



UNIVERSITY OF LEEDS

This is a repository copy of *The Patent Medicines Industry in late Georgian England: A Respectable Alternative to both Regular Medicine and Irregular Practice*.

White Rose Research Online URL for this paper:
<http://eprints.whiterose.ac.uk/98462/>

Version: Accepted Version

Article:

Mackintosh, A (2017) *The Patent Medicines Industry in late Georgian England: A Respectable Alternative to both Regular Medicine and Irregular Practice*. *Social History of Medicine*, 30 (1). pp. 22-47. ISSN 0951-631X

<https://doi.org/10.1093/shm/hkw054>

© The Author 2016. Published by Oxford University Press on behalf of the Society for the Social History of Medicine. This is a pre-copyedited, author-produced PDF of an article accepted for publication in *Social History of Medicine* following peer review. The version of record: Mackintosh, A (2016) *The Patent Medicines Industry in late Georgian England: A Respectable Alternative to both Regular Medicine and Irregular Practice*. *Social History of Medicine*, 30 (1). pp. 22-47. ISSN 0951-631X, is available online at: <https://doi.org/10.1093/shm/hkw054>. Uploaded in accordance with the publisher's self-archiving policy.

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>

Main Document

The Patent Medicines Industry in late Georgian England: A Respectable Alternative to both Regular Medicine and Irregular Practice

Abstract

Patent medicines in late Georgian England have been misunderstood. Rather than just being visible constituents of irregular practice, they were a separate, substantial, industry providing a wide range of popular products. Most of the prominent medicine owners were either reputable tradesmen who did not practice medicine, or medical professionals; they operated from fixed premises for substantial periods of time, and they employed practices specific to the industry. A minority of nationally-available medicines were indeed owned and distributed by irregulars who were regarded as quacks by contemporaries, yet even these participants attempted to follow regular medicine. Wholesaling was initially led by London booksellers, but later moved to medicine specialists and chemists. The patent medicines industry was a separate entity, different from regular medicine and from irregular practice though linked to both of them, and restoring it to its rightful place changes our picture of late Georgian healthcare.

Key Words

Patent medicines; medical market; industry; booksellers; quacks.

In spite of being a major component of healthcare, the patent medicines industry in late Georgian England has never been studied as a single entity. These secret medicines, sometimes called proprietary medicines, were bought in large quantities by all sections of society, with apparent benefit: yet for many years they were ignored by historians who followed the lead of their contemporary medical practitioners in regarding them as being worthless and a confidence trick. Then the growing interest from the 1980s in Georgian consumption and its medical market sparked a new awareness of all forms of alternative medicine, led by the research and memorable prose of Roy Porter.¹ Several medical and commercial aspects of this Georgian alternative medicine have been explored, often using the promotion of patent medicines as an entry into studying 'quackery' in general. However, historians have not recognised that the patent medicines industry, consisting of the ownership, production, distribution and sale of these medicines, was largely disconnected from medical practice, and the result is that our understanding of Georgian healthcare is unbalanced. This paper will argue that the ownership and distribution of patent medicines was a sizeable and mostly honest Georgian industry, which employed its own techniques to provide a distinct form of healthcare, different both from regular medicine and from irregular practice.

¹ Amongst his many publications, two important books were Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth Century England* (Stanford: Stanford University Press, 1989) and Roy Porter, *Health for Sale: Quackery in England 1660-1850* (Manchester: Manchester University Press, 1989).

Porter brought to the topic of Georgian alternative medicine a fresh, open-minded, approach, which substantially altered existing views and brought this type of therapy out of the shadows. His main contribution was to demonstrate that the Georgian medical market was driven by consumers with medical knowledge, who sought out both the diverse forms of regular medicine and a wide variety of alternative practitioners. To fulfil this demand, the 'quacks' imitated the orthodox, and the boundary between the two was indistinct. In contrast to earlier writers, Porter regarded patent medicines as being largely as effective as prescribed treatment, not solely as a trick on the gullible. His emphasis was on the wide range of alternative practitioners and therapies which had escaped the attention of historians, but, as Harold Cook has noted, he had little engagement in the overall structures, mechanisms, temporal changes or geographical differences.² In particular, he did not analyse patent medicines as a distinct type of therapy: rather he described them as one of the tools of 'quackery', often using their promotional wording to illustrate the aims and activities of alternative practitioners in general.

Other historians have either explored aspects of patent medicines within Georgian alternative medicine or have used them to illustrate the early development of national commercial markets. The medical use of patent medicines has been investigated for a particular locality.³ Burnby has also provided some helpful

² Harold Cook, 'Roy Porter and the Persons of History', in Roberta Bivins and John Pickstone, eds, *Medicine, Madness and Social History: Essays in Honour of Roy Porter* (Basingstoke: Palgrave Macmillan, 2007) 14-21, 20.

³ Jonathan Barry, 'Publicity and the Public Good: Presenting Medicine in Eighteenth-Century Bristol' in W.F. Bynum and Roy Porter, eds, *Medical Fringe and Medical Orthodoxy 1750-1850* (London: Croom Helm, 1987), 29-39; P. S. Brown, 'The Venders of Medicines

information on selected London producers and wholesalers, while Rawlings has provided revealing details about some prominent owners.⁴ Some practical aspects of selling medicines have also received attention, particularly Hannah Barker's important work on their promotion and advertising in newspapers, with the medicines being used as an entry into understanding how non-essential goods in general were sold.⁵ However, nobody has considered their production and sale as a whole, as a commercial entity spread across England.

As a result, historians have failed to recognise that the ownership and distribution of patent medicines was an industry with a distinctive position in the medical market. A lack of preserved records from the businesses involved has hampered a full exploration, but an additional reason is that some writers have found it difficult to avoid taking a moral position on these medicines: patent medicines were perhaps not worthy of their attention. Cody provided a blanket denunciation when

Advertised in Eighteenth-Century Bath Newspapers', *Medical History*, 1975, 19, 352-69; P. S. Brown, 'Medicines Advertised in Eighteenth-Century Bath Newspapers', *Medical History*, 1976, 20, 152-168.

⁴ J. G. L. Burnby, 'The Preparers and Distributors of English Proprietary Medicines', *Dental Historian*, 1997, 32, 47-55; F. H. Rawlings, 'Old Proprietary Medicines', *Pharmaceutical Historian*, 1996, 26, 4-8.

⁵ Hannah Barker, 'Medical Advertising and Trust in Late Georgian England', *Urban History*, 2009, 36, 379-398; Peter Isaac, 'Pills and Print', in Robyn Myers and Michael Harris, eds, *Medicine, Mortality and the Book Trade* (Folkestone: St. Paul's Bibliographies, 1998), 25-47; John Strachan, *Advertising and Satirical Culture in the Romantic Period* (Cambridge: Cambridge University Press, 2007); Nancy Cox, *The Complete Tradesman: A Study of Retailing, 1550-1820* (Aldershot: Ashgate, 2000), 103-10.

she described 'quack medicines' as 'perhaps the most worthless of consumer goods in the eighteenth-century marketplace'.⁶ Most recent accounts have avoided such overt condemnation, but some of the earlier assumptions are still evident. Barker described them as "'quack" cures, which were likely to have produced little benefit for those who took them in physiological or pharmacological terms'.⁷ Even an apparently balanced account can have an intrinsic bias. Thus Porter's even-handed approach was undermined by his choice of words which tended to diminish patent medicines as a genuine healthcare provision. For example, his common use of the description 'quack medicines' linked them to colourful irregulars, while his alternative term 'nostrum' carried an implication of inefficacy. Similarly, his description of medicine wholesalers and some of the newspaper printers who sold the medicines as 'cronies' did not encourage a careful assessment of their true business relationship.⁸ The production and selling of patent medicines should be assessed by the healthcare and commercial standards of an era largely untroubled by medical and pharmaceutical regulation, not by the entirely different medical values of today.

The popularity of patent medicines should not obscure the possibility that they may have been dangerous, or at least ineffective. John Gregory and Thomas Percival, the pioneers of medical ethics, thought their use was harmful, and contemporary rank-and-file practitioners could be sharply critical, using words such

⁶ Lisa Forman Cody, 'No Cure, No Money," or the Invisible Hand of Quackery: The Language of Commerce, Credit, and Cash in Eighteenth-Century British Medical Advertisements', *Studies in Eighteenth Century Culture*, 1999, 28, 103-30, 103.

⁷ Barker, 'Medical Advertising', 379.

⁸ Porter, *Health*, 116.

as 'trash', 'abominable impositions' and 'composed of the most pernicious materials'.⁹ However, they may have been as effective as the regular therapy of the time, and the regular practitioners were only one group of participants in the pluralistic Georgian medical market: their views did not have the force they would possess a hundred years later. More recent criticisms of the effectiveness of the patent medicines are based on modern medical knowledge and so are immaterial. As Penelope Corfield has commented, patients had confidence in medicines of all types in the eighteenth century, and the later assessments of history are irrelevant to their opinions and actions.¹⁰

The key to understanding the patent medicines industry is the recognition that it was largely, but by no means entirely, disconnected from medical practice, both regular and irregular. At first glance, patent medicine production might seem to be a type of medical practice like surgery or electrical therapy. But medical practice was the deployment of personal skills in some form of one-to-one interaction, however perfunctory, with the consumer.¹¹ Even if this definition is widened to include any sale of a patent medicine to a consumer, the major producers were rarely present when this occurred. Most of the principal medicine owners and wholesalers did not engage with the medical problems of individuals: in this period, they concentrated on

⁹ John Gregory, *Observations on the Duties and Offices of a Physician* (London: W. Strahan & T. Cadell, 1770), 56; Thomas Percival, *Medical Ethics* (Manchester: Russell, 1803), 44; *Medical and Chirurgical Review (MCR)*, 1806, 13, xcvi and cvi.

