Health for sale: mountebanks, doctors, printers and the supply of medication in eighteenth-century Ireland

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Abstract

The eighteenth century in England has been described as the ‘golden age of physic’ due to the availability and consumption of vast amounts of medicine in that period. This exploration of the public’s access to proprietary medicine, and of its engagement with, and reliance on, quacks, empirics and other irregular practitioners, reveals that the appetite for such medication was no less strong in Ireland. The retail of such commodities began fitfully in the late seventeenth century, and took off in the 1720s when Richard Dickson adapted existing distribution networks, and developed new ones, both to expand the market and, as it grew, to meet the vigorous demand. Most proprietary and patent medicines sold in Ireland were of British origin, but ‘exotic’ European products were also sought after as the market, the number of retailers, and the range of products increased dramatically in the course of the century. This examination of the supply of quack medicine in eighteenth-century Ireland explores the little-known worlds of medicine and consumerism. As well as identifying the importance of proprietary medicine in health care, it reveals that the demand for medication was an important, and under-acknowledged, engine of the eighteenth-century consumer revolution.

Introduction

The eighteenth century sustained a medical marketplace in which those who could afford it, and were willing to pay, had access to an unprecedented range of medications and medical practitioners offering an ostensibly bewildering array of remedies for illness and infirmity. In part, the consequence of the development of a scientific approach to illness, which promoted a culture of curing that was both medicinal and surgical, it owed more, paradoxically, to the obvious frailties of this emerging system than to any of its strengths. The diagnostic and therapeutic limitations of even the most eminent practitioners, who were still anchored firmly to a humoral approach to illness, illustrate starkly the deficiencies of contemporary medicine. Those inadequacies were compounded by problems of access, deriving in the first instance from the shortage of qualified personnel, which meant that, even at the end of the eighteenth

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1 For an overview, see James Kelly, ‘The emergence of scientific and institutional medical practice in Ireland, 1650–1800’, in Greta Jones and Elizabeth Malcolm (eds), Medicine, disease and the state in Ireland, 1650–1940 (Cork, 1999), 21–39.

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century, trained practitioners were distributed thinly over large parts of the country. This resulted in the majority of the population having limited access to professional medical practitioners, and encouraged reliance per force on the serendipitous amalgam of traditional folk and magico-religious cures that had long served the masses. Based on the declining usage of exotic ingredients in medical recipes, it can plausibly be inferred that belief in the efficacy of practices reliant on magical or divine intervention diminished in Western Europe in the eighteenth century. However, the enduring strength of popular Catholicism ensured that this process was less advanced in Ireland than it was in England. As a result, the tradition of drinking, bathing and anointing at holy wells remained vibrant, while relics, saints and priests were appealed to routinely for miraculous intervention. Healers and curers likewise plied a busy trade. But even if one assumes that belief in their efficacy contributed disproportionately to the number of perceived cures, there were other reasons for the public to consider alternative treatment methods as even ostensibly modest ailments could escalate into life-threatening illnesses. The proximity of virulent contagions, the insufficient knowledge of medical professionals and the visible limitations of the purveyors of traditional medical lore and faith-based solutions also encouraged other approaches.

One approach, which was central to the emergence and maintenance of a vibrant market in retail medicine in the eighteenth century, was self-medication. This did not exist independent of scientific or popular approaches, since (then as now) those seeking relief from persistent, recurrent or simply troublesome conditions were predisposed to try every option that promised improvement. Yet, the proliferation of so-called ‘receipt books’ passed between, and frequently amplified by, succeeding generations offers a vivid illustration of the pervasiveness of domestic medication. The range of remedies (culled from diverse quarters) in a typical ‘receipt book’ collection is indicative of the appetite for medication and the possibilities open to those who were ill or those ministering to invalids within their family. It was logical, therefore, that the expansion of the public sphere evidenced by the expansion of print from the end of the seventeenth century, and the development of

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5 For brief comments on receipt books see Kelly, ‘The emergence of scientific medicine’, 32–3 and James Kelly, ‘Domestic medication and medical care in late early modern Ireland’, in Fiona Clark and James Kelly (eds), *Ireland and medicine in the seventeenth and eighteenth centuries* (forthcoming, 2009).

commercial networks which permitted the easier movement of men and materials, should foster a sharp rise in the production, promotion and proliferation of medical goods and services. Moreover, because this took place in an environment that was essentially a free market, due in large part to the inefficacy of the bodies regulating the three embryonic medical professions (physicians, surgeons and apothecaries) and the unwillingness of the government to assume this responsibility, the way was clear for all comers to present their varied, and frequently dubious remedies to the public. These were the preconditions for the emergence of a medical marketplace in which those in a position to pay could secure either the ingredients with which to prepare their preferred medications, according to old or new recipes, or a ready-made product from an expanding pharmacopoeia of propriety and patent medicines.

This process, which culminated in the creation in Ireland of what in England has been called ‘the golden age’ of quackery, began to assume recognisable form in the late seventeenth century, but it did not acquire its distinctive character until the 1720s. It might not have occurred without a surge in popular print that permitted the mass-marketing of proprietary medicine and a burgeoning culture of consumerism of which medicine was an important feature. A period of consolidation followed, but parallel with a further bloom in print in the mid-eighteenth century, the market for medicine grew appreciably. It was sufficiently dynamic in the final quarter of the century to sustain a network of ‘warehouses’, franchises, and distribution chains which dispensed a greater range of medicines than was previously available. This was possible because the pattern of self-medication, evidenced by the routine publication of remedies for quotidian as well as life-threatening ailments in newspapers, pamphlets, and magazines, and the burgeoning market for medical self-help books, proved equally vigorous. It was so firmly rooted that physicians, schooled in the principles of university medicine in the Low Countries, Scotland and Dublin, as well as surgeons and apothecaries (who were largely trained on the job), could not afford to ignore commercial medications, even when they recognised their ineffectiveness. Consistent with the private doctor–patient relationship they encouraged, and their expanding perception of medicine as a higher profession, most physicians refrained from advertising and other forms of obvious self-promotion. However, the involvement of many on the fringe in the preparation and sale of common nostrums, and of others in the administration of the more popular and efficacious proprietary medicines, is illustrative of the fact that the medical milieu in eighteenth-century Ireland was not one in which the boundaries between diagnostic, popular, folk and quack medicine were clear and fixed. Quite the opposite; they were fluid, permeable and shifting. A variety of approaches to healing in the aforementioned categories coexisted, none of which could claim authoritatively (though all presumed to do so to a greater or lesser extent) that they possessed the entitlement to be accepted as better than the alternatives because none was grounded securely in proven medical knowledge or validated practice.


Because of the commercial character of the medical market that came into being, it was axiomatic that the medical practitioners who pursued the most effective sales strategies should achieve the higher profiles, and that their medications should sell in large volumes as a result. It was inevitable also given the array of elixirs, drops, cordials, balsams, electuaries, pills and oils offered for sale, that the noxious character of some should provide their critics, within the ranks of the more organised branches of medicine, with the opportunity to discredit their vendors as ‘quacks’ who sold remedies that were inefficacious when they were not simply poisonous. This was not a perception that achieved much currency or was afforded much credence before the end of the eighteenth century; indeed, even then, most of what was subsequently dismissed reflexively as quack medicine was accepted as a legitimate component of a less structured, and barely regulated, medical milieu in which physicians, apothecaries, surgeons, mountebanks, empirics, and commercial retailers (derived disproportionately from the printing industry) competed for business and, in which the sale of health as a key feature in an emerging consumer world.

The origins of a medical marketplace in Ireland span the final decades of the seventeenth and the early decades of the eighteenth century, since it was then, for the first time, that interests involved in the health business were able to take advantage of the state’s relaxation of the tight control it had long exerted over the print medium to advertise and to promote medical remedies. The print industry in Ireland in the late seventeenth century was unsophisticated and, in the absence of news-papers, the pamphlet was the primary medium of popular print, and, indicatively, the medium adopted by those with medical information to convey. This can be illustrated by the publication in 1684 of *A brief account of the mineral waters at Chapelizod* by Pierre Bellon, a ‘d[octo]r in physick’ brought to the country by the duke of Ormond. Bellon’s endorsement of the waters at Chapelizod was informed by his conviction that because ‘all diseases proceed at first from a deviation of the functions of the stomach’, the waters must prove therapeutic. His intervention helped to earn these waters a steady stream of well-connected visitors, including the terminally ill Lord Lieutenant, Earl Capell, who had recourse to Chapelizod in the spring of 1696.

