advertisement. This torrent of advertisements would not have been affordable unless significant sales of these medicines were anticipated. Other publications corroborate their frequent use and their many varieties, such as an educational book on the different English trades, whose description of the typical chemist and druggist included 'he also sells numerous quack medicines'.²⁴

Contemporary estimates also consistently reported that the number of patent medicines taken was considerable and growing. Edward Harrison, a Lincolnshire physician who was leading an attempt at medical reform in 1806, asked for reports on the state of medicine from across the country and he concluded that 'empirical medicines of very pernicious effects are sold to an incredible amount'.²⁵ One surgeon reported to Harrison

that sales of ‘quack medicines’ in his unidentified Suffolk town raised over £500 per year in stamp duty: this return implies a sale of many thousands, probably tens of thousands, of bottles or boxes in this single town each year.²⁶ These reports from practitioners, consistently describing a rising use of patent medicines, could be considered as special pleading for reform in the interests of regulars. However, this uniform increase is in contrast with the fluctuating number of empirics they recorded in their areas.²⁷ It seems unlikely that the consistent reports on the popularity of patent medicines in England during this period were exaggerations; and the quantity sold across the country is illustrated by the delivery of a *single* consignment in July 1802 of 767 bottles and boxes of patent medicines from Dicey and Sutton, a leading London wholesaler, to John Ware, the printer of the *Cumberland Pacquet* 310 miles away in Whitehaven, Cumberland.²⁸

These estimates of large sales reported by regular practitioners are confirmed by the fortunes made by some patent medicine owners and wholesalers. As we shall see in the next chapter, Francis Newbery, Cluer Dicey and Nathaniel Godbold, amongst others, were able to purchase substantial estates and to join the local gentry. Amongst the less respectable owners, Samuel Solomon’s large house and garden on the edge of Liverpool was for many years a symbol of homecoming as a traveller returned to Liverpool from London.²⁹ Even Francis Spilsbury, an ex-goldsmith described in the next chapter who apparently owned and promoted only one medicine, set up a trust fund of £4,000 in his will.³⁰ This potential for earning a fortune from a secret patent medicine was reflected in the award of £30,000 by Parliament to Edward Jenner for making his technique of vaccination freely available to all.³¹

The clearest evidence of the extensive sale of patent medicines comes from taxation reports. As will be described later in this chapter, after 1783 all patent medicine containers were required to have an attached excise stamp, which started at 1½d for medicines priced at one shilling or less and then increased progressively with the medicine prices. We can use the revenue raised to estimate the total annual sales of the medicines. For example, in 1810 the gross total of £41,201 was collected in England and Wales;³² so if the average duty paid on each bottle or box is estimated, we can assess the total number sold. As part of the exploration of owners and wholesalers, all the medicine advertisements in runs of newspapers in Leeds and Birmingham during the first half of 1807 were reviewed, and these advertisements reveal that 4.4d was the average

duty payable on the smallest advertised quantity of each medicine. With this figure for the average duty, the equivalent of about 2.2 million of the smallest bottles or boxes of patent medicines would have been sold across the country in 1810. The term 'equivalent' is used because some medicines were sold in larger containers, which would reduce the number of bottles and boxes, but would not significantly diminish the total volume of medicine. Of course, this figure is only an estimate because some advertised medicines would sell better than others and many available medicines were not advertised in these newspapers, both of which would alter the figure for the average duty; and the duty collection was unlikely to be completely efficient. But cheaper products often sell better than more expensive ones, so this calculation is more likely an underestimate rather than an exaggeration. It seems probable that at least two million bottles and boxes of patent medicines, or their equivalent volume in larger containers, were being sold annually in England and Wales by 1810. Loeb's comment that the mass market for patent medicines started around 1860 was wide of the mark.³³

So the popularity of patent medicines is clear, but who took them is less certain. Historians have provided a wide range of opinions, with Porter concluding that the high prices meant a market amongst the affluent, with Mary Fissell writing that they were taken across society, including the poor, and with Irvine Loudon having 'little doubt' that they were predominately taken in the homes of the poor.³⁴ Contemporary accounts also came to different conclusions. For example, the surgeon Thomas Prosser described the takers of patent medicines as 'being mostly the lower sort of people, who live by industry or labour', while another source painted the opposite picture: 'the consumers of quack medicines are largely the wealthy but ignorant, superstitious old women and profligate rakes'.³⁵ Joseph Townsend, a Wiltshire rector who had trained in physic at Edinburgh before taking holy orders, observed their widespread consumption across society when he wrote that they were found 'not merely among the lower classes of society, but in respectable families, and almost every house'.³⁶ An anonymous physician chose to focus on the great and wise, who not only tolerated patent medicines, but could be among their most active supporters:

You should consider, also, that many of the richest and greatest, and those who should be wisest, men in the nation (judges, bishops and peers), not only believe in quack medicines, and take great quantities of them, but are

professed patrons of quacks, and allow their names to be used every day, in the common newspapers, as vouching for the efficacy of various quack medicines which they had employed in their own families, or on their own persons.³⁷

A more precise glimpse of medicine purchasers can be found in the day-books of John Ware, the printer of the weekly *Cumberland Pacquet* and the leading patent medicine retailer in Whitehaven, Cumberland.³⁸ These day-books are a little frustrating as they only record account holders who bought medicines, with those who paid cash not being named, or their purchases being omitted altogether. During the three years 1800–1802, 64 different account holders who were unlikely to be medicine retailers purchased a patent medicine, and 20 bought the same medicine at least twice. Six account holders bought medicines from Ware in each of the three years. One was a surgeon who may have been acquiring the medicines for professional purposes. Of the remaining five habitual purchasers, two are described as ‘esq.’ and they can be identified as substantial members of the middling sort: one was Henry Ellison who owned a ‘large and convenient dwelling house’ with stabling and gardens, and the other was Edward Stanley who was sufficiently important for the marriages of his two daughters to be described in the *Cumberland Pacquet*.³⁹ The other habitual purchasers were Josiah Lewthwaite, an attorney who applied unsuccessfully to be a coroner in 1800, a clergyman and a glazier.⁴⁰ Another six purchasers described as ‘esq.’, five army officers, four clergymen and two attorneys bought patent medicines at least once. Ware’s day-books are biased towards the recording of medicine sales to the higher levels of society where account holders were more likely to be found, and the purchasers were not necessarily the consumers; but they do confirm that members of the middling sort in the Whitehaven area bought patent medicines, sometimes repeatedly.

These, and other, contemporary reports and opinions suggest that patent medicine sales were particularly strong in the middle and upper levels of society: medicine prices ranged from a usual minimum of a shilling to over a pound in a few cases, and price would sometimes have been a barrier to poorer purchasers.⁴¹ However, the poorer sections of society did purchase patent medicines, and retailers could supply a small quantity from a single bottle if necessary.⁴² All but the poorest had access

to patent medicines and substantial sales across the country were the result.

REGULAR AND IRREGULAR MEDICINE

Before exploring the varied opinions on patent medicines a digression is required to explain the terms 'regular' and 'irregular' as applied to Georgian medical practitioners and to medical practice. This is needed for several reasons. One is that this terminology positions patent medicines whose owners were practitioners: for example, Dr. James's Fever Powder, devised by the regularly trained Robert James, was widely prescribed for this and other reasons, while Dr. Brodum's Nervous Cordial, introduced by the obscurely trained and notorious William Brodum, was not recommended by other practitioners. More importantly, it positions the critics of patent medicines, enhancing our assessment of their comments. Many regular practitioners saw patent medicines as a threat and could be vigorous in their censures, though, as we shall see, others were more sympathetic. Irregulars could also be fiercely critical, especially of rival practitioners; but their comments were more focussed on particular issues, not on irregular practice as a whole. In general, irregular practitioners were regarded both as economic competitors and as threats to the status of the regulars, who therefore sought to identify them and to squeeze them and their medicines out of the market.⁴³ Consumers of the medicines were probably less concerned about the involvement of irregular practitioners, but the division into regular or irregular practitioners ran through many discussions on medicine benefits and side effects. In addition, an insight into the differences between regular and irregular practice is essential for understanding one of the main conclusions of this book, namely that the patent medicines industry was separate, though overlapping, from both types of practice.