¹⁰ Penelope Corfield, 'From Poison Peddlers to Civic Worthies: The Reputation of the Apothecaries in Georgian England', *Social History of Medicine*, 2009, 22, 1-21, 6.

¹¹ *OED* - 'The carrying out or exercise of a profession, esp. that of medicine or law' ("practice", *OED Online*. Oxford University Press, September 2015).

producing, promoting and distributing their medicines for the benefit of as many consumers as possible, and communication with these consumers was largely in print and one-way. The earlier assumption that ‘quacks’ were the main producers of patent medicines was based on a few, well-publicised, colourful, often London-based, practitioners who were far from representative of the numerous respectable tradesmen and others who supplied a product to a mass of consumers across the country, without providing advice on the medical needs of individuals.¹²

This contrast between the patent medicines industry and *all* types of medical practice means that distinguishing regular from irregular practice is not fundamental to this paper. Nevertheless, these descriptions are beneficial in exploring the industry, and their use needs to be clarified. ‘Regular medicine’ was carried out by those regarded by their regular contemporaries as having received sufficient medical education as a physician, surgeon or apothecary to be regulars: they also had to be practising in an acceptable, regular, manner.¹³ ‘Irregular practice’ was all other paid-for medical practice. So irregular practice included both irregular practitioners practising regularly and any practitioner practising irregularly, that is in a style which was not considered customary by most regular practitioners. ‘Quackery’ will be confined to a particular kind of irregular practice which is difficult to define, but was

¹² Examples of equating patent medicines with ‘quacks’ are Barry, *Publicity*, 29-32; Porter, *Health*, vii; Cody, ‘No Cure’, 104.

¹³ For examples of this assessment by contemporaries see Medicus, ‘Dr Brodum’s Intrigues with the College of Physicians’, *The Scourge*, 1811, 2, 491-93; *MCR*, 1806, 13, lxvi; *Medical and Physical Journal*, 1806, 16, 349-53.

recognised by contemporaries: its variable features included itineracy, showmanship, dishonesty, panaceas, magic charms and claims to infallibility.¹⁴

This account will not engage with questions of consumer intent or product utility. Who took the medicines, how they were chosen and their efficacy are areas of enquiry which represent the summation of thousands of personal decisions and medical histories, and little evidence is available to explore them. The focus of this paper will be on the contours of the industry and its relationship to the rest of the medical market.

This industry will be explored from 1760 to 1830, a period which saw both the development of national commercial markets and the early steps towards the modern medical profession. The starting point was the emergence of efficient road transport from the mid-eighteenth century which encouraged the promotion and distribution of goods. The period ended when irregular therapy diverged from orthodox treatment. This was partly due to the introduction of radical alternatives to orthodox medicine, such as the hygeists and medical botany, and partly due to the increasing demands within the medical professions for unification and regulation which produced a sharper division between regular medicine and other options.¹⁵

¹⁴ Barry, *Publicity*, 31; Porter, *Patient's Progress*, 23; *MCR*, 1806, 13, xliii & clxxxiv.

¹⁵ Michael Brown, 'Medicine, Quackery, and the Free Market: The "War" against Morison's Pills and the Construction of the Medical Profession, c.1830-c.1850', in Mark Jenner and Patrick Wallis, eds, *Medicine and the Market in England and its Colonies, c.1450-c.1850* (Basingstoke: Palgrave Macmillan, 2007), 238-61; Ursula Miley and John V. Pickstone, 'Medical Botany around 1850: American Medicine in Industrial Britain', in Roger Cooter, ed, *Studies in the History of Alternative Medicine* (Basingstoke: Macmillan Press, 1988), 140-54.

The paper is based on a range of contemporary sources including medical journals, medicine handbills, the publications and correspondence of medicine owners and wholesalers, and Patent Office and Parliamentary records, with a spine provided by the systematic analyses of medicine advertisements in continuous runs of provincial newspapers across England.

The term *patent medicine*, one that is potentially confusing given that few of them in fact possessed a current patent, will first be explained. Patenting medicines had advantages and disadvantages, and owners relied on the secrecy of the recipe to protect their monopoly, not the patents. The paper will then analyse the range of these popular medicines and the nature of medicine ownership. Panaceas were a minority with most of the medicines being targeted at a limited range of conditions, but overall the industry seems to have been able to offer something for almost everybody. Some of the publicised owners were engaged in irregular practice, but most were regarded by their contemporaries as respectable tradesmen who ran profitable, long term, businesses without involvement in irregular practice, or they were regular practitioners. An analysis of the medicine wholesaling will demonstrate that much of it was concentrated in stable businesses in the City of London which were evolving from a bookselling background towards pharmacy. The overlap with regular medicine will be shown by the similarity of patent medicines to regular ones, by the ownership of patent medicines by regular practitioners, and by the qualified sympathy of some practitioners: the degree of involvement of regular practitioners with patent medicines was largely determined by their attitudes to the secrecy of the recipes. At the other end of the medical spectrum, a section of the patent medicine industry mingled with irregular practice, although the details are often obscure.

Delineating and Using Patent Medicines

In spite of their group name, only a small minority of patent medicines had ever received a royal patent, and even fewer had been granted one within the previous fourteen years, the legal duration of a patent. None of the other terms which could be used to describe these owned medicines are completely satisfactory. In recent years, they have often been described as proprietary medicines, but this term was rarely used in this way in the eighteenth century.¹⁶ In the promotional material of the period, the term patent medicine was commonly used regardless of whether a patent had been issued: public medicine was an alternative, but this term has little meaning today. Regular practitioners and other critical commentators often referred to them as nostrums, quack medicines, or empirical medicines, but a more neutral term is preferable. So the eighteenth-century usage describing all these owned medicines as patent medicines will be continued. The term will be defined in the same way as the 1783 Medicines Act which introduced the excise tax for some owned medicines. This Act described the taxable medicines as all medicines which had been patented at any time, together with any medicines which had an owner and a secret recipe, and were advertised in a public notice.¹⁷ Such medicines were numerous, with an incomplete Parliamentary schedule listing 85 for taxation in 1785.¹⁸ The number progressively increased with each subsequent schedule, reaching over 1,300 by 1830;¹⁹ whereas only 115 medicines had been patented up to 1830.²⁰ Indeed, the

¹⁶ At the time, 'proprietary' often referred to the ownership of land or associated legal rights ("proprietary", *OED Online*. Oxford University Press, September 2014).

¹⁷ G. Kearsley, *Kearsley's Tax Tables 1787* (London, 1787), 86-90.

¹⁸ *Ibid.*, 88.

¹⁹ *House of Commons Journal*, 8 April 1830.

number of medicines with a *current* patent never exceeded thirty-one in the Georgian era. Records were not kept of unsuccessful applications, but they seem to have been few in number.²¹

So patenting a medicine must have had both advantages *and* disadvantages. Its main advantage was the royal or government authority which was extensively used in promotion, such as newspaper advertisements and bills, at a time when regular therapy had no official recognition. It implied that a medicine was both original and effective, though neither of these assumptions was necessarily true. The main drawback of obtaining a patent was the high cost and the cumbersome, time-consuming, application process.²² Also, the patent's specification could risk exposing details of a medicine; though this hazard was reduced by the specification being kept deliberately vague until legal changes in the late eighteenth century gradually forced the patentees to be more informative.²³

²⁰ Bennett Woodcroft, *Abridgements of Specifications Relating to Medicine, Surgery and Dentistry, 1620-1866* (London: Commissioners of Patents for Inventions, 1872). Unless otherwise specified, dates and details of medicine patents in this paper are from the same source.

²¹ Christine MacLeod, *Inventing the Industrial Revolution: The English Patent System, 1660-1800* (Cambridge: Cambridge University Press, 1988), 42.

²² £100-120 for England alone, and requiring attendance at up to ten Crown offices to see the patent through (H. I. Dutton, *The Patent System and Inventive Activity During the Industrial Revolution 1750-1852* (Manchester: Manchester University Press, 1984), 35).

²³ MacLeod, *Inventing*, 62; W. Cornish, 'Secrecy and Evolution of an Early Patent System', in M. J. Adelman, R. Brauneis, J. Drexler and R. Nack (eds), *Patents and Technological Progress in a Globalized World* (Berlin: Springer-Verlag, 2009), 751-61, 754-55.