Charles Allen was another who employed the pamphlet medium to promote his particular medical speciality; in the mid-1680s, he published what has been described as the first book in the English language on dentistry. Since Allen was English, and in all probability an itinerant dental practitioner, the publication of *The operator for the teeth*, was an effective means of drumming up business, and the fact that it was published in two editions, one in 1686 and another in 1687, suggests that he found the pamphlet an effective means of advertising his services. Allen certainly dispensed

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10 Pierre Bellon, *The Irish spaw ... and a brief account of the mineral waters at Chappelizod near Dublin* (Dublin, 1684); Capell to Shrewsbury, 3 May 1696; in Historical Manuscripts Commission (HMC), *Buccleuch and Queensbury Mss* (3 vols, London, 1903), vol. 2, 328.
some reasonable advice in respect of the maintenance of teeth and gums. However, his suggestion that teething in small children could be facilitated by cutting the gums with ‘a lancer or very sharp penknife’ rather negated the soothing qualities of the exotic formula composed of ‘figs, whey, plantain water, honey of roses and syrup of violets’ which he also advocated, and was more in keeping with the sort of counsel associated with empirics and quacks. If this is so, then Allen must be seen as an early exponent of a tradition, whose object and purpose was self-promotion in the expectation that this would yield a healthy financial return.¹¹ This certainly was the intention of John Crighton, a periwigmaker, based at Cork Hill near Dublin Castle, who offered a ‘rich balsamum apoplecticum’ for sale in the 1680s.¹² There is no evidence to indicate how well this medication sold, but the fact that he chose to publish its availability illustrates his appreciation of the potential of print as a sales medium and of the appeal to the substantial Anglophone population of Dublin of medications such as these, which were already well established in the English medical marketplace.¹³

The pamphlet medium was insufficiently flexible, and the market, medical therapies and medications were insufficiently developed, to sustain a vigorous commercial market in medicine in Ireland at that time. This was to remain the case until the 1720s, but the identifiable rise in the number of newspapers published during the first two decades of the eighteenth century and the accelerating physical and demographic growth of Dublin had a striking impact. The emergence of the newspaper was crucial, since in Dublin, no less than Bath and other fast expanding provincial English cities, it was intrinsic to the emerging consumer world.¹⁴ Newspapers may, as their appellation indicates, have relied for readership on their ability to relay news, but they could not have existed without advertising and, while the volume and character of advertising in Irish newspapers in the early eighteenth century was small and diverse, it was soon apparent that medical advertising not only paid dividends to the advertiser and newspaper, but also was crucial to the emerging commercial medical marketplace.

The limited character of the market for medicine in early eighteenth-century Ireland is well illustrated by the modest level of press advertising, and by the narrow range of products promoted. Significantly, devices such as ‘trusses for ruptures or broken bellies’ and ‘artificial teeth’, described as indistinguishable from ‘natural ones’, featured disproportionately.¹⁵ There was clearly a market for such products,

¹¹ Charles Allen, *The operator for the teeth* (Dublin, [1686]). A second Dublin version was published with the title *Curious observations in that difficult part of chirurgery, relating to the teeth showing how to preserve the teeth and gums* (Dublin, 1687).
¹² John Crighton, *At the Red Ball on Cork Hill, there is to be sold by John Crighton perriwigmaker, the rich balsamum apoplecticum* [Dublin, 1680].
because once the limitations of the first generation of prosthetics had been demonstrated, new practitioners emerged with new and improved devices, a more comprehensive range of services and promises of greater relief. In the dental arena, for example, the emergence of Samuel Steel, ‘surgeon and operator for the teeth’ in 1715 meant that as well as dentures ‘useful to eat with’ and suitable to wear overnight, Dubliners could have their decayed or broken teeth drawn, and blackened or discoloured teeth cleaned. Alternatively, they could purchase his *Pulvis Dentisricia*, a tooth powder, with the versatility to ‘cleanse ..., scower ... and makes white the foulest teeth’ and to sweeten bad breath, or his Antiscorbutic Opiat, which, as well as defeating ‘most distempers of the teeth’, fortified ‘gums against [the] defluctions’ that hastened their loss.  

Steel’s versatility was crucial to his long-term survival because, as competitors emerged, he tailored his service to meet the needs of consumers by promising to ‘ease and remove [dental] ... pain without drawing’; by selling only ‘the most excellent dentifrice’; by instructing patients in the skill of toothbrushing; and by tailoring advertising to appeal to the vanity, as well as the health, of his customers. The surgeon, Gregory Duany, was equally enterprising and equally aware of the power of the press as a means of communicating with the public. He did so in 1710 to advertise a course in surgery and, in tandem with John Dowdal, to make it known two years later that they could ‘perfectly cure all manner of ruptures ... without either truss or bandage’. This process had evidently run its course by 1719 for, having acquired ‘a new invention’, a truss ‘with springs’, he made sure that it was widely known through persistent advertising, and by promising that it would ‘never fail to give effectual relief’. At the same time, he continued to model trusses for ‘any age or sex, ... with or without springs’ as required (Pl. I). His efforts paid dividends, moreover, as the challenge he was posed by the arrival from London of John Bellars in 1724 with a ‘steel truss’ was soon overcome.  

Few survived as long as Steel or Deauny in the medical marketplace of the early eighteenth century. This may have as much to do with the personality of the individuals involved as with the product that they offered. It is likely also that their reluctance to puff their wares beyond what was reasonable may also have had a bearing. Hyperbole was intrinsic to quack medicine and, while it was far from being the case that those who were most prone to inflate the merits of their nostrums failed most spectacularly, the exaggerated claims made by some practitioners must have

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16 *Post Boy*, 9 May, 14 November 1715.
17 *F.P.*, 1 April 1723; *Dublin Weekly Journal (D.W.J.)*, 26 June 1727, 23 August 1729, 22 August 1730; *Faulkner's Dublin Journal (F.D.J.)*, 4 March, 8 April 1729; and see James Kelly, ‘“I was glad to be rid of it”: dental medical practice in eighteenth-century Ireland’, in Margaret H. Preston and Margaret Ó hÓgartaigh (eds), *Gender, medicine and the state in Ireland, Australia and the United States* (Syracuse, NY, forthcoming).
Health for sale: mountebanks, doctors, printers and the supply of medication

Whereas Mr. Gregory Duany, Surgeon, oppo[si]te
The Queen’s-Head in Charles’s Street, has
For many Years past cured many of the
Ruptures thought incurable by others; does hereby give
Notice, that he will furnish any Age or Sex such Truffles, with
or without Springs, as will give effectual Relief.

Note, That the Spring Truffles, are a new invention
approved by all that have used them, and that by them alone
many have cured, so that the Patient may use any Exercise
without Prejudice, as many in City & Country can [t]estify.

Pt. I—An advertisement placed by Gregory Duany, a surgeon, for a truss used to treat ‘ruptures thought incurable by others’ in the Dublin Intelligence, 3 November 1724.

raised doubts in the minds of all but the most gullible. For example; in 1702 Thomas Woodhouse of Dame Street imported ‘excellent water’ from London to relieve ‘gripping of the gut’, but he also offered it as a panacea for early-stage smallpox, as an aid to women who had just given birth and as an elixir to ‘any one in a fever’.19 By comparison, Thomas Gordon’s description of himself as ‘the famous lethotimist’, based on the doubtful claim that he had ‘cut for the stone in Britain and Ireland above 500 men, women and children’, when he advertised for custom in Dublin in 1707 seems almost reticent.20 Gordon was certainly restrained by comparison with another visitor, Dr T. Clark, who averred that, as well as blindness, of which he claimed in 1712 to have cured ‘more then 70 persons’ in Dublin in five months, he could relieve:

consumptions, leprosies, dropsys, tympanies, gouts, and giving present ease in all great pains; he also by a secret dissolves the stone, so as to cause it to pass by urine in small sand, without that dreadful way of cutting; as also in cancerous breasts hard swellings, King’s Evil, and also in the secret disease21 he cures without fluxing or confinement and roots out the very infection with the Reliques of Pox or Clap, which the mercury with which the patient hath been dosed with, … too often proves worse than the disease.22

19 F.P. or Postman, 24 April 1702.
20 D.G., 15 November 1707.
21 Venereal disease.
22 N.D.P., 9 March, 24 September 1716; D.I., 27 March 1716.
While the absence of any reference to a repeat visit suggests that Clark’s extravagant claims failed to convince, the preparedness of itinerant medics such as Gordon and Clark and others taking up residence in the provinces to advertise in the Dublin press is indicative of a fast-expanding market in commercial medicine. This was demonstrated still more clearly by the manner in which Royal Eye Water was marketed. Developed by William Read (d. 1715), the empiric who achieved a measure of renown (and a knighthood) as the oculist-in-ordinary to Queen Anne, Royal Eye Water was a recognised brand when the Dublin printer, Cornelius Carter, offered it for sale to the public in 1718. Convinced of the value of a medication which, according to his sales pitch, was ‘never known to fail in curing old or young of any red, swell’d or sore eyes in less than 24 hours’, the potion could be purchased at Dick’s Coffee House, Skinner’s Row, Dublin and at ten outlets in nine counties extending from Tralee, Co. Kerry, to Belturbet, Co. Cavan. As an established printer, responsible during his lifetime for more than ten newspapers, Carter drew on an existing network of agents, but it is more notable that he was the first Irish printer to utilise these emerging networks for the purpose of retailing medicine. Moreover, they soon demonstrated their worth as, in the course of the 1720s, the number of outlets through which the Royal Eye Water could be purchased climbed steadily; it was available for purchase in sixteen named outlets in twelve counties by 1731.