The boundary between regular and irregular was fluid, porous and often controversial.⁴⁴ In principle, a regular could be simply delineated as a medical practitioner who had completed a recognised form of training as a physician, surgeon or apothecary: an irregular would be anybody who had not completed such training. For regular physicians, a university education and some practical training would be followed by approval in the form of an MD; while surgeons and apothecaries needed an appropriate apprenticeship. But recognised by whom? The achievement of an MD, the confirmation of the status of a physician, was at the discretion

of the granting body, and practices varied widely. For instance, many English physicians had received their MD from a Scottish university. At Edinburgh University, the requirements for this degree were relatively rigorous, including attendance at the university: in contrast, Marischal College, Aberdeen, could hand one out in exchange for two letters of recommendation and 13 guineas, without the candidate needing to leave London.⁴⁵

Apprenticeships for surgeons were also very variable, ranging from minding the shop for a few years in a small town then marrying the surgeon's daughter, to a substantial period of organised training in London or Edinburgh.⁴⁶ The required level of previous education was uneven, with Loudon commenting that at the end of the eighteenth century some surgeons were grammar school educated with a knowledge of classics, while a few were largely illiterate.⁴⁷ Before 1800, a prospective apprentice to a member of the Company of Surgeons was required to understand Latin, and this was tested by a governor of the Company:⁴⁸ but most surgeons were not members of the Company. After the creation of the College of Surgeons in 1800, the more ambitious surgeons took an examination to become a Member of the College, aiming to confirm their regular status: but examiners were accused of bribery and other abuses.⁴⁹ Until the Apothecaries Act of 1815, no organisation had any responsibility for regulating medical training across England, and even afterwards the powers under the Act to assess newly qualified apothecaries required time to develop and could be evaded.⁵⁰ To add to the uncertainties about what constituted regular training, practitioners who styled themselves as 'surgeon-apothecaries' were emerging as the forerunners of general practitioners: the necessary training for this dual competency was even less clear.⁵¹

Faced with these uncertainties, the full recognition of a practitioner as a regular required some local subjective assessment. Groups of regular practitioners would decide whether others could join them in cases of doubt. For instance, the notorious Dr. Brodum was rejected as a regular by the surgeons at Westminster Hospital in 1811, but the hospital's physicians felt that they had to accept his Aberdeen MD.⁵² A more day-to-day illustration is an anonymous letter to a medical journal in 1806, probably written by William Hey, the well-known Leeds surgeon. It reported on a meeting called to discuss medical reform, which was attended by 21 invited physicians and surgeons who were known to have had some regular medical education 'and who are received by each

other as regular practitioners'.⁵³ A specific example of the need for local assessment is Edward Harrison, the reforming Lincolnshire physician. In spite of his Edinburgh MD, opponents of reform suggested that he should not be regarded as a regular physician because he had gone into a partnership to run an advertised mental institution and he had also practised midwifery.⁵⁴ Harrison's supporters refuted these accusations that Harrison was not a regular physician when a meeting of the Faculty at Horncastle and a separate letter from the secretary of the Lincolnshire Medical Benevolent Society formally confirmed that Harrison was well respected, had not practised surgery or midwifery, and was definitely a regular physician.⁵⁵

The linkage of regular training and an approved style of practice ensured Harrison's status as a regular. Contemporary reports from practitioners indicate that this combination was not always achieved and that some regulars were practising irregularly, often referred to as practising as quacks. One such report, which summarised the local practitioners with brutal clarity, was sent to Harrison following a meeting of 'local medical men' at an unspecified location. The 32 local practitioners and four druggists were tabulated in six groups:

- 14 regularly educated, and practise regularly
- 6 irregularly educated, and practise regularly
- 4 regularly educated, but incompetent, and practise regularly
- 3 regularly educated, and practise as quacks
- 5 irregularly educated, and practise as quacks
- 4 druggists, all interfering, more or less, with the practice of physic⁵⁶

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

Then as now, the word 'quack' brings a punch to a text, and it has been frequently employed in descriptions of alternative medicine and irregular practice. Yet historians have found difficulty in defining the term, concluding that it was malleable and subjective.⁵⁷ The word is best avoided as it is imprecise, and it harks back to the earlier era of universal condemnation for all forms of unorthodox medicine. However, the term 'quackery' does have a useful function today. It refers to a style of medical care which was different from the practice of most regular practitioners and recognisable as such by both regulars and lay people.

Quackery was subjective and had no single defining feature, but it was marked by combinations of itinerancy, showmanship, dishonesty, panaceas, magic charms and self-acknowledged separation from regular practice.⁵⁸ Whether quackery was coterminous with practising irregularly or a subset of it awaits further investigation.

WHY TAKE A PATENT MEDICINE?

Why did consumers purchase patent medicines in large and increasing quantities at a time when, if anything, England was becoming healthier: major epidemics and food shortages had become rare and commentators such as Malthus were becoming concerned about excess population growth. Questioning why consumers took patent medicines, rather than orthodox preparations, can be regarded as anachronistic as it imposes twenty-first century assumptions of the minimal value of these medicines onto the dissimilar Georgian daily life. Espousing the attitudes of an unregulated medical market, the reply to the question might be: Why not? Nevertheless, an awareness of the reasons why patent medicines were sometimes preferred to regular therapy increases our understanding of their status amongst the lay public, and it also clarifies some of the methods of promotion which will be explored in later chapters. The various concerns and inducements which swayed consumers' decisions on patent medicines will be discussed at several points in this book. This section will propose that the growth in irregular medicines was specifically encouraged by a wariness of both the theory and practice of official medicine, and that self-medication, that is therapy chosen by the consumers without the advice of medical practitioners, had practical benefits. Some of these irregular medicines were prepared domestically, but, in line with the growing consumption of finished goods in Georgian society, many were purchased pre-prepared as patent medicines.

Members of all ranks of society displayed a wariness of both medical practitioners and their prescriptions.⁵⁹ One example is Mary Dennett, who quickly fell out with her physician, Dr. Moysey, while staying at Bath in 1778. When he suggested a further consultation, she wrote to her fiancé 'I will see him hanged first', and finished 'Nonsense—Nonsense! So much for Dr Moysey'.⁶⁰ Dr. William Buchan, a strong advocate of lay medical information, found similar problems further down the social scale when he commented on self-dosing:

Instances of this are daily met with amongst the ignorant peasants, who, while they absolutely refuse to take a medicine which has been prescribed by a physician, will swallow, with greediness, anything that is recommended to them by their credulous neighbours.⁶¹

Orthodox practitioners were intermittently distrusted for several reasons. Many laypeople and some medical practitioners felt that internal medicine was unable to deal with many problems and it had been held back from realising its full potential by the deficiencies of regular physicians. John Gregory, Professor of Physic in Edinburgh, was uncomfortable about the current state of medical knowledge in 1770:

The science of physic has been sometimes advancing, sometimes declining; it has been subjected to the fate of the different systems of philosophy that have prevailed, besides being sometimes disgraced by peculiar follies of its own; its only genuine source, observation and experiment, has been corrupted by fraud, credulity, and a heated imagination, while men of genius and learning, because they were not physicians, have kept at a distance, as if it had been a matter in which they were not interested.⁶²

Even in a long, critical, article on empiricism, Duncan Forbes, an Edinburgh physician, expressed similar thoughts when he wrote that the 'science of medicine' was behind other branches of human knowledge in 'progressing towards maturity'.⁶³

Others, especially John Wesley, felt that corruption ran deeper and that practitioners were inclined to maximise the number of medicines prescribed and to prolong their administration as much as possible for financial gain.⁶⁴ For example, Boswell thought that his surgeon, Andrew Douglas, wanted to prolong treatment in this manner even though he was also a friend.⁶⁵ Francis Spilsbury, a patent medicine proprietor, similarly asserted that the faculty used a large quantity of useless medicines for financial benefit, subjecting the patient to an unnecessarily unpleasant and extended illness.⁶⁶ As a medicine owner, Spilsbury was not a disinterested observer, but in this fully argued pamphlet he was seeking support for patent medicines and would not have made this claim unless he felt that it would be believed by at least some of his readers. In addition, the regulars' therapy was often thought to be unnecessarily rigorous. As we shall see later, patent medicine advertisements sometimes emphasised the product's gentleness and lack of interference with daily life in

contrast with regular therapy. This concern for the hardships of orthodoxy was also described by Spilsbury, who unpleasantly wrote that the regulars felt that they must open all the ‘doors’ to let the ‘enemy’, that is the illness, out:

To this effect, the poor patient is served with a medicine to vomit, and sometimes (oh! dreadful to relate) to operate all-fours at once; that is to say, they purge, they vomit, they sweat and they urine all together.⁶⁷

In addition to this distrust of the motives and methods of regular practitioners, some consumers were also concerned that the regular medications were not made up correctly. An anonymous 1830 book asserted that nine-tenths of drugs prescribed by regular practitioners were adulterated by ‘unprincipled druggists’ to increase their profits.⁶⁸ In 1811, ‘Medicus’, who was proposing Parliamentary legislation to control medicines, described in some detail how medicines were made carelessly by untrained ‘boys’ or deliberately adulterated: ‘Scarcely a single article which is sold either to the public or the apothecaries, is prepared according to the directions of the Pharmacopeia’.⁶⁹ He also made a sweeping unproven estimate of the consequences of incorrect medicine compounding, asserting that it may have killed or disabled more people than the current war in Spain.⁷⁰

Whether they were well founded or not, doubts about the quality of locally produced medicines favoured the purchase of the patent variety, normally made up by a single apparent expert to a uniform standard. The perceptions of dishonesty and incompetence amongst both medical practitioners and medicine suppliers would encourage the purchase of patent medicines and other forms of self-help, regardless of whether the accusations were correct. Forbes summed up a common assessment when he wrote that the backward state of medical knowledge and the actions of regular physicians ensured that the healing art was ‘too frequently entrusted to the interested pretensions of nefarious quacks, and to the far less dangerous prescriptions of superannuated females’.⁷¹

Doubts about regular medicine promoted self-help. Medicines for self-help could either be made within the household or purchased from druggists or patent medicine vendors. The best-selling proponent of domestic self-help was John Wesley’s *Primitive Physic* which was in press in multiple editions well into the nineteenth century: it provided lists of many self-prepared remedies which could be tried for all the common

conditions. Wesley emphasised the safety and acceptability of domestic medicines in his preface: 'So that every man of common sense (unless in some rare cases) may prescribe either to himself or his neighbour: and may be very secure from doing harm, even where he can do no good'.⁷² Domestic medicines also had practical and financial advantages, and both these types of benefit were well described in the preface to *The Country Housewife's Family Companion* which summarised some of the book's contents:

[...] many receipts of plain, cheap, experienced medicines and the cures they have made in country families, with many other most serviceable matters, by which poor families, and those that live some distance from a town, may become their own physician and surgeon, and probably many lives thereby saved, as well as chargeable bills prevented.⁷³

For many, however, self-help took the form of buying pre-prepared medicines from booksellers, druggists and other retailers. Some of these purchased medicines had well-known recipes and could also be prepared at home, but many were patent medicines with a secret composition. The patent medicines came pre-packaged with clear indications for use and printed instructions, and they were designed to be taken without any local medical advice. The vendor could emphasise the care of its preparation at a central source in contrast to the dangerous efforts of local druggists. One reason amongst many for buying patent medicines was that they fulfilled a role as the commercial equivalent of domestic medicines. With the rapid urbanisation in the later Georgian period, many people were separated from the stable, often rural, domestic life, which was the normal setting for these home-prepared recipes. If city dwellers or travellers, especially those without family support, wanted to treat their ailments themselves, a patent medicine could provide the equivalent of a home-made medicine.⁷⁴ This desired resemblance is demonstrated by the names of some patent medicines which imply a similar composition to a domestic medicine made from simple vegetable ingredients, for example Essence of Coltsfoot and Balsam of Liquorice. For some, the patent medicines provided an available commercial equivalent of the familiar medicines prepared at home.

The environment of the eighteenth-century consumer society ensured that the upsurge in patent medicine use was more than just a straight replacement for prescribed or domestic remedies. A key feature of the

consumer society was the increasing number of people who had surplus income to be spent on finished goods. Consumers were prepared to search out medicines with the help of publicity and to pay for them, and by this period many consumers had enough money to buy expensive medicines, with a large bottle of a high-priced medicine possibly costing over a pound.⁷⁵ The London physician Samuel Fothergill reflected the power of this growing consumption of finished products when he wrote that regular physicians needed to promote their orthodox medicines more effectively to compete with patent medicines and other types of therapy: 'If we do not promise more for the effect of our medicines than experience authorises, it is very likely they will not be taken.'⁷⁶ The opponents of patent medicines claimed that the public was being persuaded to buy medicines for diseases they did not have. As an anonymous pamphlet reported:

Many credulous and foolish people in this island, especially in the metropolis, are very opulent, and often imagine themselves indisposed when only labouring under the torpor of indolence. Such beings will purchase any nostrum, however ridiculous.⁷⁷

Fashion was an integral feature of this growing consumption of patent medicines, just as much as it was important for a wide range of activities such as the sale of clothes, tea drinking or horse racing.⁷⁸ Fashion was led by the superior members of society and, as we shall see in Chapter 8, some advertisements reported that the medicines were used by the aristocracy, the gentry and other members of the higher ranks. Other advertisements were utilising fashion, amongst other promotional tools, when they stressed the recommendations by friends and neighbours. In addition, the permitted conspicuous consumption of the time could also reinforce patent medicine sales by allowing proprietors who were also irregular practitioners to flaunt their wealth, encouraging a belief that the large income must be derived from a very effective product. One such proprietor was the well-known Samuel Solomon, a colourful medicine proprietor of humble origin and also without regular medical training in spite of his MD. A contemporary account described how he purchased an estate near Liverpool and rode around in a four-wheeled carriage for all to see.⁷⁹

To summarise, in the Georgian medical market, choosing to take a patent medicine instead of, or as well as, a visit to a medical practitioner,

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

REGULAR PRACTITIONERS AND PATENT MEDICINES

The antipathy of the regular practitioners to patent medicines was not as deep and widespread as the leaders of the medical profession assumed it to be later in the nineteenth century, and the boundaries between regular therapy and patent medicines with similar ingredients were ill defined.⁸⁰ The use of patent, or secret, remedies was, at times, acceptable to regular practitioners and a few of these remedies became orthodox treatments. Criticisms of patent medicines could certainly be trenchant, especially from some surgeons and apothecaries who were in direct commercial competition, but the leading physicians of the day were often sympathetic to their use in certain circumstances. Further, many regularly trained practitioners developed secret remedies for their own use or for commercial exploitation, without suffering undue censure.⁸¹

Some patent medicines became recognised as part of orthodox therapy and were freely prescribed by regular practitioners. The best-known example was Dr. James's Fever Powder, which featured in the prologue to Chapter 1. Created in 1743, this powder was formulated and part-owned by Robert James, a London physician who was also well known for his three-volume *Medicinal Dictionary*.⁸² With claimed sales of over 80,000 doses a year in the 1760s, the powder quickly became part of orthodox therapy.⁸³ Indeed, William Buchan, in his *Domestic Medicine*, regarded it as the accepted therapeutic standard for some fevers, and the apothecary William White referred to it as one of two orthodox antimonial preparations.⁸⁴ Attempts at copying were only partly successful and it remained a secret remedy from a single wholesaler: it was still being advertised as a patent medicine in newspapers in 1822 with a confident endorsement as 'the greatest discovery in medicine during the last century', and 'Pulvis Jacobi Vera' was being ordered for the Army and

Navy in the 1870s.⁸⁵ Other patent medicines which were commonly prescribed by regulars were Anderson's Scots Pills, recommended by William Cullen in a postal consultation in 1770, Godfrey's Cordial and Dover's Powder.⁸⁶ Thomas Fowler, a York physician, described Dover's Powder as 'a very efficacious remedy in the treatment of both the acute and chronic rheumatism'.⁸⁷ John Hunter expressed the feelings of some regular practitioners when he felt that the important consideration was whether a treatment worked, not whether it was derived from regular or 'quack' medicines.⁸⁸ This ill-defined boundary between regular and irregular therapy was well demonstrated by the difficulties of demarcating patent medicines for the purposes of the 1783 Medicines Act, as described later in this chapter: the replacement 1785 Act attempted to resolve the problem by listing 85 of them in an accompanying schedule.