The legal aim of the patent was to prevent imitation of the recipe; yet in practice, the owners did not rely on patents to achieve this. The maintenance of the fourteen year monopoly of a patent was in the hands of individual judges in the courts with little legal precedent to ensure consistent decision-making.²⁴ Even more than other patents, medicine patents were difficult to protect in the courts without jeopardising their long-term success. This success depended on the secrecy of the recipe, and the prosecution of a medicine's imitator would require a full disclosure of the recipe of the patented medicine to prove that it had been reproduced, allowing it to be copied in the future.²⁵

Maintaining the secrecy of the recipe, not the patent, averted the replication of a patent medicine.²⁶ The importance of this secrecy is shown by its high value. In 1740, Parliament paid Joanna Stephens £5,000 for the publication of her recipe for a medicine for dissolving urinary stones, and Peter Delamotte, a Weymouth bookseller, bought the recipe of Glass's Magnesia from the Oxford surgeon Samuel Glass for £1,500 in 1772.²⁷ Another demonstration of the significance of the secrecy is that owners often did not write the recipe down, transmitting it verbally to their successors when necessary. For instance, Elizabeth Shackleton (see below) recorded in her diary in 1776 that she had told her son the secrets of her medicine

²⁴ MacLeod, *Inventing*, 59.

²⁵ J. Gabriel, *Medical Monopoly: Intellectual Property Rights and the Origins of the Modern Pharmaceutical Industry* (London: University of Chicago Press, 2014), 23.

²⁶ Gabriel, *Medical Monopoly*, 19; MacLeod, *Inventing*, 95.

²⁷ Andrea-Holger Maehle, *Drugs on Trial: Experimental Pharmacology and Therapeutic Innovation in the Eighteenth Century* (Amsterdam: Rodopi, 1999), 68; Peter Delamotte, *Refutation of Mr Henry's Strictures on Glass's Magnesia* (London: 1774), 12.

for the bite of a mad dog for the first time, writing that 'God grant him good of it to keep the secret and that it may do well'.²⁸ Also, Francis Spilsbury (see below) made it clear in his will that his wife Dorothy was the only person he had been able to trust with the secret recipe for his Antiscorbutic Drops.²⁹

The owners did use the patent system as a form of copyright for a medicine's *name*, in addition to the limited protection already available under the common law.³⁰ One such owner was Francis Spilsbury, who obtained a patent for his Antiscorbutic Drops to prevent competitors selling a 'spurious composition' under his name.³¹ Preventing the copying of the medicine's name was an essential component of branding, and it was probably more important to the owners than stopping the imitation of the recipe.

The relatively small number of medicines patented shows us that the patent system was not necessary for patent medicines. No clear differences can be seen in the ownership and distribution of patented and unpatented medicines. Considering two prominent owners/wholesalers who will be described later in this paper, two of Francis Newbery's most successful medicines, Dr James's Fever Powder and Dr James's Analeptic Pills, were patented whereas two others, Dr Steers's Opodeldoc and Dalby's Carminative, were not. At least three of the Dicey family's extensive range of longstanding medicines had received this official recognition, but most had

²⁸ Lancashire Records Office, Preston, Diary of Elizabeth Shackleton, DDB/81/27.

²⁹ National Archives, Kew, Prob 11/1236.

³⁰ MacLeod, *Inventing*, 85 ; L. Bently, 'The First Trademark Case at Common Law? The Story of *Singleton v. Bolton* (1783)', *UC Davis Law Review*, 2014, 47, 969-1014.

³¹ Spilsbury's Antiscorbutic Drops, *Aris's Birmingham Gazette*, 6 January 1794.

not. The conclusion must be that the ownership, production and sale of patent medicines would not have changed significantly if the patent system had not existed.

Contemporary reports demonstrate the widespread sale of a large number of patent medicines: indeed, the multitude of medicine advertisements in nearly every issue of every provincial newspaper are testimony to their popularity. Other publications corroborate their frequent use, 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'.³² Contemporary estimates also consistently reported that the number of patent medicines taken was considerable and growing. For example, Edward Harrison, a Lincolnshire physician who was leading a medical reform effort in 1806, summarised reports from across the country as, 'empirical medicines of very pernicious effects are sold to an incredible amount'.³³ 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 of bottles or boxes in this single town each year.³⁴ 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; but this uniform increase is in contrast with their accounts of a decreasing number of empirics, as discussed in the next section. It seems unlikely that the consistent reports on the ubiquity of patent medicines in England during this period were a gross exaggeration.

³² *The Book of English Trades* (London: Rivington, 1821), 82.

³³ *MCR*, 1806, 13, cxlix.

³⁴ *Ibid.*, xxxviii.

The clearest evidence of the extensive sale of patent medicines comes from taxation reports. After the 1783 and 1785 Medicine Acts, 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.³⁵ Four further acts increased the scale of duties, tightened up the regulations and extended the coverage to a wider range of products. The revenue raised can be used to estimate the total annual sales of the medicines. For example, in 1810 £41,201 was collected in England and Wales.³⁶ Using 4.4d as the average duty payable, based on the smallest quantity of each medicine advertised in Leeds and Birmingham newspapers, this total means that the equivalent of over two 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 could be sold in larger containers, which would reduce the number of bottles and boxes, but would not significantly diminish the total volume of medicine. Of course, this figure is only an estimate as some medicines would sell better than others, which would alter the figure for the average duty, and the duty collection was unlikely to be completely efficient: but these caveats could mean that this calculation is an underestimate. It seems very probable that at least something of the order of two million bottles or boxes of patent medicines were being sold annually in England and Wales by 1810.

What were the advertised indications for these widely sold medicines?

Previous writers on patent medicines have rarely had much to say about the range of

³⁵ Kearsley, *Tax Tables*, 86.

³⁶ *House of Commons Papers (Accounts and Papers)*, ix, Finance Accounts of Great Britain, 20-21.

conditions for which the owners advocated their products, apart from a few examples. Rawlings felt that advertisers 'aimed at patients suffering from painful, unpleasant, serious, but not immediately fatal' conditions, which is too general to be helpful.³⁷ 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.³⁸ A truly comprehensive analysis of the indications for all the medicines is impossible as many hundreds were produced, some with little or no surviving documentation, but the frequent newspaper advertisements can provide a systematic record of the most popular ones. All the initial advertisements for a particular medicine were analysed in complete runs of four newspapers published in the Leeds, Birmingham and Salisbury areas during the first six months of 1769, 1781, 1794, 1807 and 1822.³⁹ These first advertisements were from areas in the North, Midlands and South which were truly provincial, that is more than a day's return journey from London. Derived from five periods spread over fifty-three years, these advertisements from across the country should provide a good impression of the range of indications of late Georgian patent medicines.

The printed indications for each medicine were explored in these newspaper runs. The indications were scrutinised by using a categorisation of diseases derived

³⁷ Rawlings, 'Medicines', 6.

³⁸ Porter, *Health*, 119.

³⁹ *Leeds Intelligencer (LI)*, *Leeds Mercury (LM)*, *Aris's Birmingham Gazette (ABG)*, *Salisbury and Winchester Journal (SWJ)*. The years were selected to fit in with local trade directories and the newspapers were chosen to provide a geographical spread. The first advertisement for each medicine in each of these four newspapers was analysed, excluding those medicines which were only briefly mentioned and eight which gave no indications.

from the chapter headings in Part 2 of William Buchan's *Domestic Medicine*.⁴⁰ 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.⁴¹ Beside its enormous popularity, the book is a good source for this analysis as it followed the principles of orthodox medicine and, as we shall see, patent medicines were positioned as close as possible to orthodox medicine in this period. Thirty-two categories of diseases based on the chapter headings were utilised in this analysis.

INSERT TABLE 1 ABOUT HERE.

These categories can first be used to show that many of the medicines were targeted at a limited range of conditions, rather than aiming to be panaceas. Table 1 shows the number of advertised medicines whose indications were included in a small number of categories and those recommended for more than three. Each single category could include several conditions, such as the category for scurvy, leprosy, scrophula, evil and itch; 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 and were therefore recommended for a wide range of problems. By

⁴⁰ William Buchan, *Domestic Medicine*, 14th edn. (London, 1794). Buchan devoted seven chapters to fevers and agues, but they were uncommon indications for patent medicines and they have been grouped together in a single category.

⁴¹ Richard B. Sher, *The Enlightenment and the Book: Scottish Authors and Their Publishers in Eighteenth-Century Britain, Ireland and America* (London: University of Chicago Press, 2006), 219.

contrast, more medicines, about 40 per cent, were recommended for only a single category of diseases and a number of these medicines were only indicated for a single *disease*, particularly for the itch, worms, deafness or corns. Some long lists of indications have caught the eyes of historians, but this detailed analysis shows that most patent medicines were promoted for a relatively small number of diseases. Porter and Helfand also have both noted an increasing specificity, but without providing evidence.⁴² The patent medicines industry was predominately providing products which were each targeted at a limited number of problems, though the panaceas associated with quackery had not been forgotten.

INSERT TABLE 2 ABOUT HERE

Second, the analysis of these categories can provide strong guidance on the medical objectives of the medicine owners. The industry could treat a wide range of problems, with only two categories out of the thirty-two having no patent medicines indicated for them. The four most popular categories were scorbutic conditions, joint problems, nervous disease and bowel problems including bilious diseases, with the first being indicated for almost a third of the medicines (Table 2). Many of the conditions within these categories could have taken a long time to treat and were potentially recurrent. The market was perhaps encouraging 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

⁴² Porter, *Health*, 119; William Helfand, *Quack, Quack, Quack: The Sellers of Nostrums in Prints, Posters, Ephemera and Books* (New York: Grolier Club, 2002), 43.

advertising might suggest.⁴³ When the categories were placed in rank order, venereal diseases appeared as twelfth, below both asthmas and consumptions. Also, the indications were not confined to simple conditions in the middle years of life, as 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.