Cornelius Carter’s successful marketing of the Royal Eye Water demonstrated not only that there was a growing market for proprietary medicine in Ireland, but also that it could be accessed profitably through a combination of the right products and the right approach. This was not lost on his contemporaries, and he soon had many imitators. They included a ‘gentleman’ based in Capel Street who offered for sale ‘a powder unknown to any but himself’, which purported to cure worms, rheumatism, cholic, dropsy and gravel, and his version of Stoughton’s Drops, a well-known proprietary medicine, at three Dublin outlets. Elsewhere in the city, the landlord of Dempster’s Coffee House on Essex Street retailed Dr Patrick Anderson’s Angelical Pills, deemed ‘rough but safe’ and ‘excellent after drinking’. They were imported from Edinburgh, with the equivalent of a certificate of authenticity to ‘distinguish them for counterfeits’. It is not apparent just how serious a problem fraud was in this instance, and, if later claims that Anderson’s pills were habit-forming were true, it may be that the imitations were safer. In any event, the potential risks did not deter Ward, a druggist who traded out of the Eagle Tavern on High Street, or Vedel, a merchant based at the Black Moor’s Head on Stephen’s Street, who were joint agents

23 *Pue’s Occurrences* (P.O.), 16 August 1718.
25 *D.G.* or *W.C.*, 28 March, 5 April 1727.
for Balsamic Styptick Tincture—a versatile medicine which, as well as stemming external and internal bleeding, was an ‘infallible cure [of the] gravel and cholick’, and a palliative of the ‘bloody flux’ and ‘female weakness’.27

Since these medicines retailed at prices ranging from 6d (Royal Eye Water) to 5s 5d a large bottle (Balsamic Styptick Tincture) and 1s 6d a box (Anderson’s Angelical Pills),28 the prospect of a tidy profit was the primary motive for the involvement of most in their sale. It accounts certainly for the disproportionate representation of printers and stationers in the trade, since other than John Whalley (a member of the Guild of Surgeons and a publisher of medical works), whose Golden Pills and Elixir Cardiac were retailed through the 1720s–1740s, few possessed any specialised medical knowledge.29 They did possess a superior understanding of advertising and marketing, however, and, as the architects of some of the most sophisticated sales and distribution networks in the country, they were exceptionally well placed to capitalise on the emerging market for proprietary and other medicines. Cornelius Carter demonstrated the possibilities, but it was Richard Dickson, son of Francis and Elizabeth Dickson, who made the Dublin Intelligence one of the capital’s main newspapers, who took the promotion of medications to the next stage by developing a list of medicines and a sales network far in advance of any other.30

Dickson’s entry into the world of medicine commenced tentatively on his coming of age in 1724, when he advertised for sale the three medicines which were his initial stock-in-trade. Comprising a plaister to combat ‘the common or tertian ague’, a ‘specifick tincture and powder for the teeth’, and a ‘beauty wash’, which promised to remove ‘all morphew and foulness of skin’ (Pl. II). Dickson recognised instinctively that the key to profit was sales, and that the best way to guarantee sales was to possess quality stock and to advertise widely.31 Concentrating on the ague plaister, which was his most expensive item, he contrived to highlight its merits by maintaining from September 1724 that it had the endorsement of Richard Mead (1673–1754), one of the most reputable British medical practitioners, and ‘other of the most eminent physicians of Great Britain and Ireland’. This seems not to have had the desired impact and, commencing in 1726, Dickson omitted all reference to Mead and presented the plaister as the handiwork of John Radcliffe (1650–1714), the pre-eminent physician of his day, who served for a time as ‘first physician’ to

27 D.W.J., 26 August 1727.
28 P.O., 31 May 1718; D.W.J., 26 August 1727; D.M., 18 July 1723.
31 D.G., 17 August 1724; D.P., 14, 17 August 1724; Needham’s Postman, 14, 17 August 1724; D.D.P., 7 December 1724.
When Richard Dickson was entering the world of medical retailing he initially advertised three products: an ague plaister, a tincture for teeth and a beauty wash. This advertisement placed in the *Dublin Intelligence* of 3 November 1724 cites the first two items.

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**The Famous AGUEPLAISTER.**

AT the Desire of several Persons of Quality, and others (who have been cured by it) is now exposed to Sale, the only Remedy for the Common or Tertian AGUE; which effectually roots out all Causes of that most pernicious Disease, giving Strength and Soundness of Limbs, and a particular Vivacity of Heart, and in short, rectifies the whole Mass of Blood, cleansing the Liver and Reins of all those venomous Juices which conduce to the destroying of Health. All this it infallibly performs in a few Days, without giving the Patient the least Trouble or Confinement.

To be had, up two Part of Stairs, at the Sign of the Chefire Cheefe in Crane Lane; at a British half Crown, and no where else in this Kingdom. Where may be had, The most Innocent and Excellent

**Specifick Tincture and Powder for the TEETH**

WHICH assuredly preserves them from rotting and those that are a little decayed from becoming worse; makes the foulest TEETH as white as Ivory, faften’s those that are loose, and by often using, utterly extirpates all Scurvy-humours in the Gums, making them to grow up to the Teeth again to Admiration. It is neither disagreeable to the Smell or Taste, but really preserves the Teeth and Gums from all manner of Foulness, Corruption and Putrefaction, and may be dependent upon to answer the Character here given of it literally and in every Respect. At 2 British Shillings,

**N. B.** The Bottle of Tincture, and Box of Powder are sold separate at a British Shilling each.

At the same Place is to be sold a Never-failing Remedy for the Tooth-Ake, price 6 d. halfpenny.

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Pt. II—When Richard Dickison was entering the world of medical retailing he initially advertised three products: an ague plaister, a tincture for teeth and a beauty wash. This advertisement placed in the *Dublin Intelligence* of 3 November 1724 cites the first two items.
Queen Anne. It was the beginning of an intense campaign of press advertising that was to elevate ‘Radcliffe’s famous ague plaister’, within a few years, into the first proprietary medicine to achieve brand recognition in Ireland.

Dickson’s successful promotion of Radcliffe’s Ague Plaister indicated that advertising was the medium by which English proprietary medicines could be marketed profitably in Ireland and he had no sooner established this nostrum than he shifted his focus to the promotion of the still more expensive ‘famous London Electuary’ for the cure of consumption. Also developed by John Radcliffe, and prepared for sale in Ireland from his ‘genuine recipe’, Dickson tested its potential with a campaign of low-key advertising in 1726, and the response was sufficiently positive to cause him to give it precedence over the Ague Plaister in a near full-page advertisement allocated to the promotion of six medications in the Dublin Whitehall Gazette in December. In keeping with its improved profile, Dickson prepared a new, extended puff for the medication, rejecting explicitly the contemporary ‘opinion that consumptions are incurable’ and promising relief to those suffering from ‘coughs, shortness of breath, wheezing, spitting corruption or blood, pain and weight in the breast, all soreness of the stomach and windpipe, also catahurs, asthmas, physick, ulcers in the lungs, also ulcers in the kidneys and ureters’, and still other maladies. Moreover, lest there should be any doubt as to its efficacy, he promised incautiously that, if taken as directed, ‘under God, it is next to [an] impossibility there should be a failure of cure’.

This extravagant commitment was commensurate with the price of 6s 8d for which a ‘large’ tin of the London Electuary retailed, and in keeping with the inflated claims that were part of the stock-in-trade of selling medicine in a commercial arena. It is noteworthy that Dickson also chose this moment to adopt, what later became commonplace, the English practice of using testimonials of individuals who were prepared to attest to the efficacy of particular medicines. Such endorsement was not expected, of course, when it came to socially embarrassing ailments such as venereal disease (VD), and no attempt was made to do so or, in many instances, even to mention this disease by name in advertisements of medicine purporting to alleviate its symptoms. However, because medicines for venereal disorders, which were among the most expensive available, offered the prospect of high profits, they were part of the stock-in-trade of commercial medicine, and this was reason enough for Dickson to add the euphemistically named Angelick Lotion, which retailed at half a guinea a quart bottle, to his retail list towards the end of 1726. Described as ‘the greatest blessing ever yet made publick for the cure of miserable unhappy mortals, plagued

33 D.I., 28 March, 9 July, 20 September 1726, 12 September 1727; W.G., 3, 7 October, 8 December 1726, 8 September 1727.
34 Thus in the advertisement for Radcliffe’s Ague Plaister, a number of Irish beneficiaries of the medication feature from this point (W.G., 8 December 1726).
with continual running sores, malignant, virulent and putrid ulcers, eating cancers, and such like … dreadful diseases’, it stood at the opposite end of the price spectrum to ‘Dr Campbells most excellent eye water’; the latter retailed at the low price of 6d a bottle when first offered for sale before rising to 1s 1d; this was Dickson’s response to Cornelius Carter, who had a monopoly of the eye-water market to this point.35

Once he was established as the pre-eminent retailer of commercial medicine with these (six) nostrums, Richard Dickson concentrated for a time on their promotion and sale. Circulation was the main advantage that newspaper advertising had over its rivals, and Dickson comfortably exceeded his competitors in this respect in the amount of advertising he placed in his own and other printers’ newspapers. All his medicines were advertised heavily, but the London Electuary was afforded disproportionate attention, and the success of this strategy was demonstrated in the autumn of 1727 when he was obliged to bring in ‘a larger parcel than has been ever yet imported’ to satisfy demand.36 Dickson cleverly exploited this episode to focus attention on the medication. He also cautioned the public repeatedly to beware of imitations, extolled the quality of the ingredients that were employed in its manufacture, and the reputation of its originator. More practically, he continued the practice he had engaged in from the outset of providing customers with ‘printed directions how to use this medicine’, and he was enabled thereby to consolidate the reputation of the London Electuary in the famine ravaged late-1720s as an effective prophylactic against ‘all [the] attendant symptoms and forerunners’ of such ‘dreaded diseases’ as consumption and kindred contagions.37