Most patent medicines nevertheless remained outside orthodox therapy and could be described by regulars in very unflattering terms. Words used by a few of Harrison's correspondents included 'trash', 'abominable impositions', 'composed of the most pernicious materials'⁸⁹; though more of these correspondents used relatively neutral descriptions such as 'quack' or 'empirical' medicines. Samuel Fothergill, a physician at the Westminster General Dispensary, considered patent medicine warehouses to be as dangerous as gin shops and lottery offices.⁹⁰ However, in general, the criticisms of patent medicines by the regulars were gentler up to about 1820 than later in the nineteenth century. Thus, even a 1777 pamphlet written by Thomas Prosser, a Wrexham surgeon, in order to condemn patent medicines, recognised that the risk of harm by these medicines was low, and that 'many excellent medicines are advertised, as they are imitations of the compositions of the common dispensatories'.⁹¹ An anonymous 'eminent physician', writing to the *Medical and Chirurgical Review*, went a stage further by recognising that patent medicines were useful in resistant conditions and 'imaginary disorders', when regular therapy had little to offer:

What can an honest physician do with an hysterical fine lady, or a fanciful hypochondriac who has got all the diseases in all systems of nosology, and ten times more; or with a gouty lord, or a guzzling alderman, or a greasy bishop?⁹²

This type of low-key censure of patent medicines, accompanied by some understanding, is found in the writings of John Gregory and Thomas

Percival. As pioneers in medical ethics, they were concerned about the correct behaviour of medical practitioners and they were also physicians with impeccable reputations.⁹³ They criticised the medicines, but were also sympathetic to their use in certain circumstances. John Gregory issued a qualified condemnation in 1770:

It is further alledged, that some of the best remedies were originally introduced as secrets, though discredited by the regular physicians. But allowing this to be true, yet I am persuaded, that these nostrums, on the whole, do much more hurt than good to mankind⁹⁴;

For Gregory, the problem with patent medicines was the lack of a trained practitioner to guide the patient, not the medicines themselves. As a result, he regarded them as ‘one of the greatest public nuisances under which we labour in Great Britain’.⁹⁵ Two years later, in a revised version of the original work, he recognised that patent medicines and other forms of self-help did have a role:

Cases are continually occurring of people labouring under diseases, who can have no access to the assistance of one of the faculty. It would be barbarous to hinder those from using such remedies as appeared to them most likely to afford them relief, or to prohibit a friend or a bystander from giving their assistance in such a situation.⁹⁶

A generation later, Thomas Percival, a leading Manchester physician, wrote in *Medical Ethics*, a work which had received the ‘approbation or assistance’ of Erasmus Darwin, William Withering, Archdeacon Paley, and William Heberden amongst many others, that quack medicines ‘should be discouraged by the faculty, as disgraceful to the profession, injurious to health, and often destructive even of life’.⁹⁷ He recognised however that some patients, especially those with ‘lingering disorders’, had confidence in them, and he observed that ‘in these cases, some indulgence seems to be required to a credulity that is insurmountable. And the patient should neither incur the displeasure of the physician, nor be entirely deserted by him’.⁹⁸

Percival also seemed to be making a distinction between secret, but potentially effective, medicines, and those based solely on bluff and salesmanship. In regard to the former, he observed that ‘no physician or surgeon should dispense a secret *nostrum*, whether it be by his invention, or

exclusive property'.⁹⁹ This implied that apothecaries and chemists *could* devise a patent medicine: one example might be the Calcined Magnesia created by his close friend Thomas Henry, a Manchester apothecary, though the secrecy of this medicine was debatable. Percival's observation also seems to suggest that physicians and surgeons could use a secret remedy if they did not own it, or had not been involved in its creation. In contrast, on the same page Percival roundly condemned ineffective 'quack' medicines, observing: 'And if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice'.¹⁰⁰ Thus, two leading physicians were critical of patent medicines, but they regarded the prescription and consumption of patent medicines as being tolerable under certain circumstances.

Surgeons and apothecaries did develop secret medicines in this period, providing a link between orthodoxy and patent medicines, and physicians also did so occasionally. Physicians who devised patent medicines included: Robert James, who patented the Fever Powder (1747) and his Analeptic Pills (1774); Theophilus Lobb, a London physician and non-conformist minister, who patented a 'Family Tincture' (1762); and Robert Priestley, a Leeds physician, who advertised a secret anti-bilious powder.¹⁰¹ However, most regular physicians were very cautious about creating secret remedies. One example of this reluctance was Glass's Magnesia, which had largely been invented by Thomas Glass, a prominent Exeter physician; but Thomas passed it to his brother Samuel Glass, an Oxford surgeon, to own and sell.¹⁰² The cause of this reluctance was probably the need for a successful eighteenth-century physician to attain the qualities of a gentleman and remain at a distance from commercial activity.¹⁰³ The London physician William Fordyce supplied an example of the importance of such a reputation to a physician. As a surgeon, he had patented a stomach pill in 1763, but ten years later he had become a physician and, though aware of the commercial potential of his fever powder, he felt unable to sell it as a patent medicine:

Had I been more ambitious of dying a rich man, than of living a useful member of Society, the powers of our Prophylactic Powder in preventing putrid fevers, or of nipping them in the bud, [...] would have remained a secret while I lived.¹⁰⁴

The secret remedies devised by surgeons and apothecaries can be divided into two types. One type was a new formulation which could

be named after the inventor/owner and then nationally publicised and distributed. Samuel Glass actively promoted his magnesia in the 1760s, and an advertisement claimed that it 'far exceeds every other' in purity and goodness.¹⁰⁵ Edmund Swinfen, a surgeon-apothecary and mayor of Leicester, provided other examples in the 1790s, with his Swinfen's Electuary for stone and gravel, Swinfen's Worm Cakes, and several other medicines bearing his name.¹⁰⁶ Edward Galliard, an Edinburgh apothecary, proposed that his antimonial febrifuge, the Edinburgh Powder, should be distributed from London, with the recipe kept secret.¹⁰⁷ In 1783, Edward Jenner, at the time an ambitious Gloucestershire surgeon-apothecary, intended to sell his own secret Tartar Emetic, and he corresponded with his friend and teacher John Hunter on the best methods of doing so.¹⁰⁸ Hunter emphasised the importance of maintaining the secrecy of the Tartar Emetic's recipe: 'I would also desire you to burn your book, for you will have all the world making it'.¹⁰⁹ For unknown reasons, Jenner did not go ahead with his plans.

The other type of secret medicine created by regular practitioners was a composition used solely in their own practice, or within a small circle of regulars. These medicines do not fulfil the criteria for a patent medicine as they were not advertised, but they do confirm that some regulars were comfortable with owned secret remedies. Richard Greene, a surgeon-apothecary who was also an alderman and sheriff in Lichfield, used such a remedy made from rhubarb in his practice, and was reluctant to divulge the composition even to his brother.¹¹⁰ Bradford Wilmer, a surgeon, described in his published case records the recipe of a secret remedy for pulmonary disease which had been passed from one Coventry master apothecary to his apprentice over many years.¹¹¹ These secret unpublished remedies used by regulars may have been common, but the records of them are necessarily scanty.

By the end of the eighteenth century, more pressure was being applied by regulars to exclude medicine owners from their ranks. Opinions differed, but the profession as a whole was becoming less tolerant of secret medicines. Galliard recognised that keeping his febrifuge secret would cause distress to his fellow practitioners: 'The proposal hurts you; I see it does: but there is no alternative'.¹¹² As we have seen, Percival's views on patent medicines at the beginning of the nineteenth century were more precise and forcible than Gregory's a generation earlier. A practical illustration of the desire to exclude medicine owners from orthodoxy is shown by the rules of several medical societies which barred

them from membership: the Medical Society of London, the Society for the Relief of Widows and Orphans of Medical Men, and the Kent Medical Benevolent Society had all written this into their rules before the end of the eighteenth century.¹¹³

So the regulars recognised a separation between orthodox and patent medicines, and they frequently criticised the latter, sometimes vigorously. Nonetheless, there were also links between the two, as the regulars prescribed patent medicines at times, and they often recognised that both types of medicines had similar ingredients and effects. Physicians tempered their criticisms with practical understanding, while the surgeons and apothecaries sometimes created their own secret remedies. Thus, patent medicines were not shunned by regular practitioners as they were to be, at least officially, later in the nineteenth century. These views of the regular practitioners are relevant to the positioning of patent medicines within the medical market, and perhaps to the attitudes of the consumers: but the fate of the medicines in that market was determined by the views of potential purchasers, not by the opinions of the practitioners, and these views were influenced by the state's official recognition.