Although the indications were biased towards some longstanding conditions, acute diseases were not neglected, with the category of colds, coughs and whooping cough appearing fifth in rank order (Table 2). A small number of medicines were specifically promoted for acute conditions, especially Dr James's Fever Powder. Overall, the patent medicines industry could provide something for nearly all diseases, amongst all sections of the population.

Owners and Their Medicines

Who owned these popular medicines and, in a few cases, made a fortune out of them? With hundreds of medicines, the variety of owners was considerable, and, to simplify this variety, the owners are divided into six groups, namely market leaders, tradesmen, medical practitioners, elite, irregular and local. Proprietors in the first four groups undertook little or no irregular practice, and they ran normal commercial enterprises, with an additional element of philanthropy amongst the elite owners: only owners in the last two groups had strong links to irregular practice.

⁴³ Irvine Loudon, ' "The Vile Race of Quacks with Which This Country Is Infested " ', in *Medical Fringe and Medical Orthodoxy 1750-1850*, ed. W.F. Bynum and Roy Porter (London: Croom Helm, 1987), 114.

Producing patent medicines was an established industry, with many owners running successful long-term businesses and using specific techniques to ensure commercial success. This section will also assess the range of owners placed in their social and occupational background, and as a result show that many, but not all, were respectable in the context of their period and distant from quackery.

One group which does *not* appear in this assessment of owners should be mentioned first – the colourful ‘quacks’ and mountebanks selling their own medicines in a public space. They had been more visible in the mid-eighteenth century.

Hogarth portrayed Richard Rock, a real irregular, selling medicines in Covent Garden in his 1738 engraving *Morning*, and Rock later styled himself as a ‘licentiate in medicines’ when he patented his venereal disease treatment in 1751.⁴⁴ Another example is found in Thomas Turner’s diary in 1760 which described the weekly visit of a Sussex mountebank who was ‘selling packets which are to cure people of more distempers than they ever had in their lives for one shilling each’.⁴⁵ However, in England, the travelling mountebank selling medicines in public places was becoming rare by the late eighteenth century. In the 1790s, Adair started a paragraph on the former occupations of quacks; ‘Whilst itinerant mountebanks were in fashion: though the breed is almost extinct in this country;’⁴⁶ A correspondent from Essex in 1806 commented that the empirics in market towns were ‘fewer, perhaps, than formerly’, while another from Middlesex reported that his area contained no quacks, resident or

⁴⁴ Bennett Woodcroft, ed. *Titles of Patents of Invention, Chronologically Arranged* (London: Patent Office, 1854).

⁴⁵ David Vaisey, *The Diary of Thomas Turner 1754-1765* (Oxford: Oxford University Press, 1984), 208.

⁴⁶ James Adair, *Essays on Fashionable Diseases* (London: T.P. Bateman, 1790?), 183.

visiting.⁴⁷ In the late Georgian period, mountebanks and other irregulars selling medicines in public spaces were uncommon, and they had no significant role in the ownership and production of widely known patent medicines, though the few remaining could have devised their own products for immediate sale. The organised patent medicines industry had superseded the small scale operator who lacked the skills and capital to participate in an increasingly national market.

Market Leaders

The few market leaders in London were usually booksellers, chemists or specialised medicine vendors, who earned substantial sums from a range of medicines over several decades. Producing and selling patent medicines was often their main occupation, and they were also wholesalers for their medicines, together with some they did not own. Two of the most prominent, the Dicey family and Thomas Jackson succeeded by his partner James Barclay, will be described in the next section on medicine wholesaling. The best-known market leader was Francis Newbery (1746-1818), the only surviving son of John Newbery (1713-67) who had been not only a successful publishing bookseller and pioneer of children's literature, but also the founder of a lucrative medicines business based on the phenomenally successful Dr James's Fever Powder. The importance of medicines to John's income was shown by Francis's inheritance of the whole of the medicines business, including five named patent medicines, while the bookselling and printing business was divided up in different ways amongst the family.⁴⁸

⁴⁷ *MCR*, 1806, 13, lxxiv & lxxvii.

⁴⁸ National Archives, Kew, Prob 11/935.

Francis Newbery was a well-educated medicine owner who was accepted in the upper reaches of society. In the five years before his father's death, Francis had attended both Oxford and Cambridge Universities and had studied anatomy in London, with the aim of becoming a physician. The contemporary respectability of owning medicines is illustrated by his decision, with the advice of Samuel Johnson, to give up medical training when his father died and concentrate on the medicines business.⁴⁹ He discontinued his bookselling interests when he moved to imposing, double-fronted, premises at the east end of St. Paul's Churchyard in 1779. In 1791, he purchased a Sussex estate, Heathfield Park, becoming sheriff of East Sussex in 1795.⁵⁰ At his death, Francis was reputedly almost a millionaire,⁵¹ and the business was continued by his descendants for over a century.⁵²

The market leaders could act together in their mutual interest, a characteristic feature of an established industry. In 1785, Francis Newbery, Thomas Dicey and Hilton Wray (Table 4) combined in refusing to renew their licences to sell patent medicines.⁵³ Hilton Wray was in partnership with his aunt, Martha Wray, who was the neice of Robert Turlington, the creator of a very successful balsam which he had

⁴⁹ Charles Welsh, *A Bookseller of the Last Century* (London: Griffith, Farran, Okeden & Welsh, 1885), 127-135.

⁵⁰ *Ibid.*, 148.

⁵¹ S. Roscoe, *John Newbery and His Successors: A Bibliography* (Wormley, Herts.: Five Owls Press, 1973), 17(footnote).

⁵² Arthur Le Blanc Newbery, *Records of the House of Newbery* (Cambridge: Cambridge University Press, 1911), 62.

⁵³ Francis Spilsbury, *The Power of Gold Displayed*. 3rd edn (London: 1788), iii.

patented in 1744.⁵⁴ Hilton Wray was described by Francis Spilsbury (see below) as 'a regular wholesale and retale chemist and druggist, in an extensive medical line of many years standing'.⁵⁵ The trio felt that the licence to sell patent medicines and the medicine excise duty, which had both been introduced in 1783, were uncertain in their application and a restraint on trade, because regular druggists were not required to obtain a licence and only some patent medicines were to be taxed. Newbery and Dicey were let off by the jury, mainly on the grounds that they were exempt from requiring a licence as they only dealt in medicines; but Wray was convicted because he had sold other goods, namely two toothbrushes and powder.⁵⁶ A new Medicines Act later in the year removed some of these uncertainties.

Tradesmen

A commoner type of owner was a tradesman, with no formal medical training, who moved into making a patent medicine as another business. The most visible one was Francis Spilsbury (1733-93), the owner of a single medicine, Spilsbury's Antiscorbutic Drops. Spilsbury, the son of a silversmith, worked for 15 years as a silversmith in Cheapside, before starting medicine production around 1770 for reasons which are unclear.⁵⁷ By the 1780s, the sale of his single medicine was probably his only business and his widow, Dorothy, continued to produce it until at least 1807. Spilsbury developed the business by a relentless use of publicity and

⁵⁴ Turlington's Balsam of Life, *ABG*, 1 January 1781.

⁵⁵ Francis Spilsbury, *Discursory Thoughts*, 2nd edn (London: 1785), 52.

⁵⁶ *Ibid.*, 48.

⁵⁷ A. G. Grimwade, *London Goldsmiths 1697-1837* (London: Faber, 1990), 667; *Gentleman's Magazine (GM)*, 1793, 63, 773.

frequent newspaper advertisements to promote his Drops, and also himself as an honest, well-meaning, owner. He estimated that it cost £800-900 per year to advertise a medicine all over England, and at least £1500 per year if daily advertisements in London were required.⁵⁸ These figures are probably an exaggeration, but they do illustrate that significant resources were required to produce and sell a nationally available medicine. Spilsbury did amass some wealth, setting up a trust fund of £4,000 for his family in his will.⁵⁹

Another successful tradesman owner who employed the same techniques as Spilsbury was Nathaniel Godbold (1730-99), originally a baker/confectioner who also speculated in property.⁶⁰ Earning a reputed £10,000 a year from his Vegetable Balsam (patented in 1785),⁶¹ he bought a house with a hundred acre park near Godalming for £30,000 in 1790, while continuing to produce his balsam in Bloomsbury Square, London.⁶² After his death, a plaque was erected in Godalming Church, mentioning 'that excellent medicine, the Vegetable Balsam',⁶³ and an obituary in the *Gentleman's Magazine* described him as 'proprietor and inventor of the much-celebrated vegetable balsam', commenting 'in him, the world has lost a valuable member of society'.⁶⁴ His sons, Nathaniel and Samuel, continued to

⁵⁸ Francis Spilsbury, *Free Thoughts on Quacks and Their Medicines* (London, 1776), xxxiii.

⁵⁹ National Archives, Kew, Prob 11/1236.

⁶⁰ *GM*, 1821, 91, 490.

⁶¹ Rawlings, *Medicines*, 7.

⁶² *GM*, 1821, 91, 598; Rawlings, 'Medicines', 7.

⁶³ *GM*, 1821, 91, 598.