Encouraged by his success to date, Dickson expanded his inventory by adding the Grand Specifick for rheumatism, which purported to combat ‘the morbisick cause of that troublesome disease’; Dr Slone’s Great Anodyne Tincture, which promised to ‘extirpate’ sciatica or hip gout; and an ‘excellent anticholical powder’, which offered instant relief from ‘any inveterate pain in the stomach or bowels’.38 Retailing at 7s 6d, 6s 8d and 3s 4d respectively, these medications were consistent with the high-price remedies in which Dickson specialised. He increased his offerings further by the addition, in 1729, of Doctor Hancock’s Universal Drops, which were offered to the public as ‘the most surprising, quick, absolute, and pleasant remedy … for ague diseases, curing and intirely taken off in 12 to 14 hours … , all kinds of violent, raging, malignant or burning fevers’.39

Heavily embroidered claims of this ilk were by now an established feature of Dickson’s successful sales strategy but, as competition for custom intensified in the testing economic environment of 1728–9, his puffs became still more wordy and extravagant. Thus in the case of the London Electuary, he added a note underlining the quality of the product:

35 W.G., 8 December 1726, 8 September, 8 November 1727; Postman, 9 March 1727.
36 N.D.P., 16 August 1727; W.G., 8 September 1727; D.I., 12 September 1727.
37 D.I., 20 September 1726, 12 September 1727, 10 September 1728, 12 April 1729; N.D.P., 16 August 1727; D.P., 14, 17 August 1724; W.G., 8 December 1726.
38 W.G., 8 November 1727.
39 D.I., 22 April 1729.
The ingredients of the said Electuary are not only the choicest and most prevailing … of all the Materia Medica, but are the most excellent preservatives in life against pestilential sickening airs, and eradicate other evil humours so far out of the body, as to carry off all that foreign and unwholesome matter, which accumulating or gathering head, produce the scurvy, itch, piles, cholick or rheumatism …

Though such verbosity might suggest otherwise, Dickson’s object in making such claims was not to deceive but to persuade potential customers of the merits of the nostrums he promoted. This did not preclude assertions to the effect that the London Electuary was superior to established nostrums such as ‘Daffy’s Elixir, Coxe’s Tincture, Squire’s Elixir and Asthmatick Julap or any other prescription of the kind’, but he declined prudently to take his customer’s credulity entirely for granted. Thus, with respect to Hancock’s Universal Drops, he conceded that their curative properties did not extend to ‘smallpox, or measles, and all other fevers attended with eruptions’, though this caution was qualified by the observation that a course of this medication, ‘if administered in the beginning’, would not just assist in quelling such contagions, it would protect the ill from ‘danger’.

While it is evident that Dickson’s success as a retailer of commercial medicine was due primarily to his skill at advertising his wares in the press, his readiness to provide customer advice was also noteworthy. His most ambitious undertaking to date was the preparation in 1729 of ‘a little descriptive treatise’, which he made available free to those who wished ‘to be informed more at large’ of the remedies he stocked. This complemented the ‘printed directions’ he had long provided, and which he also improved. The provision with Hancock’s Universal Drops of ‘more easy, plain and helpful directions than ever were yet given with any remedy’ was an indication of his intentions in this respect. This culminated some months later in the announcement of a set of ‘printed directions at large, and every particular, for use of patients … [that were] much more beneficial than anything of the kind, or ever yet made publick, after the same manner’.

While enhanced instructions were of undoubted assistance to Dickson’s customers, they were but one of a series of commercial innovations he undertook during the years 1729–31. The most noteworthy was his decision to increase the list of medicines for sale and to present them to the public in a numbered ‘catalogue’. The initial listing, as advertised in August 1729, contained eleven medications and included the tried and tested London Electuary and the Grand Specifick pills and Radcliffe’s Ague Plaister (Pl. III). But the list was augmented by the addition of new and cheaper medications such as a balsam for piles at 2s 8d a tin, the Princely Lotion for the itch, which retailed at 1s 8d a bottle, and Boerhaave’s Famous Cleansing German pills (named after the famous Dutch physician of that name), priced 3s 4d.

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40 D.I., 22 April 1729.
41 D.I., 22 April 1729.
42 D.I., 22 April, 23 August, 11 November 1729.
PL. III—Richard Dickson’s novel idea of a catalogue was first advertised in 1729 and indicated the heightened consumerism of the age. This version was published in the Dublin Intelligence, 18 November 1729.
a box, which were directed at a female clientele. However, as the presence in the catalogue of a number of cosmetics (Royal Beautifying Fluid for the skin and Chemical Liquor for colouring hair) attested, Dickson’s medicinal stock remained select. The addition in 1730 of proprietary medicines already well established in England such as Daffy’s famous Cordial Elixir (Elixir Salutis), Swall’s plaster for the gout and Lyons’s Indian powder for body odour, increased Dickson’s menu of medicines and cosmetics to fourteen. His most ambitious undertaking, however, was to transform his printing office in Silver Court (off Castle Street) into the Elixir Warehouse in the winter of 1730–1. It is not apparent if this development involved more than a change in nomenclature; the subsequent increase in the number of medications and cosmetics offered for sale from this address to twenty, and the circulation in 1730 of an eight page catalogue of the remedies available for purchase, suggests that it did, but in any event it was an initiative of both symbolic and real significance in the emergence of a market in consumer medicine.

If the foundation of the Elixir Warehouse is the most striking indication of how firmly quack medicine took commercial root in Ireland during the 1720s, credit for this does not rest with Richard Dickson alone. He was the most successful medicinal entrepreneur of his generation, but his inability to displace his fellow printer, Cornelius Carter, in the contest for the market in eye water demonstrates that he could not take his competitors for granted. In this instance, Carter possessed the more highly regarded proprietary brand, the more sophisticated sales network, and a steely determination that proved decisive. George Faulkner, another printer, had less commercial experience, but following his establishment, with James Hoey (d. 1775), of ‘the pamphlet shop’ in Skinner’s Row in 1729, he embarked successfully on selling such popular proprietary medicines as Daffy’s Elixir, the true Golden Spirit of Scurvy Grass, the Great Cordial Stomach Elixir, Stoughton’s Great Cordial Elixir, the Asthmatick Julip and others among the more benign (and cheaper) medications then available.

Because their profession gave them privileged access to the print medium and to existing distribution networks, printers were the best-placed commercial interest to capitalise on the buoyant market for medication. Moreover, consistent with the assumption by consumers that proprietary brands were most efficacious, and that the best medications of this kind came from abroad, the press was essential both in making the public aware of what was available and in enabling the serendipitous mix of apothecaries, druggists, shopkeepers, merchants, distillers, tavern keepers, joiners and others who engaged in the trade to market their produce. Many remedies were presented to the public with the information ‘just imported … from England’ or its equivalent. It was, for example, under this banner that the majority of the host

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43 D.I., 23 August, 11, 22 November 1729, 23 December 1730.
44 D.I., 23 December 1730, 16 March, 14 June 1731; Elixir-Ware-House at Dickson’s printing office in Silver Court in Castle Street opposite to the Rose Tavern, are sold the following remedies, recommended as excellent by authority of the College of Physicians, & fitted for general use ... [Dublin, 1730].
45 Munter, History of the Irish newspaper, 51–2; Castle Courant, 4 June 1726; Walsh’s Dublin weekly and Impartial Newsletter, 27 July 1727.
46 F.D.J., 15 March, 10 June, 29 July, 2, 30 September 1729; Robert E. Ward, Prince of Dublin printers: the letters of George Faulkner (Lexington, 1972), 7.
of potions, drops, powders, and cordials promising relief from a *melange* of ailments and conditions extending from teething to country fluxes were made available to purchasers in Dublin and elsewhere—the north-east particularly. Indeed, a number of English medical entrepreneurs sought to capitalise on the level of demand in Ireland by developing their own retail networks. Dr Benjamin Godfrey is an exemplar of such medical businessmen. He distributed his General Cordial, ‘so universally approved of for the cholick and all manner of pains in the bowels, fluxes and restlessness in men, women and children’, through a combination of merchants and shopkeepers in Dublin, Newry, Lisburn, Belfast, Antrim, Ballymena, Ballymoney and Coleraine. Some local entrepreneurs went still further afield. Guided by the perception that foreign was best, some retailers in Dublin and Cork vended select medicines from Montpellier, Holland and the Canary Islands.

If the provision of such a diversity of medications constitutes the main achievement of the ‘culture of quackery’ (to employ Roy Porter’s convenient phrase) that was put in place during the 1720s, it was demonstrated still more vividly by the receptivity afforded foreign quacks, and their preparedness to embrace Ireland within their circuit. The country was familiar by this date with the phenomenon of quacks claiming that they possessed the ability to cure difficult distempers such as VD, dropsy and jaundice and there is little to suggest that medical practitioners in Ireland treated such claims cynically. Moreover, the limited range of medical specialists in Ireland and the obvious limitations of most domestic practitioners meant there was plenty of opportunity for outsiders who arrived with the promise of a novel cure. This was especially manifest in respect of visible physical ailments, such as hernias, which accounts for the presence in Dublin in 1729 of John Vennac Dufour, a surgeon, who claimed to possess ‘the secret’ skill required to cure ‘ruptures or broken bellies’ without the need for surgical intervention. Since Dufour also maintained he could cure VD ‘without salivation, or confinement, with great expedition and safety’, it is apparent that his *modus operandi* was the exploitation of public fears of current medical practice.