OFFICIAL RECOGNITION BY THE STATE

In the competition for consumers, patent medicines had a big advantage over other forms of therapy: from the mid-eighteenth century, they were apparently endorsed by the government, which could be expressed as coming from the King himself. This endorsement came in two forms. First, the patent system was interpreted as an official device to confirm the efficacy of a medicine, and then the medicine excise stamp, introduced in 1783, seemed to demonstrate that the approval of the government had been obtained. Neither assumption was intended or true, but they raised the status of patent medicines at a time when other types of therapy had no official support or regulation.

The promotional advantages of the patent system, accompanied by the ability to stretch them to unpatented medicines, have been touched upon in the Introduction, and the advantages and disadvantages of obtaining medicine patents have been recently reviewed.¹¹⁴ Briefly, the minority of owners who obtained a patent were able to use it as an apparent confirmation by the government of the efficacy of their medicine, and also as a form of copyright of the medicine's name. They did not use it to protect the composition of the medicine, relying on secrecy

to achieve this. Patenting medicines was rare before the 1740s, rose to a peak in the 1750s, and became infrequent from the start of the next century. Patenting had disadvantages as well as these advantages, with the former including the expensive and cumbersome process of obtaining a patent, the risk that the patent specification might reveal too much detail of the recipe, and a threat to the reputation of the owner.

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

Although the six Medicines Acts related to the taxation of medicines between 1783 and 1812 created a duty on many medicines lasting a century-and-a-half, and had several unintended consequences, no coherent account of them has been written. Even authoritative histories of pharmacy largely ignore them; for example, Holloway's chronicle on the Royal Pharmaceutical Society contains only a brief mention of them.¹¹⁵ Yet they raise a series of important questions which impinge on both the status of patent medicines and the methods of the patent medicines industry. Why were the initial Medicines Acts ineffective, for instance? How much revenue was indeed raised and were they successful in the longer term? What were the effects of the apparent official recognition of patent medicines on selling and using them? What were the consequences of the initial discouragement of selling patent medicines by regulars? To answer these questions, the effects of these Medicines Acts will first be summarised, followed by an evaluation of them in providing official authority and a means of copyrighting, and finishing with an assessment of their influence on the involvement of druggists in the selling of patent medicines.¹¹⁶

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

Lord John Cavendish introduced the excise tax on patent medicines amongst a string of additional revenue raising measures in his 1783 Budget. An additional £560,000 per year was needed to finance the extra interest on the now enormous national debt after the American War. Cavendish expected that this new tax would generate £15,000 per year, quickly revised to an estimate of £30,000, once the practical issues had been sorted out. He was reported as saying ‘Quack medicines he thought very proper objects of taxation; and he believed the House would be surprised at the sum that he had good grounds that a tax on them would produce’.¹¹⁷

He was initially proved wrong in both assumptions: the 1783 Medicines Act produced strong opposition and very little revenue. Overall, it required five more acts of Parliament before Cavendish’s aims were fully achieved nearly thirty years later. The 1783 Medicines Act was poorly drafted in that it sought to tax both *some* medicine vendors and *some* medicines, without being able to define either satisfactorily. Vendors ‘who were not regularly bred to the profession of doctors, exc.’ had to pay for an annual licence, which generated additional revenue and allowed their sales to be monitored:¹¹⁸ regular vendors, defined as those who had been apprenticed to a surgeon, apothecary or druggist, or had been a military surgeon, were not included. Also excluded were other vendors who had dealt solely in medicines, without selling anything else, for the previous three years; this additional exemption inevitably led to

disputes as the boundary between medicines and other articles was difficult to delineate.

The result of the 1783 Act was confusion. Three of the largest London medicine owners and wholesalers (Francis Newbery, Thomas Dicey and Hilton Wray) initially took out licences: then, acting in concert, they refused to renew them after a year and were taken to Court by the Stamp Office.¹¹⁹ Newbery and Dicey were acquitted; but Wray was found guilty because he had sold two small toothbrushes and tooth powder which were categorised as perfumery, and he was consequently no longer exempt as a long-standing specialised medicine seller. No significant revenue seems to have been obtained under this Act, as later Parliamentary revenue figures regard the stamp duty income from medicines as starting with the 1785 Act, with 1784 not appearing in tables of annual totals.¹²⁰

The main thrust of the 1785 Act was to tax the medicines, rather than to tax both the medicines and the medicine vendors.¹²¹ The principles stated in the Act were that all medicines with a patent at any time were to be included, accompanied by unpatented medicines which remained secret in composition, had a claimed ownership and were advertised. In practice, deciding which medicines should be taxed remained difficult, and a schedule of 85 medicines was produced with the Act, with others to be included if they fulfilled these criteria. Vendors were required to take out an annual licence, costing 20 shillings in London and five shillings elsewhere, with exemptions being confined to 'regular bred' surgeons, apothecaries, chemists and druggists. Depending on the medicine price, the stamp duty varied from 'one penny halfpenny' to one shilling for a medicine priced at 5 shillings or more. The 1785 Act did produce revenue from medicines but not as much as was anticipated or required, with the income received remaining less than half the intended amount for the rest of the century.¹²²

The rush of Parliamentary activity on medicine taxation from 1802 to 1804, with Medicines Acts in the first two years and a more general Stamp Act in 1804, aimed to increase the medicine revenue by ensuring that more medicines were taxed, by increasing the duties, and by promoting better compliance. These three Acts were a small component of a widespread increase in excise duties to help finance the war with France. In the absence of any detailed Parliamentary reports, it is hard to discover which Act introduced a particular change, and the Acts can best be regarded as a single piece of legislation, introduced over three years. As

a result of these, all vendors, proprietors and manufacturers dealing with patent medicines had to be licensed; regular practitioners were no longer excluded.¹²³ The number of specified medicines to be taxed rose from 85 to 440,¹²⁴ and others were included under general descriptions such as all tooth powders and tinctures, and all lozenges.¹²⁵ It was made clearer that the first person to handle the medicine was responsible for fixing the stamp, and rewards for informers were specified. The new duties with more high-level bands are shown in Table 2.1.

These Acts more than doubled the revenue from medicines, and the earlier revenue target of £30,000 per year was exceeded.¹²⁶ The regular apothecaries and druggists were unhappy about their need to take out a licence and several petitions were received by both Houses of Parliament, for example from the druggists of Plymouth, Tavistock and Sheffield.¹²⁷ However, complaints were not received from other patent medicine vendors, mostly booksellers, stationers, and printers, who were perhaps gratified that the regulars were now being taxed in a similar fashion to themselves. The 1812 Medicines Act produced so little initial impact that it was largely ignored by the Parliamentary records. Its main effect was to widen the scope of medicines to include mineral waters and other products, and the number of taxed medicines in the official schedule rose to over 1300 in 1830.¹²⁸

The medicine stamps were an efficient method of tax collection once the initial problems had been overcome, and they also had an important influence on patent medicine selling. Designs varied over time, but all the stamps had an engraving of the crown which was positioned over the cork and the stamps were then stuck to the side of the bottle by two wings (Fig. 2.1). The same stamps were also stuck to boxes of pills or other containers. Some of the stamps up to 1819 had four wings in a

Table 2.1 Medicine stamp duties from 1802 (Kearsley, *Tax Tables 1808*)

<i>Medicine price</i>	<i>Stamp Duty</i>
1s or less	1½d
>1s to 2s 6d	3d
>2s 6d to 4s	6d
>4s to 10s	1s
>10s to 20s	2s
>20s to 30s	3s
>30s to 50s	10s
>50s	20s

cruciform pattern.¹²⁹ For each value of excise duty, the stamps had a different design and colour, and the names of the larger owners and wholesalers were engraved on them. The stamps were bought from the Stamp Office in London or one of its nationwide agents, with a discount for large orders. The method was in itself simple and effective, with the government's revenue being obtained in advance of any sale; but universal implementation was crucial. As always in this period, forgery was taken very seriously, and Thomas Collicott, a London medicine vendor, was sentenced to death, later commuted to transportation, at the Old Bailey in 1812 for what seems to have been a fairly crude forgery of the six-penny stamp.¹³⁰ Maximising revenue required strict enforcement: it is hard to know whether this was successfully accomplished, but it was certainly attempted.