⁶⁴ *GM*, 1800, 70, 84.

distribute the medicine from Bloomsbury Square until at least 1822.⁶⁵ The Godbold family are another example of a lucrative patent medicine business, occupying the same premises over several decades. Nathaniel senior also provides evidence that owning a successful secret medicine did not diminish social acceptance: indeed his obituary suggests that it might even have enhanced it.

A rather different type of tradesman medicine owner was Thomas Wilson, who owned and distributed several medicines in Birmingham and surrounding towns, without apparently seeking a national market. No biographical details are available for him; but an advertisement in 1794 revealed that he was making and selling ('wholesale and retail') several medicines under his own name in Edgbaston Street, Birmingham.⁶⁶ By 1807, he was running what seems to have been a larger business in Worcester Street, Birmingham, with eleven of his own retail agents in towns across the West Midlands.⁶⁷ Chapman's 1801 Directory has an impressive three line entry under his name as 'proprietor of the improved antiscorbutic drops, worm cakes, Scott's and Hooper's pills, nervous pills, British Oil, Exc. Exc.', with no other occupation being mentioned.⁶⁸ Thomas Wilson is an example of a tradesman who devoted himself to a seemingly successful regional medicine business without achieving a national distribution.

⁶⁵ *SWJ*, 4 February 1822.

⁶⁶ *ABG*, 24 March 1794.

⁶⁷ *ABG*, 12 January 1807.

⁶⁸ Thomas Chapman, *Chapman's Birmingham Directory* (Birmingham, 1801), 93. Most entries in this directory were only one line.

The tradesmen group also included established chemists and druggists such as William Jones (died 1789). Jones supplied regular drugs to London hospitals and physicians, to hospitals and apothecaries across England, and to agents abroad, and he also acted as a banker and fire insurance agent.⁶⁹ He provided Francis Newbery with antimony and cream of tartar as ingredients for Dr James's Fever Powder, and in addition he made and sold his own patent medicine, Tincture of Peruvian Bark, at 3s 6d per bottle.⁷⁰

As participants in an established industry, these four tradesmen produced widely available, specific, products from fixed, publicised, premises over many years. They were not irregular practitioners, though they were knowledgeable on the available treatments for particular conditions and would sell their own medicine direct to the public on request. They should be regarded as artisans who acquired the necessary skills to provide a product for the medical market. As such, they resembled the many other artisans who offered an increasing range of goods to the expanding number of late Georgian consumers.

Medical Practitioners

Regular practitioners did own and sell patent medicines, though they might not describe them as such. Some attempted to preserve their professional reputations while maintaining the essential secrecy of the recipe, while others were less concerned about their medical status. Several surgeons devised secret medicines

⁶⁹ G. M. Watson, 'Some Eighteenth-Century Trading Accounts', in F. N. L. Poynter, ed, *The Evolution of Pharmacy in Britain* (London: Pitman Medical, 1965), 45-77.

⁷⁰ *Ibid.*, 75.

for use in their own practice, with some seeking a national market for them as patent medicines regardless of any threat to their reputations. Two examples in the national market were Samuel Glass, an Oxford surgeon, with his version of Magnesia, and Edmund Swinfen, major of Leicester in 1804, who owned and advertised several medicines, before passing them on to his son Richard.⁷¹

Physicians showed more reticence. In the mid-eighteenth century several, most notably Robert James, devised medicines, but fewer did so later. One who did was Robert Priestley, a longstanding Leeds surgeon turned physician, who advertised his Anti-bilious Powders nationally in 1798 at one guinea a box. He attempted to minimise the risk to his professional reputation by claiming that his medicine's ingredients were difficult to obtain, and so it was safer to keep them secret rather than accept the risk of composition from inferior items.⁷²

The most successful professional medicine owner of the period, Thomas Henry FRS (1734-1816), took a different approach to preventing copying. He was a well-known Manchester apothecary, who provided a good income for three generations of his family from the sale of his Calcined Magnesia, while remaining very much part of the respectable core of Manchester intellectual life. He maintained his high reputation by apparently renouncing any secrecy over his medicine and publishing its method of production.⁷³ Yet it seems that the long

⁷¹ Juanita Burnby, *A Study of the English Apothecary from 1660 to 1760* (London: Wellcome Institute, 1983), 51.

⁷² Robert Priestley, *Interesting Remarks on Bilious Disorders* (Leeds, 1798), vi.

⁷³ Thomas Henry, *Experiments and Observations on ... Magnesia Alba* (London: Joseph Johnson, 1773), 7.

production process, involving over twenty steps and scrupulous purity, was too complex, or too expensive, to be imitated.

Aware of the importance of self-promotion, Henry published in 1773 a venomous, eight-page, attack on the purity of Glass's Magnesia and the character of its new owner, Peter Delamotte.⁷⁴ Delamotte and Thomas Glass (brother of the now dead Samuel, and an Exeter physician) both published replies, quoting numerous experiments, some 'under the inspection' of four named academics at Oxford University, which proved that Glass's version of magnesia was superior to Henry's.⁷⁵ Henry then refuted these experiments with those of his own, some of which were a repetition of Glass's experiments but with different results.⁷⁶ This detailed investigation of a patent medicine is a long way from the traditional belief that these medicines were essentially a confidence trick on the gullible public: few regular medicines would have been explored as thoroughly as these two versions of magnesia.

Elite owners

'Elite' refers to owners who were members of the upper classes or held high public offices. They were few in number, but they show particularly clearly that possessing a medicine was not a bar to social and public acceptance. Also, they illustrate that philanthropy could be a reason for producing a medicine. Amanda Vickery's researches have shown how Elizabeth Shackleton, a member of the Lancashire gentry, inherited her late husband's recipe for a medicine for the bite of a

⁷⁴ Henry, *Experiments*, appendix.

⁷⁵ Delamotte, *Refutation*; Thomas Glass, *An Examination of Mr Henry's Strictures on Glass's Magnesia* (London: 1774).

⁷⁶ Thomas Henry, *A Letter to Dr Glass* (London: Joseph Johnson, 1774).

mad dog, and then used the philanthropic reputation from its sale as a device to expand her social contacts across northern England.⁷⁷ Another striking example of an elite owner, or rather an attempt to become one, was Bishop George Hay (1729-1811), the Catholic Vicar Apostolic for the lowland district of Scotland.⁷⁸ Hay, who was widely respected as a scholar and organiser, supervised a new translation of the Bible – and devised his own medicine. This antiscorbutic tincture was mentioned in the surviving correspondence between Hay and James Coghlan, the leading Catholic bookseller in London, with Hay persuading Coghlan to undertake an unsuccessful trial of the tincture in London in 1798.⁷⁹ Hay probably used his medicine in Scotland for philanthropic purposes, but the attempt to sell it in London may have been a response to the then parlous finances of the Scottish Catholic church.⁸⁰

Hay sent his medicine to Coghlan because the latter made and sold five of his own patent medicines, and advertised them in his annual publication for Catholics, the *Laity's Directory*.⁸¹ Coghlan's correspondence also documented an approach in 1799 from Father Henry Chappel, a Dominican friar in Leicester. Chappel wanted Coghlan to sell his 'specific for the cure of stone and gravel', which he had tried in

⁷⁷ Amanda Vickery, *The Gentleman's Daughter: Women's Lives in Georgian England* (New Haven: Yale University Press, 1999) 153-55.

⁷⁸ Brian M. Halloran, 'Hay, George (1729–1811)', *Oxford Dictionary of National Biography* (Oxford University Press, 2004; on-line edn, accessed 15 Dec 2012).

⁷⁹ Lancashire Records Office, RCBu/14/84, 14/92 and 14/94.

⁸⁰ Ibid., RCBu/14/70.

⁸¹ *The Laity's Directory* (London, 1788), 10-12.

over a hundred cases.⁸² It is striking that this Catholic trio, whose faith was still frequently condemned and whose position in society was uncertain, did not show any need to conceal or minimise their attempts to sell secret medicines.

Irregular Owners

Contemporary observers frequently bestowed the title of ‘quack’ on the irregular owners. The most notorious was William Brodum (died 1824), the owner of two medicines, a nervous cordial and a botanical syrup. Although he claimed to have been trained as a military practitioner in continental Europe, Brodum was regarded as an irregular practitioner, with medicine ownership only as part of his practice.⁸³ Often itinerant, he bought an MD from Marischal College, Aberdeen for 13 guineas, and aggressively publicised both himself and his patent medicines.⁸⁴ He was very successful, earning an estimated £5,000 a year from selling medicines;⁸⁵ and he attracted widespread criticism and satire, with his name repeatedly being used as an exemplar of quackery. Perhaps the ultimate accolade for Brodum’s celebrity was an elaborate masquerade, attended by the Prince of Wales and two of his brothers, with one of the artificial village shops in the hall being named as ‘Doctor Brodum’s shop’. The whole scene ‘produced all the comic effect that may be imagined to arise from the characters that composed it’.⁸⁶

⁸² Lancashire Records Office, RCBu/14/135.

⁸³ *Medical and Physical Journal*, 1805, 13, 258-67.

⁸⁴ Ietros, ‘Of Quacks and Empiricism’, *Medical and Physical Journal*, 1805, 13, 66-75, 70.

⁸⁵ *Ibid.*, 75.

⁸⁶ ‘Sketch of the Foley-House Masquerade’, *Weekly Entertainer*, 1802, 39, 451-53.