However, it was the arrival in Ireland of a sequence of foreign oculists that best attests to the extent of the country’s embrace of quackery, and of its participation in what was a fast-growing international culture. The primary reason for

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47 *F.D.J.*, 11 February 1727, 4 March, 8 April, 14 June, 2 August, 11 September 1729, 11 August 1730; *D.I.*, 12 April, 23 August, 11 November 1729.

48 *F.D.J.*, 4 July 1730.

49 *F.D.J.*, 3 December 1726, 24 August 1727; *D.I.*, 11 November 1729; *P.O.*, 31 January 1737.

50 Illustrated by the claim of Richard Johnston in 1731 (*F.D.J.*, 11 September 1731).

51 *F.D.J.*, 10 June 1729.

52 *F.D.J.*, 11 August 1730, 12 February 1732; *Dublin Courant (D.C.)*, 14 February 1747.
their presence in Ireland was the prevalence of optical ailments, and the incapacity of the various imported English eye waters and ‘chymical liquors’ from Montpellier to offer succour.\textsuperscript{53} This provided an opening for surgeons skilled in the couching of cataracts and other ocular disabilities. The first to make an impression was Edward Green, who made several visits to Dublin in the late 1720s; he was followed by Andreas Laurini, an Italian, who had travelled ‘thro’ most countries of Europe’, and who, like Green, pronounced himself adept at dealing with a number of diverse ailments.\textsuperscript{54} However, neither registered a fraction of the impact of Chevalier John Taylor, one of the most widely travelled, skilful and relentless self-promoting mountebanks of his generation (Pl. IV, Fig. 1).\textsuperscript{55} At the outset of what was to prove a long and successful career, that included four extended visits to Ireland (1730–1, 1732, 1745–6, 1760), Taylor arrived in Dublin in February 1732 to a buzz of excitement generated by an expectant press, which maintained that he possessed the skills to cure ‘the many miserable defects of sight and hearing’. Like many mountebanks, Taylor was a showman, and his ‘spellbinding mix of Latin and Johnsonian English’ was well calculated to impress an impressionable public. This showmanship, together with a sequence of early reports describing how he had ‘recovered several persons of distinction’, prompted a ‘great concourse of people’ to attend him daily. It is a measure of his impact, as well as of his medical skill as attested by the number of people whose sight was restored or enhanced, that he extended his stay in Dublin beyond the planned twenty days to three months. He also accepted an invitation from some gentlemen who had raised a subscription to take him to Cork.\textit{En route} he spent a day or two in Kilcullen, Carlow, Kilkenny, Clonmel, Cashel, Waterford and Youghal and finished with a twelve-day sojourn in Cork.\textsuperscript{56} Moreover, in an official gesture of recognition, the gentlemen of the Corporation of Surgeons presented him with a certificate in a silver box admitting him to the freedom of the guild. It was not a universally popular decision. It was inappropriate, it was alleged in one quarter, to honour Taylor, ‘a person of unparallel’d impudence, undeniable assurance, an asserter of scandalous falsehoods, a mountebank, and a quack, who imposes on the public and extorts money from the poor’.\textsuperscript{57} The officers of the guild rejected the implication that they had been hoodwinked, and the further imputation that they had not been procedurally rigorous. They were, they countered pointedly, committed to admit to their ranks only ‘skilful practitioners, and to reject ignorant quacks and pretenders’, and the enquiries they had undertaken prior to Taylor’s admission satisfied them ‘as to his skill in surgical operations’.\textsuperscript{58}

\textsuperscript{53} F.D.J., 3 December 1726.
\textsuperscript{54} F.D.J., 4, 14 March 1729; D.J., 14, 28 July 1731.
\textsuperscript{56} \textit{The history of the travels & adventures of the Chevalier John Taylor} (3 vols, London, 1761–2); Porter ‘The people’s health’, 134; F.D.J., 14 September 1731, 1, 12 February, 11, 21 March 1732; P.O., 8, 29 February, 18 March, 1 April 1732.
\textsuperscript{57} F.D.J., 8 April 1732.
\textsuperscript{58} D.G., 11 March 1732; F.D.J., 11 March, 8 April 1732; P.O., 14 March, 8 April 1732.
James Kelly

The HISTORY of the
TRAVELS and ADVENTURES
OF THE
Chevalier JOHN TAYLOR,
OPHTHALMIATER;

Pontific — Imperial and Royal — The Kings of Poland, Denmark, Sweden, The Electors of the holy Empire — The Princes of Saxgotta, Mecklenberg, Anipach, Brunwick, Parme, Modena, Zerbi, Lorraine, Saxony, Helle Caffel, Hollstein, Salzburg, Baviere, Leige, Bareith, Georgia, &c. Pr. in Opt. C. of Rom. M. D. — C. D. — Author of 45 Works in different Languages; the Produce for upwards of thirty Years, of the greatest Practice in the Cure of distempered Eyes, of any in the Age we live — Who has been in every Court, Kingdom, Province, State, City, and Town of at least Consideration in all Europe, without exception.

Written by HIMSELF.

This Work contains all most worthy the Attention of a Traveller—also a Differtation on the Art of pleasing, with the most interesting Observations on the Force of Prejudice; numberless Adventures as well amongst Nuns and Friars, as with Persons in high Life; with a Description of a great Variety of the most admirable Relations, which, though told in his well known peculiar Manner, each one in strictly true, and within the Chevalier’s own Observations and Knowledge—Interperfected with the Sentiments of crowned Heads, &c. in Favour of his Enterprizes; and an Address to the public, shewing, that his Profession is distinct and independent of every other Part of Physis.

Introduced by an humble Appeal, of the Author, to the Sovereigns of Europe.
Addressed to his only S O N.

V O L. I.

LONDON;
Printed for J. Williams, on Ludgate-Hill. 1761

Pt. IV—The title page of Chevalier John Taylor’s The history of the travels and adventures of the Chevalier John Taylor, ophthalmiater (London, 1761). Taylor describes himself unabashedly as someone who engaged in ‘the greatest practice in the cure of distempered eyes, of any age we live—who has been in every court, kingdom, province, state, city, and town of the least consideration in all Europe, without exception’.
The reality of the matter, of course, was that, though Taylor was an able and innovative surgeon, his peripatetic lifestyle, inflated self image, mode of drumming up clients and general deportment had more in common with the more colourful and discreditable medical fringe of quack medicine than the Corporation of Surgeons was prepared to admit. This reflected the vested interest that it had in sustaining the impression that there was a clear line between those who were, in its words, ‘skilful practitioners’ and those who were ‘ignorant quacks and pretenders’. In practice, as the expansion in the availability of medicines that took place in the early eighteenth century implies, professional, folk and quack medicine coexisted in an unregulated but intrinsically dynamic free market in which no particular approach was acknowledged to be superior to another. Furthermore, the professional approach to medicine exerted a profound influence on the manner in which both limited empirics and skilled quacks operated and vice versa. That this was so was as much a consequence of the fluid character of this medical milieu, as it was of the opportunities provided by the convergence in the 1720s of an expanding commercial environment and growing consumerism to sustain a commercial medical market that responded to the needs of an increasingly medically conscious public with money to spend.

This would hardly have taken place of course, but for the constant threat to life posed by sickness and disease, which meant that, as evidenced by the summary Dublin bills of mortality for 1712–18, old age was fourth, behind consumption,
fever and smallpox as the major causes of death. A similar pattern is observable from the somewhat more detailed bills published in the 1730s, but what they reveal collectively is how vulnerable the population was in the face of illness, since even ostensibly modest ailments such as cholic, convulsions, fistulas, flux, gout, jaundice, gravel, measles, piles, quinsy, ruptures, rheumatism, and worm fever could and did precipitate premature death. To be sure, the number of casualties attributable to such conditions in any given year was modest compared with the main causes of excess mortality, but this was of less significance than the threat they posed and the awareness they generated of particular diseases. It was thus entirely logical that the suppliers of medicines in Ireland should import and supply medicines that, their intrinsic merits (and they were unproven in most instances) notwithstanding, offered the promise of recovery from the prevalent illnesses. This was a crucial feature of the medical culture that took form in the 1720s which was to endure.

The middle decades of the eighteenth century witnessed the consolidation and steady growth of the commercial medical culture put in place during the 1720s. This is illustrated most readily by the history of Dickson’s Elixir Warehouse, which consolidated its status as the leading retailer of proprietary and patent medicines by expanding its stock-list to some 50 products by the mid-1730s. It remained at this level until the early 1750s when, having changed its name to the Established Warehouse, its proprietor augmented its stock-list to more than 70 items and undertook to secure ‘whatever remedy patients may want for any disorder curable by physick’. Since a proportion of the advertised inventory of Dickson’s Warehouse consisted of cosmetics, these numbers offer an inflated perspective on the amount of medications available for sale, but, this caveat entered, Dickson provided medical consumers with access to a fuller range of medications for a wider variety of conditions than any rival outlet. Moreover, his stock-list at any given time embraced a majority of the most popular proprietary medications available in Britain and Ireland. These included well-established nostrums such as Anderson’s Pills, Radcliffe’s London Electuary and Daffy’s Elixir, but what enabled Dickson to retain his advantage over his rivals was his success in expanding his inventory to embrace the most widely consumed of the new generation of proprietary medications. These included Ward’s famous pills, Dr Eaton’s Styptick, Stoughton’s Drops, Turlington’s Balsam, Greenough’s celebrated tincture for teeth, Sir Hans Sloane’s famous ointment for the eyes and, from the early 1750s, Dr Robert James’s ‘famous specifick powders for fevers’, which was the most successful proprietary medication produced in the eighteenth century.