So the Medicines Acts eventually achieved their single purpose of raising the required amount of government income. What, however, were their other consequences? The most significant was that they enhanced the standing of *all* patent medicines by bestowing a degree of official



Fig. 2.1 1½d medicine excise stamps printed with the names of Francis Newbery and Dicey & Co. (courtesy of the Thackray Medical Museum, Leeds, first published in Mackintosh, 'Authority' by Cambridge University Press)

recognition and authority which was denied to orthodox therapy. The physical presence of the official stamp, with a crown at its centre, on every bottle or box gave each medicine an unintended respectability, which was visible with every new purchase. Furthermore, allowing the larger vendors to have their own names engraved on the stamp linked them with the apparent official endorsement; this promoted both the creation and the recognition of a brand, essential components for maintaining a premium price. The stamp also carried a strong implication that the medicine was effective. The newspaper advertisers were not slow to promote this authority as we shall see in Chapter 8.

A particular advantage of the excise stamp in comparison to the expensive cumbersome patent was that there was no additional cost or inconvenience in obtaining this form of official endorsement for all patent medicines; the duty had to be paid anyway. Like the patent, the excise stamp could be a form of copyrighting for the name of the medicine, but it was backed by much clearer laws than the patenting system, was not limited to 14 years, and posed no threat to the secrecy of the recipe. The printing of the names, or the signatures, of the owners or wholesalers on the excise stamp made it more difficult for a counterfeiter to sell his own medicine under the original name. Copying the stamp would be a clear forgery. Furthermore, in comparison to the uncertain case law supporting a patent, the excise stamp had been created by recent statutory law with clear mechanisms and penalties, particularly after the revisions of 1802–1804. Advertisements could point out that imitating the stamp was a felony, with the possibility of the death penalty.¹³¹ Some owners did continue to obtain patents after 1783, but they now had a new, cheaper universal, system available to them and the excise stamp contributed to the declining importance of the medicine patent in the late Georgian period.

In addition, the licensed medicine retailers, as well as the wholesalers, also obtained a form of official recognition before any general licensing of regular surgeons, apothecaries and druggists. For example, Francis Spilsbury claimed in 1785 that medicine vendors were starting to add M. L. (*Medicinae Licentiatius*) after their names, though the practice does not seem to have been widespread, and in 1829 a Court was told that the licence made the production of a patent medicine honest and legal.¹³² By 1830, opposition to this official recognition of both the medicines and their vendors could generate intemperate views, as shown in a Commons petition from a member of the Inner Temple who had

‘long regretted that the vile and destructive trade of tampering with the lives and health of the community should have received a legal and authoritative sanction and protection by virtue of the Stamp Duty on the villainous trash’.¹³³ Thus, whatever the grumbles from patent medicine vendors in the 1780s about the new Medicines Acts, a vociferous opponent recognised the considerable commercial benefits conferred by the Acts upon the patent medicines industry. Only from 1885 did the stamps carry the caveat ‘This stamp implies no government guarantee’.¹³⁴

An additional consequence of the 1783 and 1785 Acts on the retailing of patent medicines was that these Acts probably discouraged the regular druggists from selling them. Under the Acts, regular chemists and druggists could avoid taking out a licence, and thereby elude the excise duty, if they did not sell medicines which were owned, secret and advertised. The day-to-day application of the Acts is unclear and may have been variable, but there was probably a risk that once a druggist had a licence, more of his stock would be subject to taxation. This would have discouraged druggists from publicising any sale of patent medicines, and may have deterred some from even stocking them. Certainly, as we shall see in Chapter 5, druggists were infrequently listed as agents for advertised medicines in Leeds, Birmingham and Salisbury newspapers in 1794. Druggists became more prominent in newspaper advertisements in 1807 and 1822, partly because they were treated identically to other medicine vendors once the exemptions for regular practitioners were removed in the 1802–1804 Acts. So for twenty years non-medical medicine vendors, who were commonly members of the print trades, were freer to publicise their sales of advertised medicines than the druggists.

The Medicine Acts eventually achieved their aim of raising a significant amount of revenue, with a minimum of controversy and a modest collection cost. Indeed, unlike most excise duties of the period, the stamp duty on medicines continued throughout the nineteenth century and nearly half of the twentieth, again making an extra contribution to raising funds for a war when it was doubled in 1915, before being finally abolished in 1941 when purchase tax took over.¹³⁵ Overall the Acts had the unintended effect of raising the status of patent medicines, and also of their vendors. The 1783 and 1785 Acts also seem to have discouraged the regular druggists from promoting these medicines, and so, for a time, these medicines would be predominately in the hands of non-medical entrepreneurs who perhaps would be more willing than the druggists to advertise vigorously and denigrate competitors.

INDICATIONS FOR PATENT MEDICINE USE

Previous writers on patent medicines have rarely had much to say about their indications apart from a few specific examples. Porter did not attempt to define their therapeutic scope, but he did note that the medicines had become more targeted by the late eighteenth century.¹³⁶ Rawlings felt that advertisers ‘aimed at patients suffering from painful, unpleasant, serious, but not immediately fatal’ conditions; but his adjectives could cover most significant medical problems.¹³⁷ Some accounts of patent medicines assert that they were panaceas, but this is based on a few selected, and particularly colourful, examples.¹³⁸ To assess the status of patent medicines we need a much clearer idea of the range of conditions for which the owners recommended their products, but this is not straightforward. A comprehensive analysis of the medicines is impossible as several hundreds were produced, many with little or no surviving documentation. The specifications for the patents might provide some information for the minority of medicines which received one, but there was no obligation to promote the medicines for the same conditions. Lists of patent medicines subject to the medicine stamp duty were published by Parliament from time to time; but these lists were just names with no further information. The best available guide is the published indications for medicines in continuous runs of provincial newspapers. Taken as a whole, the indications printed in the advertisements were aiming at a broad range of both acute and chronic conditions at all ages, confirming that the medicines were a significant proportion of the medical market. Considered individually, most medicines were aimed at a relatively small assortment of related illnesses, though others were publicised as universal remedies for a wide range of indications.

The advertised indications were documented in the advertisements for medicines in the studied newspapers from Leeds, Birmingham and Salisbury, as described in Chapter 1. Five periods between 1769 and 1822 were investigated, with medicines being excluded if they only appeared in lists or as brief addenda of three lines or less. The first advertisements of the remaining *featured medicines* were explored, a total of 559 advertisements in all. Eight advertisements did not mention an indication, leaving 551 for analysis. These advertisements are a sample of the newspaper medicine advertisements of the time, so they are not a comprehensive survey of all the medicines advertised in newspapers, and obviously they do not include medicines which were only advertised

locally by handbills or other means. Nevertheless, they are derived from three localities across the country and they are based on five periods spread over 54 years; so they should provide a good impression of the range of indications of Georgian patent medicines.

The indications were assessed using a categorisation of diseases derived from the chapter headings in Part 2 of William Buchan's *Domestic Medicine*.¹³⁹ Numerous editions were published of this enduring work, but the chapter headings do not seem to have varied significantly from edition to edition. The most popular medical book from this period was John Wesley, *Primitive Physic*, but this work was unsuitable as Wesley just listed the diseases in no clear order without attempting to organise them into chapters. First published in 1769, *Domestic Medicine* was one of the best sellers of all books, not just medical ones, in Georgian England, and would have been read not only by the consumers of patent medicines, but also almost certainly by the producers who made the decisions on their indications.¹⁴⁰ Beside its enormous popularity, the book also fits well with this analysis as it followed the principles of orthodox medicine, unlike *Primitive Physic* which encouraged consumers to avoid orthodox practitioners as far as possible. Patent medicines were also positioned close to orthodox medicine in this period, and so they shared underlying theories with Buchan's book.

The categorisation of diseases based on Buchan's chapter headings is listed in Table 2.2. Buchan devoted seven chapters to fevers and agues, but they were uncommon indications for patent medicines and so fevers and agues have been grouped together for clarity. Patent medicines were normally not recommended for acute casualties such as dislocations, drowning and suffocation, and these problems have been excluded. The treatment of corns, which was the sole indication for a few medicines, did not feature in *Domestic Medicine*: it has been added as an extra category. Apart from being a useful tool to classify patent medicines, Buchan's arrangement of his chapters is interesting as it seemed to reflect his understanding of the readers' priorities. For example, inflammation of the eyes, quinsy and throat inflammation, and worms benefitted from a chapter each, while nervous diseases, which may have been less important in day-to-day life, were all included in a single chapter with an impressive range of problems.