The prominent irregular owners could be called quacks, but they were not mountebanks. Two others were Samuel Solomon in Liverpool and John Lignum in Manchester, who, like Brodum, both travelled extensively to promote themselves and their medicines. After a period as a spectacle salesman, Solomon developed a range of medicines and claimed to practise as a physician.⁸⁷ Lignum had been an apothecary in Edinburgh called John Wood before he moved to Manchester, latinised his surname, and called himself a surgeon.⁸⁸ These three irregular owners do not fit with the traditional image of quacks selling medicines in the open air with the help of a vigorous sales technique. On their travels, they tried to stick as close as possible to orthodox practice, as shown when Brodum and Lignum, by coincidence, both visited Leeds in July 1793. They placed advertisements in the Leeds newspapers, listing the premises where they could be consulted and the hours they would be available, so mimicking conventional medical practice. Indeed, Brodum made some effort to be recognised as a regular physician, stopping his travelling and attending Westminster Hospital as a 45-year-old medical student.⁸⁹ Prominent irregulars who were medicine owners wanted to remain as close as possible to regular medicine.

Local Owners

The last category of owner, and the one least known about, encompasses the small-scale local owners who only sold their medicines in a limited area. The

⁸⁷ Denizen of Liverpool, 'Samuel Solomon MD', *Scourge*, 1811, 2, 287-303, 289.

⁸⁸ J.T. Slugg, *Reminiscences of Manchester Fifty Years Ago* (Manchester: J. E. Cornish, 1881), 57.

⁸⁹ Medicus, 'Brodum's Intrigues'.

newspaper advertisements reveal their names with some brief details, but little else can be discovered about most of them. Thirty-four medicines with a named provincial owner and apparently only a local distribution were found in the analysis described above of the first advertisements in the four studied newspapers. No further details were provided on thirteen of these local owners, while eleven claimed to be a chemist or druggist, nine a surgeon or surgeon-apothecary, and one just an unspecified doctor. Rarely, an event such as a family dispute might allow more to be discerned about an owner, such as Amelia Ings, who claimed to have been selling Foot's Cathartic Mixture in Wiltshire for nineteen years, having been instructed in its preparation by her grandfather Henry Foot.⁹⁰ However, Mary Foot asserted that the only correct version of this medicine had come to her from another member of the family.⁹¹ Occasionally a rural medicine could develop a wider distribution, such as the Trowbridge Pills which had been sold in Wiltshire by three generations of the same family before reaching Bacon's medicinal warehouse in Oxford Street in the 1790s.⁹²

The true place of these local owners in the medical market remains unclear. It is tempting to regard them as the commercial successors to the herbalists of earlier years, and this is implied by these examples of the passing of the recipe through several generations of the same family. Other illustrations of local owners inheriting medicines were Joseph Wright, a miller at Wortley Windmill near Leeds, whose

⁹⁰ *SWJ*, 3 June 1822.

⁹¹ *SWJ*, 10 June 1822.

⁹² K. H. Rogers, *Medical Matters in Trowbridge* (Trowbridge: Friends of the Trowbridge Museum, 2002).

Medicine for the Bite of a Mad Dog had been used successfully by his parents at Colne for fifty years, and Mrs Walter's Recipe for Pulmonary Complaints which had been prepared by Mrs Walters for over fifty years and was now being made by her niece, Miss Hall.⁹³ However, many had little in common with herbalists, and their diversity and the shortage of records mean that the group is difficult to label as a whole. Although their production of medicines may be broadly similar to the other groups of owners, the potentially sporadic nature of their work and the lack of national distribution mean that they do not fit easily into the concept of an industry. Some of the local owners were established tradesmen or regular practitioners, but others were probably irregular practitioners.

Frequency of Ownership Categories

The full picture of medicine ownership as a component of the patent medicines industry requires some idea of the numerical importance of these groups. If owners in the first four groups, who did not normally undertake irregular practice and who were indicative of a stable, respectable, trade, were numerous, then the concept of a patent medicines industry and its disconnection from irregular practice gain substance. Analysing the mass of medicine owners as a whole is impossible, but the proprietors mentioned in the runs of newspaper advertisements from the five selected years can be studied. In order to get a good impression of the main patent medicines industry, this analysis was confined to 'national' medicines, that is those advertised in more than one town or those advertised with a London wholesaler in more than one year in a single town.

INSERT TABLE 3 ABOUT HERE.

⁹³ *LM*, 4 May 1793; *SWJ*, 8 April 1822.

The names of the owners were available for 115 of these 'national' medicines: some information could often be found about these proprietors in the advertisements themselves, the *Oxford Dictionary of National Biography*, the on-line *World Biographical Index System*, and other sources including the physician and combative writer James Adair.⁹⁴ Assignment to a particular ownership group was often based on a strong probability rather than certainty. Some owners could not be assigned, either due to a lack of information on whether a practitioner was regular or irregular or just due to a shortage of any information, and they have been placed in separate categories. When the owners could be assigned to one of the six groups, 83 per cent were in the first four (Table 3). Even if the unlikely assumption is made that *all* the owners which could not be assigned were irregulars, the first four categories would still be a majority with 63 per cent of the total. Most of the 'national' medicines were owned by one of the large medicines businesses, by tradesmen or by regular medical professionals.

Origins of Medicine Recipes

Where did the owners get their recipes from? The ingredients of patent and prescribed medicines had many similarities, which were recognised both at the time and later.⁹⁵ However, patent medicines were rarely copies of regular therapies. They were certainly based on the same principles and had similar constituents, but

⁹⁴ Adair, *Fashionable Diseases*.

⁹⁵ Spilsbury, *Free Thoughts*, 13-22; Thomas Prosser, *The Oeconomy of Quackery Considered* (London: J. Bew, 1777), 2; Porter, *Health*, 24; Brown, 'Medicines Advertised', 160.

the immediate origins of patent medicines were outside the regular pharmacopoeia. Some owners, particularly those in the medical professionals group, devised their own medicines. As already described, Thomas Henry and Robert Priestley did so, and in the case of Henry provided details on how it was done.⁹⁶ Some tradesmen owners also created their own medicines, such as Nathaniel Godbold with his Vegetable Balsam, and William Jones who apparently used his skills as a chemist to create his Tincture of Peruvian Bark. Other owners claimed to have acquired existing inventions: for instance, Francis Spilsbury wrote that his medicine had come from an unnamed chemist via a third party, and James Coghlan apparently used extant recipes from the Jesuits' Library and other Catholic sources.⁹⁷

The recipes for medicines could also be bought, or dishonestly obtained, from existing owners. As already described, Peter Delamotte paid Samuel Glass for his recipe for Magnesia, and William Brodum was accused of copying medicines belonging to other irregular practitioners.⁹⁸ An anonymous Suffolk physician described two examples of a good recipe being passed on. In the first, 'A poor woman some years ago sold a bookseller here a receipt for a pill for £5. He compounded it and advertised it with great success for several years, then sold it to a druggist of the same place for a high fee, who now vends it with increased reputation and sale.'⁹⁹ In the second example, a less honest transfer was carried out by an apothecary's 'lad of all works' who helped in the compounding of a secret

⁹⁶ Henry, *Experiments*, 5-7.

⁹⁷ Spilsbury, *Free Thoughts*, 111; J.P. Coghlan, *New Publications* (London: Coghlan, 1787), 12.

⁹⁸ 'Anthony Daffy Swinton', *The Scourge*, 1811, 1, 34.

⁹⁹ *MCR*, 1806, 13, xxxvi.

medicine and then opened up his own druggist shop across the street, apparently making £400-500 per year from producing the same medicine for a different indication.¹⁰⁰

These owners were selling medicines that had been recently created, either by themselves or by others. However other medicines had been around for a long time as herbal or patent medicines, and their current ownership could be obscure.

Elizabeth Shackleton's medicine for the bite of a mad dog was derived from a longstanding local treatment in Ormskirk, and both the Foot family's controversial Cathartic Mixture and the Trowbridge Pills had a similar type of origin in Wiltshire. The Dicey family sold varieties of a number of old medicines which had been on the market for several decades and whose ownership was unclear. Their versions included Daffy's Elixir which had been sold since the 1670s, Anderson's Scots Pills which had been available in the early seventeenth century, and Bateman's Pectoral Drops which had been patented in 1726.¹⁰¹ Rather than creating new medicines, the Diceys were using their marketing and distribution skills to capitalise on old ones.

So patent medicines could be new or old, original or purchased, skilfully designed or just traditional: but, whatever their origins, they were not identical to regular medicines. They did contain similar ingredients to regular medicines as confirmed by the *Lancet* which published the 'compositions of quack medicines',

¹⁰⁰ *Ibid.*, xxxvi.

¹⁰¹ David Hancock and Patrick Wallis, 'Quacking and Commerce in Seventeenth-Century London: The Proprietary Medicine Business of Anthony Daffy', *Medical History*, 2005, supplement 25, 3; Rawlings, 'Medicines', 5; Woodcroft, *Titles*.

twenty-four of them, in its first four issues.¹⁰² However many of these medicines were complex mixtures created specifically for the patent medicines industry. For example, Spilsbury's Antiscorbutic Drops contained 'corrosive sublimate, gentian root, dried orange-peel, of each two drachms; crude antimony, red saunders, of each one drachm; rectified spirits of wine, water, of each eight ounces'.¹⁰³ The industry created distinctive products to capture its share of the medical market.