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59 John Thomas Gilbert and Rosa Gilbert (eds), Calendar of ancient records of Dublin (19 vols, Dublin, 1889–1944), vii, 578.
60 D.G., 6 October 1733, 5 April 1735, 5 April 1737, 7 January, 8 April 1738.
61 Dublin Daily Advertiser, 30 November 1736; Esdall’s Newsletter (E.N.), 23 November 1749; P.O., 21 July 1753.
In addition, Dickson targeted his advertising at particular conditions, such as venereal and fertility problems. In respect of ‘barrenness in women and impotency in men’, his recommended nostrum was the aptly named ‘Prolifick Elixir, or celebrated Viper Drops’, which was offered to the public as an ‘infallible cure’, while those suffering from VD could avail of a home treatment ‘according to the new improved French method’.

Since the alleviation of these conditions defied the best efforts of the most skilful physicians of the day, Dickson was at pains to re-assure customers by advertising his readiness ‘to wait on patients, in town or country, or give such directions to their usual attendants’ to ensure medications were properly administered. By the 1740s, when he had effectively forsaken printing to devote himself full-time to the sale of medicine, Dickson expressed his willingness to dispense his VD cures ‘under the inspection of a physician and surgeon of known reputation and probity’. Since the reality was that Dickson’s warehouse flourished because many people ‘far from the help of surgeons or physicians … perish for want of … assistance’, while many others lived ‘out their lives in vain expectation of relief, in many chronic and dangerous, tho’ often, easily curable distempers’, his expression of readiness to work with physicians and surgeons cannot be taken as evidence that commercial retailers felt bound by this date to defer to professional practitioners in respect of such ailments. Quite the opposite; the continuing shortage of skilled practitioners and the limitations of the medicine that they practised was as important as ever in sustaining the sales of non-regular medicine. It is noteworthy in this context that Dickson’s long time rival, Cornelius Carter, expanded his national network of agents for Royal Eye Water during the 1730s from sixteen to twenty-one.

There were, of course, many other outlets where these and others from the expanding range of non-regular medicines could be procured in mid-eighteenth century Ireland. Significantly, consistent with the pattern established in the 1720s, a majority of the proprietary and patentee medications offered for sale were imported from England, and were advertised as such by the variety of druggists, apothecaries, merchants, tavern owners, etc. that operated in this medical marketplace. They included Dr John Hooper’s Female Pills, a potential abortifacient, which was sold as ‘the most useful remedy against those general complaints the female sex are subject to’, and a variety of supplements to combat scurvy. Others were from further afield, though significantly fewer—the productions attributed to the great Dutch doctor, Herman Boerhaave, are the most notable exception—possessed proprietary names. The preferred practice with respect to continental imports was to afford the medications more generic titles, named after their country or city of origin; thus Dickson’s warehouse inventory in 1753 included German Pills, Spanish Balls, Portuguese

62 P.O., 21 July 1753; Porter, Health for sale, 45.
63 D.G., 5 November 1740; E.N., 1 June, 23 November 1749, 16 April, 6 June 1750, 5 July 1751; P.O., 18 August 1752, 7 August 1753, 27 July 1754.
64 P.O., 31 January 1737.
65 F.D.J., 20 January 1734; E.N., 1 June, 23 November 1749, 6 February 1754; P.O., 23 July 1754.
Ointment, Italian Cream, French Water and Montpellier Bolus among its otherwise predominantly English list.\textsuperscript{66}

Irish doctors, in regular and irregular practice, were slow to recognise the possibilities that this market presented and to venture forth with their own remedies. The most notable exception was John Whalley’s combination of Golden Pills and Elixir Cardiac, which was ‘composed’ during the 1730s and 1740s by his widow, Mary, and retailed through a network of agents at a number of locations in Dublin and other urban centres.\textsuperscript{67} Whalley’s success prompted a number of others to follow her example; Barton, a druggist, located on Blind Quay, enjoyed momentary success in 1735 when his lineament for gout, rheumatism and sciatica was trumpeted as superior to imported remedies. Atkins’ eye water, based supposedly on a traditional recipe handed down from generation to generation over a period of 150 years, was applauded loudly on similar grounds in 1749. These were the exceptions; few Irish-made nostrums were commercially successful in the mid-eighteenth century, and those that made an impression flourished briefly before they faded from view.\textsuperscript{68}

One reason why local medications failed to displace foreign imports was that they were more vulnerable to the accusation that they were dangerous, fraudulent or ineffective. Allegations of this nature were encouraged by the intense competition for customers; they were, for instance, directed at Richard Dickson by George Faulkner during the mid-1740s. Dickson denied that he sold any ‘unsound, adulterated [or] bad drugs’, but while no particular suspicion attached itself to him, many remained uneasy, and reported instances of death or injury attributable to medical poisoning ensured that many were correctly wary.\textsuperscript{69} Examples are not hard to come by; in 1731 a Catholic priest succumbed to convulsions induced by his consumption of ‘some poisonous drugs, supposed to be given him thro’ [the] carelessness of the persons who made up his recipe’.\textsuperscript{70}

Incidents such as these were entirely predictable given the promotion by ostensibly reliable medical retailers and physicians of potions (Greek water and Italian liquid were two offered in the 1740s and 1750s) purporting to cure ‘incurable’ cases of VD within three days. Exaggerated claims were also made by healers, such as Mary Walker, who claimed that she possessed ‘an infallible remedy for barrenness in one sex and impotency in the other’ as a result ‘of a gift of nature descended in her family these 300 years’.\textsuperscript{71} It also meant that the public was susceptible to crazes such as that for tar-water which was generated by Bishop George Berkeley’s celebrated endorsement of the same in 1744. As a result, thousands of people came openly to perceive of it as ‘a medicine so efficacious as seldom to fail of success, so general as to relieve most diseases, so safe as never to do harm when duly taken, and yet so cheap as to be in the power of the poorest person to purchase’. Regarded widely as a general panacea for all ills, ‘genuine liquid Norway tar’ sold well in full-, half- and

\textsuperscript{66} P.O., 30 July 1743, 21 July 1753.
\textsuperscript{67} F.D.I., 25 June 1734; D.W.J., 6 August 1748.
\textsuperscript{68} Dublin Evening Post (D.E.P.), 11 October 1735; E.N., 1 June, 23 November 1749.
\textsuperscript{69} Pollard, The Dublin book trade, 154; Dublin Gazette, 25 January 1743.
\textsuperscript{70} D.I., 23 June 1731.
\textsuperscript{71} F.D.I., 5 August 1746; E.N., 6 February 1754; P.O., 21 July 1753, 11 October 1755.
quarter-barrel measures when the mania was at its height and belief in its general efficacy was at its strongest during the late 1740s and early 1750s.\textsuperscript{72}

It was recognised by some thoughtful medical practitioners such as John Rutty, who authored a monumental enquiry into the therapeutic qualities of spa water,\textsuperscript{73} that good health was far more elusive than the nexus of quacks peddling instant solutions and commercial retailers selling proprietary cure-alls confidently professed. The sale of medicine appreciated in the buoyant economic environment of the second half of the eighteenth century, notwithstanding. This was assisted by the failure of parliament to intervene, other than in a minor fashion,\textsuperscript{74} to establish a regulatory environment that restricted the liberty of nostrum-mongers to sell whatever medicines they liked. But given the incapacity of the hopelessly compromised medical professionals to offer a coherent vision founded upon a real understanding of illness and infection, this is hardly unexpected. Parliament’s fitful engagement with matters medical was directed largely at the development of an institutional infrastructure.\textsuperscript{75} Meanwhile, the importers, makers, suppliers and retailers of cures, whose therapeutic credentials were no more credible than their predecessors, presented a new and expanded generation of consumers with an augmented menu of new and familiar nostrums.

In keeping with the pattern established in the 1720s, the surge in cheap print that occurred in Ireland from the 1750s was of critical import to the greater dissemination of medical information that sustained the more active medical marketplace of the late eighteenth century. As had been the case since the 1720s, newspapers served as advertising’s primary conduit, whereas the provision of case histories, anecdotes and accounts of cures was largely, though not exclusively, assumed by periodicals like the \textit{Gentleman’s Magazine}, which was published out of London, and \textit{Walker’s Hibernian Magazine}, which was based in Dublin.\textsuperscript{76} The pamphlet also assumed renewed importance in the dissemination of medical information, most notably as the means of circulating personal testimonies as to the efficacy of particular medicines. An example, published in Dublin in 1772 to coincide with the launch of Maredant’s Antiscorbutic Drops, comprised some 29 pages of letters. It was followed some years later by a similar compilation, entitled a \textit{Report of the cases relieved and cured}, commending Achmet’s baths in Dublin.\textsuperscript{77} Since the text of this ‘report’ was

\begin{itemize}
  \item John Rutty, \textit{A methodical synopsis of mineral waters} (London, 1757).
  \item For example, acts bearing the title ‘An act for preventing frauds and abuses committed in the making and vending unsound, adulterated and bad drugs and medicines’ were approved in 1735 and 1762.
  \item Larry Geary, \textit{Medicine and charity in Ireland, 1718–1851} (Dublin, 2004).
  \item For the former see E.L. de Montluzin, \textit{Daily life in Georgian England, as reported in the Gentleman’s Magazine} (Lewiston, 2002).
  \item John Norton, \textit{An account of remarkable cures, performed by the use of Maredant’s Antiscorbutic Drops ...Dublin} [Dublin, 1772]; A \textit{report of the cases relieved and cured in the baths appropriated for the reception of the poor} [Dublin, 1777]. See also \textit{Freeman’s Journal} (\textit{F.J.}), 26 April 1777.
\end{itemize}
also published in *Freeman’s Journal*, it is apparent that personal testimonies carried weight with would-be consumers, and this tactic was soon employed more generally, albeit in a more economical fashion, by many medical retailers.78