First, these categories can be used to discover whether the medicines were aiming to be panaceas or were targeted at a limited range of conditions. Table 2.3 shows the number of featured medicines whose

Table 2.2 Categories of diseases based on condensed chapter headings in *Domestic Medicine (DM)*

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

Table 2.3 Numbers of featured medicines recommended for one, two, three, or more than three categories of diseases (% of all featured medicines)

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

indications were confined to one, two, three, or more than three categories of diseases. We should remember that these categories could include several conditions, as can be seen in Table 2.2, but Buchan felt that there was some commonality in either the conditions or their management when he grouped them in the same chapter. Around a fifth of the medicines were indicated for more than three categories, a wide range of problems, with the percentage diminishing a little over time. Some medicines were indeed proudly proclaimed in the advertisements as cures for a very wide range of conditions, though few went as far as the one for Turlington’s Balsam of Life which described indications in nine of these categories and then finished by summarising the indications as ‘in short, almost every disorder incident to the human frame’.¹⁴¹ In contrast, over a third of the medicines were recommended for a single category of diseases and this proportion seems to have been roughly constant over the years. A number of these medicines were only indicated for a single disease, particularly for the itch, worms, deafness or corns. Long lists of indications, which seemed irrational and absurd to later medical practitioners, can provide vivid examples for historians, but this detailed analysis shows that many patent medicines in this period were promoted for a relatively small number of problems. Both Porter and Helfand came to a similar general conclusion without providing evidence.¹⁴² This focussed approach corresponded to developments in regular therapy where prescribed medicines were becoming more specific for particular conditions.¹⁴³

Second, these categories can provide strong guidance on which conditions the medicines were seeking to improve. The four most popular categories were scorbutic conditions (category 20 in Table 2.2), joint problems (19), nervous disease (24) and inflammation of abdominal organs (11), with the first being indicated for nearly a third of the

medicines. Many, but by no means all, of the conditions in these four categories were unlikely to be fatal and could have taken a long time to treat: some may have been resistant to regular therapy and could be recurrent. Thus, the market encouraged the treatment of diseases which might result in the sale of a substantial quantity of a patent medicine. Amongst other categories, venereal diseases were an indication for several medicines, but this category was not as common as isolated examples of medicine advertising or an exploration of medical books for the general public might suggest.¹⁴⁴ When the categories were placed in rank order, venereal diseases appeared as twelfth, below both asthmas and consumptions. The two categories at the bottom of the rank order were inflammation of the brain (7) and cholera and excessive bowel discharges (12), with no medicines recommended for them. At least one patent medicine was sold for the remaining thirty of the thirty-two categories. Also, contrary to some claims by historians, the medicine indications were not confined to conditions in the middle years of life.¹⁴⁵ Some advertisements mentioned that the treatment could also be used in infants, children, nursing mothers or in old age, and other medicines were indicated for conditions confined to women or children (categories 29 and 30). The promotional content of the advertisements is discussed in detail in Chapter 8.

Although the indications were biased towards chronic conditions, acute diseases were not neglected, with the category of colds, coughs and hooping cough (10) appearing fifth in the rank order. These acute respiratory illnesses were not regarded as trivial in this period when consumers were aware that the complications of a cold could prove fatal and that many infants died from hooping cough. A small number of medicines were specifically promoted for acute conditions, especially Dr. James's Fever Powder. Strikingly, one of these, Dr. Sibly's Reanimating Solar Tincture, was indicated for sudden death due to blows, fits, falls, suffocation, drowning or other problems: it is difficult to suggest a more acute indication than this.¹⁴⁶ When we compare individual years, the frequencies of the categories of diseases were broadly similar, with no category appearing or disappearing during the period.

Overall, the patent medicines industry could provide something for nearly all diseases, amongst all sections of the population. Nothing suggests that this wide range was planned; rather it shows an industry responding to the demands of the market. The range was biased towards chronic, troublesome, complaints, such as scorbutic conditions, which might be particularly profitable; but the numerous consumers sought

a wide array of patent medicines for their many problems. Within this broad range, these consumers were often supplied with a medicine focussed on a limited group of conditions, rather than one aimed at curing everything.

CONCLUSION

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

The attitude of the public, practitioners and governments to patent medicines was not only indistinct, but also ambivalent. The public seemed to want them to be new and different from regular therapies, but as we shall see in Chapter 8, they also preferred them to be close to these regular therapies, and not too new or too different. The practitioners were often sharply critical of 'quack' medicines in general, while many amongst their ranks prescribed them and some were owners. Successive governments claimed to be neutral, or critical, on the desirability of taking patent medicines, yet they structured the medicine excise stamp in

such a way that it implied government approval, and they did not seek to reverse this until the late nineteenth century. Critics accused governments of trying to maintain or increase patent medicine sales to maximise tax revenues, regardless of the consequences.¹⁴⁷ So the status of patent medicines was not only contested but also fluid: views and actions could change depending on the aims of an individual or organisation at a particular moment.

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

In conjunction with this status, an industry was created to supply these widely used consumer products. Providing medicines in large quantities across the country required the investment, the skills and the organisation of an industry, and many of its main operators were respectable tradesmen or regular practitioners rather than colourful irregulars. The next chapter reveals the range of owners and discusses why the production and sale of patent medicines should be considered as an industry.

NOTES

1. For example—Carter, *Doctors*, 224–237; Cody, ‘No Cure’, 103; Strathern, *Quacks*, 53.
2. Cook, ‘Good Advice’, 5; Curth, ‘Commercialisation’; Furdell, *Publishing*, 135–154; Mackintosh, ‘Authority’.
3. Curth, *English Almanacs*; Curth, ‘Commercialisation’; Furdell, *Publishing*; Hancock and Wallis, ‘Quacking’.
4. Curth, *English Almanacs*, 81.

5. Curth, 'Commercialisation', 54–59.
6. Bateman's Scurvy Grass was advertised 151 times in Curth's analysis of almanac advertisements from the last two decades of the century (Curth, *English Almanacs*, 190).
7. Curth, *English Almanacs*, 193–196.
8. Furdell, *Publishing*, 131–133.
9. Curth, *Commercialisation*, 57, 62–63; Furdell, *Publishing*, 132–133, 152.
10. Hancock and Wallis, 'Quacking', 14.
11. Hancock and Wallis, 'Quacking', 34; Amateur, *Life*, vol. 1, 393; Curth, 'Commercialisation', 58.
12. DeLacy, *Germ*, 33.
13. Creighton, 'Cockburn, William'.
14. Cook, 'Colbatch, Sir John'; Furdell, *Publishing*, 132.
15. Peter, *Truth*, 58.
16. Byfield, *Rise*, 13.
17. Appendix B; Mackintosh, 'Authority'.
18. Wallis and Pirohakul, 'Medical Revolutions'; Holloway, *Pharmaceutical Society*, 37; Porter and Porter, 'Rise', 280; Kett, 'Medical Practice', 20; Fissell, *Patients*, 56.
19. Wrigley and Schofield, *Population History*, 208.
20. Porter, *Health*, 43.
21. Pedley, *Marriage*, 113, 228; Weatherill, *Richard Latham*; Porter and Porter, *Patient's Progress*, 104.
22. Hughes, *Fanny Burney*, 209.
23. Spilsbury, *Free Thoughts*, xxxiii; Nevett, *Advertising*, 18.
24. *Book of English Trades*, 82.
25. *MCR*, 13 (1806), cxlix.
26. *MCR*, 13 (1806), xxxviii.
27. See a reduction of empirics recorded in Essex and Middlesex, *MCR*, 13 (1806), lxxiv and lxxvii.
28. Cumbria Archives, Day Books of John Ware.
29. Picton, *Memorials*, vol. 2, 223.
30. National Archives, Will of Francis Spilsbury.
31. MacLeod, *Inventing*, 193.
32. *House of Commons Papers (Accounts and Papers)*, ix, Finance Accounts of Great Britain, 20–21.
33. Loeb, 'Doctors', 409.
34. Porter, *Health*, 52; Fissell, *Patients*, 73; Loudon, *Medical Care*, 213.
35. Prosser, *Oeconomy*, 13; *Deadly Adulteration*, 135.
36. Townsend, *Guide to Health*, vi.
37. *MCR*, 12 (1806), cliii.
38. Cumbria Archives, Day Books of John Ware.