In conclusion, the large businesses, tradesmen and medical professionals provided the stable core of the ownership of patent medicines. They operated predominately within the normal commercial customs of the period, and the market leaders and tradesmen are not recorded by themselves, by others, in advertisements, or in their wills as undertaking medical practice. The industry could provide a treatment for most conditions and its standard procedures included recipe secrecy, centralised production, wide distribution and extensive advertising. Financial resources were required for success, but the rewards could be considerable. Further, with the exception of regular medical practitioners, the owners showed no concern that making patent medicines would reduce their reputations or social position: indeed it could enhance them.

Distributing Patent Medicines

The patent medicines industry had a particular requirement for skilled wholesaling: unlike most other businesses which only sold locally, many of the medicines were distributed from a central source across the country. Some owners

¹⁰² *Lancet*, 1823, 1, 30, 62, 89 & 138.

¹⁰³ *Lancet*, 1823, 1, 30. 'Corrosive sublimate' was mercuric chloride and 'red saunders' was sandalwood.

conducted their own distribution, including Francis Newbery, Francis Spilsbury, Nathaniel Godbold, Elizabeth Shackelton, James Coghlan, William Brodum, Samuel Solomon and John Lignum amongst those already mentioned, while others might appoint one or more wholesalers to do the work for them. The eight major wholesalers were mostly based in the City of London, with either a bookselling background or, increasingly, a pharmacy one. Their stability was remarkable over the decades, with changing business partners who were often within the same family.

None of these major wholesalers have left significant commercial records, but contemporary provincial newspaper advertisements are particularly useful in identifying them and exploring their activity. As always, the contents of a Georgian newspaper advertisement should be analysed cautiously; much was inaccurate and all was selective. Nevertheless, it is unlikely that a medicine's source, which was inserted to facilitate its supply, would be misleading. So, in order to explore wholesalers systematically, the medicine advertisements in the four newspapers in the Leeds, Birmingham and Salisbury areas during the five selected years have again been reviewed, accompanied by a scattering of documents describing wholesalers, especially those who were also booksellers.

INSERT TABLE 4 ABOUT HERE

Who were the principal wholesalers? The newspaper advertisements and other material indicate that the eight most important ones were all in London (Table 4). Provincial proprietors, such as John Lignum and Samuel Solomon, did distribute their own medicines across England, sometimes several of them; but it is difficult to find a provincial wholesaler who disseminated medicines nationally which he had not created. Once a business had become a major wholesaler, it often

continued for several decades: change occurred by inheritance and new partnerships, not by business failure, and this must reflect profitability. With one exception in Oxford Street, the principal wholesalers were all clustered close together in the City of London, and indeed the four addresses at St Paul's Churchyard, Bow Churchyard and Cheapside were very near to St Paul's Cathedral, the most popular area in London for eighteenth-century booksellers, reflecting the links between distributing medicines and publishing books.

The major role of printers and booksellers in *retailing* medicines has been recognised.¹⁰⁴ But early in our period, much of the London medicine *wholesaling* was also being carried out by booksellers, especially when the proprietor was not distributing his own medicine. Francis Newbery, originally both a bookseller and a medicine proprietor, sold other owners' medicines alongside his own.¹⁰⁵ The other major bookseller, medicine owner and medicine wholesaler was Cluer Dicey (1715-75), succeeded by his son Thomas (1742-1807). Cluer's father, William, had founded the longstanding *Northampton Mercury* in 1720 and also sold medicines. In 1736, he took over the business of the late John Cluer, his brother in law, a major source of chapbooks, ballads and popular prints in London.¹⁰⁶ The Diceys' bookselling and medicines business was certainly profitable: Cluer Dicey, like Francis Newbery, aspired to the life of a country gentleman and bought Claybrooke

¹⁰⁴ Isaac, *Pills*, 41; Barker, *Medical Advertising*, 397; John Feather, *The Provincial Book Trade in Eighteenth-Century England* (Cambridge: Cambridge University Press, 1985), 83.

¹⁰⁵ Welsh, *Bookseller*, 22.

¹⁰⁶ R.C. Simmons, *The Dicey and Marshall Catalogue* (Birmingham: University of Birmingham, ?).

Hall in Leicestershire in 1765.¹⁰⁷ The type of medicines that the booksellers distributed could reflect the categories of their published books. As befits producers of chapbooks, the Diceys' core stock was cheap longstanding medicines such as Daffy's Elixir, Bateman's Pectoral Drops and Radcliffe's Purging Elixir which were priced at 1s, plus 1½d duty, for the smallest bottle. In contrast, Francis Newbery's medicines were mostly more expensive and often relatively recent, and so were analogous to his father's more upmarket books.

Several other booksellers acted as wholesalers for a medicine, including the first John Murray who was the sole London agent for the Edinburgh Febrifuge Powder in the 1770s and Joseph Johnson, the radical bookseller, who distributed Henry's Calcined Magnesia in the 1780s and 1790s.¹⁰⁸ Others can be identified in the studied newspaper advertisements with the help of the *British Book Trades Index*.¹⁰⁹

Towards the end of the eighteenth century the booksellers largely withdrew from medicine wholesaling, which became confined to medicine specialists, such as Francis Newbery and Thomas Dicey who had both ceased publishing in London, or to chemists and apothecaries. At the beginning of our period, the most prominent wholesaler who was a chemist was Thomas Jackson, the patentee of an ointment in

¹⁰⁷ Aulay Macaulay, *The History and Antiquities of Claybrook* (London, 1791), 11 & 28.

¹⁰⁸ Edward Galliard, *The Use and Abuse of Antimonial Medicines* (London: John Murray, 1773), 44; *LI*, 9 January 1781.

¹⁰⁹ For example, William Nicoll (*LI*, 3 January 1769), Isaac Fell (*ABG*, 20 February 1769), W. Harris (*Salisbury Journal*, 9 January 1769), Lee Roe (*ABG*, 1 January 1781) and John Bew (*ABG*, 8 January 1781).

1761.¹¹⁰ As befits a chemist, he made and sold several medicines under his own name - at least five in 1781. His partner in 1792 was James Barclay, and by 1794 Barclay was the sole owner of the business, which now advertised a smaller range of Barclay's, rather than Jackson's, medicines.¹¹¹

The remaining five wholesaling businesses listed in Table 4 also come from a pharmacy background, and they can be traced through newspaper advertisements. John Ching, originally an apothecary in Cornwall, patented a worm medicine and moved to London in 1796, going into partnership with Butler around 1801. By 1822, this business, now known as Butler's, also had premises in the West End, Edinburgh and Dublin. Martha and Hilton Wray, as already described, were the niece and great-nephew of Robert Turlington, a successful tradesman medicine owner in the mid-eighteenth century. John Wye was an ex-partner of the Thomas Dicey. Little is known of William Bacon, but his twenty-eight page catalogue in the early 1790s listed 108 medicines for wholesale and retail sale:¹¹² John Sanger was his partner before taking over the business.

This concentration of the large, increasingly specialised, medicine wholesalers in London to supply a national market had similarities with the wholesaling of books. Indeed, the involvement of booksellers in the early part of our period was no accident; the skills and commercial practices required for national medicine wholesaling had much in common with publishing and bookselling, such as capital

¹¹⁰ Woodcroft, *Titles*.

¹¹¹ *London Directory for the Year 1792* (London, 1792).

¹¹² W. Bacon, *An Account of Several Valuable and Genuine Patent and Public Medicines* (London, 1790?).

management, selling a fixed price product across the country and promotion by the printed word. Like other industries, the wholesaling of patent medicines had developed common usage and practices. The later shift of medicine wholesaling towards traders with a pharmacy background, or extensive experience of patent medicines, probably reflected the changing requirements of the industry: chemical and medical knowledge were becoming more important for the competing medicine wholesalers than the generic distribution skills of booksellers.

Status of Patent Medicines amongst Practitioners

What were the attitudes towards patent medicines amongst the regular practitioners? The ownership, promotion and distribution of patent medicines produced a distinction from regular therapy, but there was also an overlap. Several owners were regular practitioners, often with a maintained professional reputation, and the proprietors as a whole wanted to mimic regular medicine as much as possible. Also, a few patent medicines crossed over into regular therapy, particularly Dr James's Fever Powder. In spite of these links, many practitioners were sharply critical of patent medicines, but others were more tolerant, especially in comparison with the doctors of later periods.

Many practitioners saw patent medicines as an economic and professional threat, and their condemnations of both the medicines and their apparent official approval by patents and the excise duty could be severe. Thus a meeting of 'medical gentlemen' at Market Bosworth in 1806 unanimously resolved 'that one of the greatest existing evils to the profession and the community, is the sufferance given by the Government to venders of quack medicines and nostrums of every

description'.¹¹³ In the same year, Duncan Forbes, an Edinburgh physician, wrote that patent medicines were dangerous and the royal medical colleges should prevent their distribution.¹¹⁴

By contrast, several of the leading physicians and surgeons declined to join in the complete condemnation of some of the rank and file. As we have seen, John Gregory and Thomas Percival criticised patent medicines, but they also felt that they were permissible under certain circumstances. Gregory wrote that some good medicines had originally been introduced as secret remedies and that it would be 'barbarous' to prohibit their use when regular medical care was unavailable.¹¹⁵ A generation later, Percival recognised that some patients had unshakeable confidence in patent medicines and should not thereby incur the physician's displeasure.¹¹⁶ John Hunter felt that the important consideration was whether the treatment worked, not whether it was derived from regular or patent medicines.¹¹⁷ Regular practitioners could exhibit a range of opinions on patent medicines.

