

PREFACE

The research into patent medicines did not turn out as originally intended. My initial aim was to explore the use of the printed word in the promotion and effectiveness of Georgian patent medicines, and to see if the booksellers and newspaper printers, who were often selling the medicines, exhibited specific skills or experience in the use of print. First, I had to identify the owners, wholesalers and retailers across England, rather than rely on earlier accounts which were largely anecdotal or confined to a small area. It quickly became clear that most of those involved with patent medicines were not the ‘quacks’ of previous reports, but tradesmen and others who were engaged in making and distributing a popular consumer product—just like the many other Georgian tradesmen who produced a growing range of consumer products for sale across England. Thanks to the prejudices and censorship of Victorian and later writers, the few irregular, often itinerant and very colourful practitioners (‘quacks’) who did produce patent medicines had stolen the show, hiding the greater number of reputable tradesmen and their techniques from historical inspection. This bias was shaped by the fully trained, registered medical practitioners not only capturing much of the medical market by the end of the nineteenth century, but also monopolising the discussion on its history. Quickly, the research broadened into a larger revisionist study of these medicines within the medical market, rather than a fine-tuned investigation of the use of the printed word.

Simultaneously, realisation dawned that perspective was crucial, and my 30 years as a cardiologist became an important collaborator. Historians have

moved a long way from the great-men-doing-great-things vision of medical history, but some of this approach persists: officially approved activity is placed well ahead of the empirical, and the uneducated are often assumed to be fraudulent while the erroneous educated are merely ill informed. Avoiding these assumptions is difficult because our familiarity is confined to regulated twentieth and twenty-first century medicine which appears to hold the answers. However, my experience as a doctor reveals that this is not the case: much of modern medicine is based on flimsy foundations without strong scientific evidence. Even when good randomised trials of therapy have been performed, current medical science often reveals more about the optimum treatment of a population, for example the hundred patients in a selected trial group, than it does about the best treatment for an individual. Sometimes, modern medicine is completely wrong: for example, when I was a newly qualified doctor in the 1970s, the modern treatment for resistant stomach ulcers was a major operation which involved reshaping the stomach and severing some of its nerve supply, in order to reduce the acid in the stomach and duodenum. This irreversible operation was associated with a small mortality rate and a greater risk of disabling side effects: theses and papers were written about it and its benefits, and academic promotions were obtained by the experts in the procedure. But the underlying assumption that the ulcers were secondary to excess acid production was incorrect. Later investigation revealed that the ulcers were produced by a chronic bacterial infection, and the treatment quickly became a simple two-week course of antibiotics. The operation disappeared, but its advocates had been far from dishonest or ignorant: they were correctly exploring the best available treatment within the knowledge of the time.

In every period, many medical practitioners and others strive to produce the best medical treatment within the knowledge of the time. No era has all the answers, but it is difficult for the historian to exclude a bias secondary to the use of current medicine as a benchmark. In this research, the attempted solution to this problem was to approach patent medicines as an industry which supplied a form of healthcare, rather than a type of medical care accompanied by practical details. For reasons which can be debated, greater objectivity can be applied to the study of past industry and commerce than it can be to exploring medicine, and by taking this approach we can escape the Victorian blanket of prejudice against any healthcare which was not sanctioned by registered medical practitioners.

With this new attitude to patent medicines, students of the history of medicine and pharmacy will find that this book delivers a fresh

perception of the medical market, and that it provides a rare insight into the *market* aspect of the medical market. Also, patent medicines had to be easily identified and extensively promoted, and so their distribution and sale are simpler to explore in comparison with other Georgian consumer goods. Business historians should be interested in the methods employed: these methods do not demonstrate how other goods of the time were sold, but they do reveal how other goods *could* have been sold. Patent medicines were largely promoted and taken with the help of the printed word, which also made a substantial contribution to their effectiveness (and they were effective, or they would not have been sold in large quantities). In this book, historians of print can discover the therapeutic potency of the printed word.

All research must be built on sound foundations, and I am grateful to John Chartres for my education on eighteenth-century commerce and industry, to Adrian Wilson for his knowledge of the medical history, to Jonathan Topham for his understanding of print history and culture, to Christine MacLeod for steering me into the difficult domain of eighteenth-century patents, and to Malcolm Chase for the tradesmen's perspective of the industry of the time. Alan Humphries at the Thackray Medical Museum in Leeds uncovered some unusual sources, and much would have been omitted without the help of the staff of Leeds Central Library, the Library of Birmingham, the National Archives, and the county archives in Leeds, Preston, Carlisle, Chester and Chippenham. Jonathan Topham, Adrian Wilson, Malcom Chase and Michael Brown read many early drafts and interim chapters, and I am indebted both to their many critical but encouraging remarks, and also to their consistent advice that a book should be written. The staff and students of the Centre for History and Philosophy of Science at the University of Leeds and the Leeds Humanities Research Institute provided many comments and challenging questions, as well as unswerving support, and I am particularly grateful to Becky Bowd and Jo Elcoat for their prolonged help, companionship and the important coffee breaks.

Finally, I would like to thank my wife, Susan, for not just tolerating but encouraging my metamorphosis from a doctor into a historian. Readers will judge whether it was successful.

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