One reason for resorting to this form of promotion was the intensification of competition due to the increase in the number of medical outlets and in the medicines that they offered for sale. A majority continued to be imported from Britain, where the culture of quackery was particularly vigorous, but there was a notable increase in the availability of Irish-made nostrums and medical prosthetics, though it is striking just how many had experience of, or were migrants from, the more dynamic English arena. In contrast to Great Britain, where the grant of royal patent gave an official seal of approval to many doubtful proprietary concoctions, few applications for patents were forthcoming in Ireland. Yet this did not discourage ambitious medical entrepreneurs from creating and marketing their own.79 One of the most successful was Radcliffe Ryan, a surgeon and man-midwife, who settled in Dublin in the mid-1760s having served ‘a regular apprenticeship to a surgeon and apothecary’ in London. Ryan operated out of his Cope Street residence, from where he sold Chymical Drops as a cure for scurvy and allied cutaneous complaints, and the exotic Pectoral Essence of Colts Foot, as a ‘cure for coughs, colds, asthma’ and other pulmonary ailments (Pl. V). Presented to the public in 1765 as ‘new discovered medicine[s]’, Ryan had to weather severe criticism from a number of quarters at the outset arising from his inflated claims. However, the combination of persistent advertising, the rebranding of the Chymical Drops as Antiscorbutic Drops, and the Pectoral Essence of Colts Foot as Dr Ryan’s Vegetable Essence of Coltsfoot, and well-judged personal testimony paid off, and by the end of the 1770s, his medications could be purchased in seven regional locations as well as in Dublin. He failed to expand this network thereafter, but he was still selling an ‘improved’ version of his Vegetable Essence in the early 1790s.80

John Wade, a chemist based in Capel Street who founded the Chemical Laboratory in 1769, was another ambitious Irish entrepreneur. His object, in which he was encouraged by the House of Commons, the Dublin Society and the College of Physicians, was to produce high-quality medicines that were within the financial reach of ‘poor manufacturers [and] labourers’. With this in mind, he manufactured a range of medicines embracing smelling salts for headaches, liquorice balsams for consumptive conditions, a balsamic diuretic tincture that assisted with gravel and antimonial and mercurial preparations for more serious conditions. He also stocked and sold medicine chests for families, ‘furnished with scales, weights, and other...

78 *F.J.*, 17 August 1780.

79 *Porter, Health for sale*, 195, 202–03; Public Record Office of Northern Ireland (PRONI), Wilmot Papers, T3019/6387, Townshend to Rochfort, 2 October 1772. For the process in respect of Walker’s Jesuit Drops, see The National Archives (TNA), SP63/415, Bedford to Pitt and enclosures, 30 September 1757.

80 *F.J.*, 22, 25 March 1766, 12 May, 4 July 1767, 26 October 1769, 16 February 1771, 23 December 1779, 3 June 1780; *Hibernian Journal (H.J.*), 29 April 1771, 27 November 1780, 15 October 1790, 29 June, 15 October 1792.
Health for sale: mountebanks, doctors, printers and the supply of medication

For Colds, Coughs, Hoarsness, & c.

DR Ryans PECTORAL ESSENCE OF COLTS FOOT.—A most excellent Remedy for Colds, Coughs, Alhmas, Difficulty of Breathing, Hoarsness, Spitting of Blood, Inflammatory and putridforme Threats, and all feverish Complaints; and if he be in the Power of Medicine to stop the Ravages of that cruel Difeafe, a Confumption, which cuts off such Number of our Youth of both Sexes, this valuable Medicine will effect it — Its Virtues are also extended to Bleedings, Waftings, and Ulcers, Pains, and Weaknesses of every Kind, infomuch, as to be truly filed Nature’s Grand Reforervative. The Author can recommend it on long Experience, and if it might not appear vain would add great Proofs of its Virtue.

Sold in Dublin only, by Mr. Ryan, Surgeon, and Manmidwife, No. 15, on Temple Bar, and by the Printer of this Paper, — at 3s. 3d. the Bottle, with proper Directions.

R. RYAN.

Pt. V—Radcliffe Ryan, a surgeon and man-midwife, was a medical entrepreneur. Initially, he sold Chymical Drops (for scurvy) and Pectoral Essence of Colts Foot (for coughs colds and pulmonary ailments). However, his inflated claims about his products caused some controversy and he eventually rebranded them. This is an advertisement for them in their initial guise published in the Hibernian Journal, 27 August 1790.

proper apparatus, and with … printed instructions, so that the medicines required may be instantly found’, at prices ranging from 4 to 50 guineas.81

A full medicine chest was potentially invaluable given the prevalence of self-medication, but the reality was that it was beyond the financial reach of most of those whom Wade maintained were his primary target. This was no less true of quacks like Dr Solomon of Fleet Street, who specialised in curing scurvy and expressed concern for the plight of ‘poor tradesmen, soldiers, and servants’, but whose clients, based on those who offered public endorsement, were landed gentlemen, MPs, military officers and government officials. It is, indeed, difficult to imagine many outside the elite, being tempted by the idea of taking Seneka, or Rattlesnake root, which Solomon

81 F.J., 26 October 1769, 24 March 1772, 3 April, 29 July, 3 August 1773, 18 November 1784; H.J., 22 May 1772, 11 October 1773, 8 January 1776, 11 April 1791, 29 June 1792, 4 March 1793.
stocked and sold as a cure for ‘all kinds of nervous complaints’, but in this respect he was not dissimilar to the majority of quacks who boasted of the efficacy of their remedies, but whose primary motive was profit.82

Philip Bennett, an apothecary based in Cork, fits this profile. His main medical achievement was a vermifuge or worm powder, which he sold for 2s 8½d a bottle through a variety of agents in Dublin and the major Munster towns, and which was, he claimed, ‘the most effectual ever yet found’. Bennett presented a formidable array of testimony in support of the efficacy of his nostrum, though his claim to have saved ‘thousands’ of lives was typically inflated.83 In common with Dr Days, a physician based in Exchequer Street in Dublin, who made equally large claims in the early 1790s for his Restorative Elixir as a cure for nervous afflictions and ‘disorders … induced by too much indulgence of the sensual appetites’, he established a limited network of agents to facilitate the sale of his product. There is no evidence to suggest quite how successful Days was, but given that the elixir sold at 6s 6d per bottle and the generous publicity it was afforded in the 1790s, it is to be assumed that it was profitable.84 Philip Thomas Morphie’s experience was still more chequered. Having specialised in ‘curing the stone and gravel’ in ‘private practice’ in London, he sought shortly after his arrival in Dublin to make money from Fothergel’s Grand Restorer of the Human Spirit, which he extolled as ‘the only remedy for those … almost worn out with venereal engagements’, and commended as a solution for frigidity and impotence. Given its high price of 11s 6d a bottle, it is not surprising that this doubtful nostrum did not prove to be a best seller or that Morphie focussed his attention thereafter on the cure of ruptures, which was his specialism. Old habits died hard however, and having ‘confined his practice’ to this arena for a number of years, he devised an improved Elastic Truss, which (based on its high profile) sold throughout the 1790s.85

Though the availability of Irish medicines and medical prosthetics is striking, the majority of the medicines sold and consumed in Ireland in the competitive medical marketplace of the later eighteenth century were English patented and proprietary formulae. A significant percentage of these were retailed by Irish agents, from a variety of occupations. Self-styled physicians, doctors, surgeons and apothecaries feature inevitably, but consistent with the intensely commercial character of non-regular medicine, booksellers, printers, sword cutlers, even haberdashers engaged in the marketing of nostrums. These marketed items such as Dr Norris’ Fever Drops, Dr Mardon’s Antiscorbutic drops, Palmer’s Water for the cure of the stone, Kennedy’s Corn Plaisters, Radcliffe’s Restorative Drops, Greenough’s Pectoral Lozenges of Tolu, Hinde’s Nervous Powders, Cephalic Snuff and Godbold’s