These opinions largely reflect the varied attitudes amongst practitioners to the necessary secrecy of patent medicine composition. As a biographer of John Hunter

¹¹³ *MCR*, 1806, 13, clxxi.

¹¹⁴ *Medical and Physical Journal*, 1806, 15, 370.

¹¹⁵ John Gregory, *Lectures on the Duties and Qualifications of a Physician* (London, 1772), 230.

¹¹⁶ Percival, *Medical Ethics*, 45.

¹¹⁷ Wendy Moore, 'John Hunter: Learning from Natural Experiments, "Placebos", and the State of Mind of a Patient in the 18th Century', *Journal of the Royal Society of Medicine*, 2009, 102, 394-96, 395.

expressed it in a more censorious era, 'In Hunter's time the possession of secret remedies was not thought wholly disgraceful.'¹¹⁸ When the attitudes to secrecy are explored, differences emerge amongst the branches of the medical profession. Physicians were very cautious about any involvement with secret remedies. Thus Glass's Magnesia had largely been invented by Thomas Glass, a prominent Exeter physician; but Thomas passed it to his brother Samuel Glass, an Oxford surgeon, to own and sell it.¹¹⁹ The cause of this reluctance was probably the need for a successful late eighteenth-century physician to attain the qualities of a gentleman, distant from commercial activity.¹²⁰ The London physician William Fordyce provided an example of the conflict between secrecy and such a reputation. As a surgeon, he had patented a stomach pill in 1763, but ten years later he had become a physician and, though well aware of the commercial potential of his powder for fevers, he felt unable to sell it as a secret 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'.¹²¹

¹¹⁸ Stephen Paget, *John Hunter: Man of Science and Surgeon (1728-1793)* (London: Fisher Unwin, 1897), 168.

¹¹⁹ G. Goodwin, 'Glass, Thomas (1709–1786)', rev. Alick Cameron, *Oxford Dictionary of National Biography* (Oxford University Press, 2004; online edn, accessed 12 May 2014).

¹²⁰ For a discussion of the need for physicians to display gentlemanly conduct, see Wayne Wild, *Medicine-by-Post* (Amsterdam: Rodopi, 2008), 10-21.

¹²¹ William Fordyce, *A New Enquiry into the Causes, Symptoms and Cure, of Putrid and Inflammatory Fevers* (London: T. Cadell, 1773), 218.

Surgeons and apothecaries were more prepared than physicians to be associated with secret remedies. Samuel Glass advertised that his Magnesia was available from his house, or from agents across the country.¹²² Edmund Swinfen, a surgeon-apothecary and major of Leicester, distributed his Electuary for stone and gravel, his Worm Cakes, and several other medicines bearing his name.¹²³ Edward Galliard, an Edinburgh apothecary, insisted that the recipe of his antimonial febrifuge, the Edinburgh Powder, should remain secret to allow national sales.¹²⁴ A striking example of a tolerance of medicine secrecy amongst even the most reputable practitioners can be found in a letter from John Hunter in 1783 to Edward Jenner, at the time an ambitious Gloucestershire surgeon-apothecary who was developing his own secret Tartar Emetic. Hunter emphasised the importance of maintaining the complete secrecy of the emetic's composition by destroying the written recipe: 'I would also desire you to burn your book, for you will have all the world making it'.¹²⁵

Opinions differed, but the profession as a whole was becoming less tolerant of this concealment. 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'.¹²⁶ Thirty years later, Percival made his views clear: 'No physician or surgeon should dispense a secret *nostrum*, whether it be his invention, or exclusive

¹²² Glass's Magnesia, *Salisbury Journal*, 23 January 1769.

¹²³ ABG, 21 April 1794; S. W. F. Holloway, *Royal Pharmaceutical Society of Great Britain 1841-1991: A Political and Social History* (London: Pharmaceutical Press, 1991), 50.

¹²⁴ Galliard, *Antimonial Medicines*, 38.

¹²⁵ Paget, *John Hunter*, 164.

¹²⁶ Galliard, *Antimonial Medicines*, 38.

property.¹²⁷ 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.¹²⁸

We can conclude that the necessary secrecy of the composition of patent medicines limited the participation of regular practitioners in the industry: other attributes of the industry, such as the need to supply biased promotional material or the possibility of making a great deal of money without any patient contact, were less of a deterrent. Regular surgeons and apothecaries were more accepting of the privacy of a recipe than physicians, and some did take out medicine patents throughout the Georgian period. But, over time, owning a medicine was becoming incompatible with regular practice.

At the other end of the healthcare spectrum, no hard-and-fast boundary existed between patent medicine ownership and irregular practice, including quackery. Some owners were regarded as clear examples of ‘quacks’ by contemporaries, and the local owners included irregular practitioners. It is not clear whether the itinerant irregulars who were not owners often sold patent medicines. Many were expensive and their own, cheaper, compositions would probably have had priority.

¹²⁷ Percival, *Medical Ethics*, 45.

¹²⁸ *Regulations of the Medical Society of London* (London, 1775?), 12; *Medical Diary for the year 1799* (London, 1798), 28; *Laws and Regulations of the Benevolent Medical Society ... in the county of Kent* (Canterbury, 1799), 11.

Conclusions

The condemnations of later medical professionals and the focus of some recent historians on patent medicines as manifestations of irregular practice have obscured the true nature of the patent medicine industry. This paper, the first systematic and wide-ranging study of the ownership and distribution of patent medicines across late Georgian England, shows that the industry was substantial and varied, and that it was largely separate from medical practice, whether regular or irregular. On the whole, the medicines were produced by the normal business methods of the time, mostly by people who concentrated on maximising sales without verbal contact with the consumers. Furthermore, as demonstrated in this paper by a leading Manchester apothecary, a Catholic Bishop, a member of the Lancashire gentry, and country landowners in Sussex, Surrey and Leicestershire, owning or distributing patent medicines was not an embarrassment nor a bar to social acceptance, though regular medical practitioners had to be careful. Descendants in the Victorian period were discomfited by medicine ownership, but contemporary Georgians were not.

This study also demonstrates that a methodical approach can reveal a great deal about the structure of Georgian alternative medicine despite the paucity of accounts, diaries and letters from the participants. The systematic analysis of the newspaper advertisements, a true primary source unaltered from the day of publication, provides a spine of information which clarifies other sources and enables the owners and wholesalers of the patent medicines to be explored as a whole, not as isolated examples. The retail sale, methods of promotion and the consumer choices of patent medicines should now be investigated to amplify our understanding

of both healthcare and consumption in this era, and this will include the strong, but surprising, role of newspaper printers and booksellers in the local sale of medicines which has often been commented on, but never fully explained. Another key question is whether this patent medicine industry was suppressed, or just altered, by Victorian medical and pharmacological professionalisation and regulation.

The most important conclusion is that these findings indicate a fresh approach to the overall structure of late Georgian commercial healthcare. Porter envisaged it as having two components, irregular practice/quackery and orthodox medicine, with no hard division between them.¹²⁹ This position needs to be altered to accommodate a third component, the patent medicine industry, and this can be displayed in a Venn diagram (Figure 1). This industry overlapped with regular medicine and with irregular practice, but was mostly separate from both of them. Patent medicines were distinguished from irregular practice by their ownership and distribution often being in the hands of reputable people who did not practice medicine and who operated as an industry with their own methods. At the same time, patent medicines were distinguished from regular medicine by their different methods of distribution and sale, and by the lack of regular medical training for most of the medicine proprietors. In spite of these differences, the patent medicines industry also overlapped with both regular medicine and irregular practice, as illustrated by the ownership of patent medicines by some regular practitioners and by a minority of proprietors undertaking irregular practice. A few controversial medicine owners who aspired to be regular practitioners, such as William Brodum and Samuel Solomon, could be in all three of the sets in the diagram. The patent medicine industry can be regarded as the third component of late Georgian commercial

¹²⁹ Porter, *Health*, 4.

healthcare, a separate and stable option to both regular medicine and irregular practice.

Tables and Figure

Table 1. Numbers and percentages of medicines recommended for one, two, three, or more than three categories of diseases. The percentage is out of the total number of medicines advertised in each year.

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

Table 2. The five most frequent categories of indications for patent medicines.

Brief description of category	No. of medicines
Scurvy, leprosy, etc.	169
Gout & rheumatism	131
Nervous diseases	115
Bowel inflammation, bilious disease	115
Colds and coughs	98

Table 3. Types of Owners of 115 'National' Medicines

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

Table 4. Prominent London wholesalers and their premises.

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

Notes: * 65 St Paul's Churchyard.

† 95 Farringdon St (Fleet Market renamed Farringdon St in 1829).

‡ 67 St Paul's Churchyard.

§ Treatise entitled *Hayman's Maredant's Antiscorbutic Drops* (London, 1800).

Sources: Newspaper advertisements as described in the text, a treatise and the 1841 Post Office Directory.

Figure 1. Venn diagram of the three components of late Georgian commercial healthcare.