39. *CP*, 23 July 1805, 30 October 1804 & 12 January 1808.
40. *CP*, 9 September 1800.
41. In the 1790s, the weekly wage of an unskilled labourer was usually 7s to 12s, and few wage earners received more than £50 per year (M. J. Daunton, *Progress and Poverty: An Economic and Social History of Britain 1700-1850* (Oxford: Oxford University Press, 1995), 421–428; Jerry White, *London in the Eighteenth Century: A Great and Monstrous Thing* (London: Vintage, 2013), 234).
42. Spilsbury, *Discursory Thoughts*, 14.
43. Loudon, 'Vile Race', 109–110. For a vigorous condemnation of several irregular practitioners by a physician, see Adair, *Essays*.
44. Porter, *Health*, 4–8; Bynum, 'Wages of Sin', 6; Corfield, *Power*, 143.
45. Ietros, 'Quacks', 70.
46. Puzzle-Pate, 'Medical Science', 261.
47. Loudon, *Medical Care*, 31, 35.
48. Kearsley, *Trades*, 52.
49. Puzzle-Pate, 'Medical Science', 267.
50. Loudon, 'Vile Race', 119; Lawrence, 'Private Enterprise', 66. In theory, the Colleges of Physicians and Surgeons in London had some powers to regulate training, but they were rarely applied, even within the capital.
51. Loudon, *Medical Care*, 24–26.
52. Medicus, 'Brodum'.
53. *MCR*, 13 (1806), lxvi.
54. *MPJ*, 16 (1806), 352. Physicians had to avoid advertising their skills and traditionally they did not practise surgery or midwifery, though many of them did.
55. *MCR*, 14 (1807), xxvii and lvi.
56. *MCR*, 13 (1806), xvi.
57. Helfand, *Quack*, 11–14; Porter, 'Before the Fringe', 2–3.
58. Barry, *Publicity*, 31; Porter and Porter, *Patient's Progress*, 23; *MCR*, 1806, 13, xliii & clxxxiv.
59. Porter and Porter, *Patient's Progress*, 101; Wild, *Medicine-by-Post*, 19.
60. Pedley, *Marriage*, 126.
61. Buchan, *Domestic Medicine*, 6th edn, xx.
62. Gregory, *Observations*, 172.
63. Forbes, 'Empiricism', 438.
64. Wesley, *Primitive Physic*, vii.
65. Wild, *Medicine-by-Post*, 23.
66. Spilsbury, *Free Thoughts*, xi.
67. Spilsbury, *Free Thoughts*, 77.
68. *Deadly Adulteration*, 127.
69. Medicus, *Adulteration*, 31.

70. Medicus, *Adulteration*, 31.
71. Forbes, 'Empiricism', 438.
72. Wesley, *Primitive Physic*, viii.
73. Ellis, *Country Housewife*, ii.
74. Fissell, *Patients*, 38.
75. For an extreme example, a large bottle of Solomon's Cordial Balm of Gilead was priced at 33 shillings (*ABG*, 14 January 1822).
76. Fothergill, 'Practice', 285.
77. *Quack Doctors*, 25.
78. McKendrick, 'Commercialisation', 40–45; Berg, *Luxury*, 247–250; Plumb, 'Commercialisation', 273–274.
79. Denizen 'Solomon', 297.
80. For comments on the similarities of ingredients, see Porter, *Health*, 24; Helfand, *Quack*, 15; *Lancet*, 1 (1823): 30, 62, 89 and 138; Prosser, *Oeconomy*, 2.
81. As we have seen in Chapter 1, a secret recipe was the key feature of a patent medicine.
82. Welsh, 21.
83. Porter, *Health*, 45.
84. Buchan, *Domestic Medicine*, 6th edn, 726; White, *Observations*, 6.
85. *LI*, 4 February 1822; 'Messrs. Newbery', 115.
86. Wild, *Medicine-by-Post*, 201; Porter and Porter, *Patient's Progress*, 107.
87. *MCR*, 2 (1795), 176.
88. Moore, 'John Hunter', 395.
89. *MCR*, 13 (1806), xcvi and cvi.
90. Fothergill, 'Practice', 286.
91. Prosser, *Oeconomy*, 2.
92. *MCR*, 12 (1806), clvi.
93. For summaries of their contributions to medical ethics: Robert Baker and Laurence McCullough, 'The Discourses of Philosophical Medical Ethics', in *The Cambridge World History of Medical Ethics*, edited by Robert Baker and Laurence McCullough (Cambridge: Cambridge University Press, 2009), 281–309; Laurence McCullough, 'The Discourses of Practitioners in Eighteenth-Century Britain', in *The Cambridge World History of Medical Ethics*, edited by Robert Baker and Laurence McCullough (Cambridge: Cambridge University Press, 2009), 403–413.
94. Gregory, *Observations*, 56.
95. Gregory, *Observations*, 57.
96. Gregory, *Lectures*, 230.
97. Percival, *Ethics*, 44.
98. Percival, *Ethics*, 45.
99. Percival, *Ethics*, 45.

100. Percival, *Ethics*, 45.
101. Woodcroft, *Titles*; Priestley, *Interesting Remarks*.
102. Goodwin, 'Glass, Thomas'.
103. For a discussion of the need for physicians to display gentlemanly conduct see Wild, *Medicine-by-Post*, 10–21.
104. From the final paragraph of Fordyce, *Enquiry*, 228.
105. *ABG*, 1 January 1781.
106. *ABG*, 21 April 1794; Holloway, *Pharmaceutical Society*, 50.
107. Galliard, *Antimonial Medicines*, 38.
108. Paget, *John Hunter*, 164–167.
109. Paget, *John Hunter*, 164.
110. *Correspondence of Rev. Greene*, 133.
111. Lane, 'Medical Practice', 375.
112. Galliard, *Antimonial Medicines*, 38.
113. *Regulations*, 12; *Medical Diary*, 28; *Laws and Regulations*, 11.
114. Mackintosh, 'Authority'.
115. Holloway, *Pharmaceutical Society*, 36.
116. The Acts for medicine taxation were passed in two main batches, one in 1783 and 1785 followed by another in 1802, 1803 and 1804, together with a tightening-up Act in 1812.
117. Cobbett, vol. 23, 934.
118. Cobbett, vol. 23, 935.
119. Spilsbury, *Discursory Thoughts*, 48–52.
120. For example, *House of Commons Sessional Papers of the Eighteenth Century*, vol. 50, 361.
121. Kearsley, *Tax Tables 1786*, 88–94.
122. *House of Commons Sessional Papers for the Eighteenth Century*, vol. 50, 409; *Parliamentary Register 1780–1796*, vol. 28, Appendix C; *House of Commons Papers (Accounts and Papers)*, iii, Public Income of Great Britain, 28–29.
123. Kearsley, *Tax Tables 1808*, 119.
124. *House of Commons Papers (Accounts and Papers)*, viii, 636.
125. Kearsley, *Tax Tables 1808*, 155.
126. For example, gross revenue of £41,201 in 1810 (*House of Commons Papers (Accounts and Papers)*, ix, Finance Accounts of Great Britain, 20–21).
127. *House of Commons Journal*, 58 (1803), 35, 60 and 79.
128. *House of Commons Papers (Accounts and Papers)*, xxv, 518.
129. Booth, *Catalogue*, vol. 2, A138.
130. 'Trial of Thomas Collicott'.
131. For example, Dicey and Co., whose stamp is shown in Fig. 2.1, reminded readers in an advertisement for Dr. Bateman's Pectoral Drops (*LI*, 10 March 1794) that imitation of the stamp 'is, of course, a capital offence'.

132. Spilsbury, *Discursory Thoughts*, 23; 'May v Jordan'.
133. *House of Commons Journal*, 85 (1830), 623.
134. Booth, *Catalogue*, vol. 2, A147.
135. Booth, *Catalogue*, vol. 2, A138.
136. Porter, *Health*, 119.
137. Rawlings, 'Medicines', 6.
138. Strathern, *Quacks*, 80; Furdell, *Publishing*, 138.
139. Buchan, *Domestic Medicine*, 14th edn.
140. Sher, *Enlightenment*, 219.
141. *ABG*, 1 January 1781.
142. Porter, *Health*, 119; Helfand, *Quack*, 32.
143. Cook and Walker, 'Circulation', 341; Maehle, *Drugs*, 2.
144. Loudon, 'Vile Race', 114; Fissell, 'Marketplace', 125; Lane, *Social History*, 151.
145. Loudon, 'Vile Race', 113; Rawlings, 'Medicines', 6.
146. *SWJ*, 15 June 1807.
147. *MCR*, 12 (1806), clii; *MCR*, 13 (1806), clxxi; *MPJ*, 15 (1806), 259.

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