82 F.J., 3 March 1770, 16 February, 14 May, 31 October 1771, 22 May, 22 October, 24 November 1772.
83 H.J., 12 April, 4 October, 15 November 1790, 28 February, 15, 22 June, 8, 13 July 1791, 17 February, 2, 7 March, 19 October, 14 December 1792, 10 February 1794.
84 H.J., 8, 12 October 1792, 4 January, 1 February, 18 March 1793; F.J., 6 October 1792, 16 October 1793.
85 F.J., 24 December 1779, 26 February 1780; H.J., 30 January 1782, 28 January, 22 April 1789, 28 June 1790, 7 January 1791, 7 May 1792, 1 February 1793, 10 February 1797.
Vegetable Balsam for consumptives (Pl. VI). This was less prevalent with respect to medications from the Continent, a small number of which were imported, but vigorous marketing was often less necessary in these cases because their very exoticism...
constituted a large part of their appeal. This is apparent, for instance, with respect to Goulard’s Original Extract of Saturn (and other generally expensive concoctions made by the Goulard family at Montpellier), which was offered for sale in the 1780s as a cure for cancer, gunshot wounds, gout and rheumatism, piles, burns, the itch and other ‘external disorders’. It is true also of Keyser’s Genuine Pills, devised originally by Joseph Adrian de Keyser, one time ‘commander general’ of the military hospitals for ‘treating venereal diseases’ in France. Other, familiar, medications such as Boerhaave’s Genuine Pills, those bearing familiar toponyms (Berlin Antiarthriticks, for instance), French names (L’Alumette de L’Amour is an example) or those of Italian origin also benefited from this exotic association. While the disposition, long manifest with respect to certain English remedy-makers, to endow their medicines with elaborate and fanciful names contributed to the mystique of quackery.87 On the face of it, this may have seemed like a counterproductive strategy, but it was a well-established tactic that served to give improbably titled nostrums like Dr Gussio’s Virtues of Mineral or Anti-putrid Essence, Archibold’s Pectoral Lozenges of Blois (for colds), or Huxham’s Tincture of Peruvian Bark (for loss of appetite) a distinctive identity that proved of advantage in the marketplace (Pl. VII).88

This brand recognition was obviously the priority of all who entered into the competitive world of commercial medicine, and it was an inevitable consequence of the growth in the number of retail outlets. A majority of these, like the physicians, druggists, apothecaries and medical entrepreneurs already considered, specialised in a small number of distinctive or, in some instances, individual products. But, in keeping with the pattern established in the 1720s, the trade in the late eighteenth century was dominated by a new generation of retailers, many of whom had backgrounds in bookselling or printing. All of these sellers relied heavily on the press to inform the public of their involvement in the sale of health and of the medicines they stocked. The press was also an important source of information on the price of medications. Furthermore, since competition in this business was intense, and demand was strong for medications in general and those with a proven track record in particular, a downward pressure was exerted that contributed to ensure that prices remained competitive.89 This is borne out by the undertaking of major retailers like James Hoey, the owner of the Dublin Mercury, to sell proprietary medications ‘by wholesale and retail at as low rates as … counterfeits are sold’ and to ‘give six and twelve months credit to country shop-keepers’. Moreover, his was not an idle boast; a comparison of the prices charged by Hoey and John Exshaw, a bookseller based in Dame Street, indicates that there was little difference in the price of the main proprietary drugs.90

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1786, 2 March 1792, 19 June 1793; D.E.P., 17 February 1785, 5 February 1799; Saunders Newsletter (S.N.), 25 March 1786.
87 F.J., 26 August 1775, 28 February 1793; S.N., 18 August 1785; H.J., 11, 13 October 1773, 11 November 1776, 23 October 1789, 4 February 1780, 4 April 1792.
88 H.J., 12 May 1790, 1 August 1792.
89 See the comment by W. Gilbert in his advertisement in F.J., 16 August 1774.
90 For Hoey see F.J., 19, 31 March, 23 May 1774, 9 February, 12 April, 1 May, 11 July 1776, 3 June 1780, 18 July 1781, 14 January 1782; for Exshaw, see H.J., 8, 10 January, 9 February 1776.
If, as this suggests, pricing was so competitive as to offer little advantage to one retailer of proprietary medicine over another, most endeavoured to win the confidence of consumers by emphasising that they alone sold the true and authentic commodity. Sellers claimed routinely that they had negotiated the exclusive rights to a product’s sale, and affirmed that others offered under the same brand name were counterfeit and, by implication, less efficacious. Thus, James Hoey preceded the extensive list of 55 products that he advertised in 1774 with a statement to the effect that he alone was ‘empowered’ by ‘the original proprietors’ in London to sell these ‘genuine patent medicines in order to stop the progress of the base imitations of those medicines’. This seemed well calculated to assure Hoey of an advantage over

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91 F.J., 31 March 1774.
his rivals, and it might have worked if it could have been shown to be true, but it was contested, when it was not simply contradicted, by the claims of others.

Smaller retailers such as John Exshaw, William Wilson of Dame Street and Michael Mills, a printer-bookseller located on Capel Street, who concentrated on a smaller number of commodities, went to particular lengths to emphasise the authenticity of the medicines they offered. Exshaw’s advertised stock-list consisted of a modest 22 medications, which may account for the series of detailed statements he published in 1776 purporting to be from the lineal descendants and current owners of three established proprietary medications—Daffy’s Elixir, Turlington’s Original Balsam of Life and Anderson’s Scots Pills. These statements were to the effect that the versions he sold alone followed the ‘original’ recipes, that ‘no other person’ was ‘authorised’ to sell these medications, and that, by implication, the ‘very numerous’ variants on offer were ‘counterfeit’. Mills operated on an even smaller scale. His stock in 1780 ran to fifteen remedies but, as the printer of the Hibernian Journal, he was well placed to ensure that they were accorded wide exposure, and their authenticity was well vouched for. Significantly, among an impressive list that embraced many well-known proprietary brands such as Spilsbury’s Antiscorbutic Drops, London Jesuit Drops and Dr Stoughton’s Elixir Magnum Stomachium, Mills included Anderson’s Scots Pills as one of the medications to which he claimed exclusive rights for Ireland. This cannot be taken at face value. But it may be that by this date John Exshaw had forsaken what appears to have been a brief flirtation with selling medicine and had surrendered his exclusive relationship with James Inglish, the pills’ English owner, and it was assumed by William Wilson. Significantly, as well as Inglish, Wilson claimed also to have concluded an exclusive agreement with Francis Newbery, the owner of five propriety medicines including James’s Fever Powder and James’s Analpeptic Pills, and Lady H. Hill, who owned the rights to Hill’s Balsam of Honey and five other lesser known elixirs, tinctures and essences. Wilson certainly attached great importance to such assertions of exclusivity. Throughout the early 1780s, under the banner headline ‘GENUINE MEDICINES’, he routinely printed the full text of certificates issued purportedly by the proprietors of the main medicines he sold with a statement to the effect that ‘no other person in this kingdom can produce a certificate for selling any of the foregoing medicines’.

It is apparent, based on the frequency with which rival retailers pronounced that they alone possessed the exclusive right to particular nostrums, that most claims to this effect were not soundly based, but by the 1770s it was an accepted feature of the promotion undertaken by medical retailers. In this respect, it bears comparison with the hyperbole that was intrinsic to the assertions of therapeutic efficacy made with regard to all medicines offered for sale. Moreover, it was deemed legitimate to

92 H.J., 8, 10 January, 9 February 1776.
93 H.J., 12, 19 July, 4, 9 August 1780.
94 E.J., 24 March 1781.
95 E.J., 15, 18 September 1781, 1 October, 19, 24 December 1782, 7 June 1783, 13 March 1784; H.J., 27 August 1781.
do so, because the object in both instances was to persuade potential consumers to make a purchase. This is not to imply that the authors of these claims attached no value to linguistic precision, but rather that in this barely regulated environment, accuracy took second place to the requirement to secure custom. Inflation and exaggeration were integral to the retailers’ promotional vocabulary, not only of the culture of quackery, but also of the world of commercial medicine in general.

It is notable in this context that when James Williams, one of ‘the most enterprising and astute booksellers in Dublin’, embarked in the early 1770s on the sale of medicine he did not just publish testimonials from the English proprietors of the nostrums which he offered for sale, including the celebrated Nervous Powders and Drops devised by Dr W. Lowther and Maredant’s Antiscorbutic Drops prepared by John Norton, he became the Irish agent for both. This empowered him to establish a network of agents, which he certainly did (in Cork, Kilkenny, Waterford, Limerick, Newry and Belfast) in the case of the latter.96 Since this improved the sales of the drops, it was clearly of benefit to Williams, but it proved less useful in the case of Lowther’s Nervous Powders, which, as one of the most popular and esteemed medications of the era, it was beyond the capacity of an Irish agent or an English proprietor to assert an effective monopoly.97 Indeed, it was all but impossible for individual retailers to uphold exclusive claims to any nostrum. James Williams demonstrated this when in 1772 he advertised the availability of Palmer’s Water for the Stone and Gravel, though Henry Courtenay of Aungier Street had previously agreed with Stephen Palmer that he would have distribution rights in Ireland.98 This was acknowledged more generally two decades later, for when Hall and Company based in Great Britain Street sought in 1792 ‘to acquaint the nobility and gentry in particular’ that they had just received ‘a large supply of … improved Antiscorbutic Drops … from the proprietor Francis Spilsbury’, it was accompanied by the more modest claim that they were Spilsbury’s ‘principal agent’.99

Given the incapacity to assert exclusive rights, it is apparent that some retailers were merely complying with conventional advertising practice when they made such claims. This is true for example of Patrick Higly, a bookseller based in Henry Street, whose hesitant observation in 1777 that he was authorised by Francis Newbery to sell James’s Powders was equalled by the diffident manner in which he noted at the end of his sales pitch that he was the sole stockist in Ireland of Newby’s Specific Tincture for curing leprosy, scurvy, ulcers and acne.100 James Hoey was even less forceful. Having established himself as one of the main retailers of medicine in Dublin by the mid-1770s, he was content thereafter to assert simply that particular medicines were ‘only’ available at his shop, and to list his other stock without embellishment. It was a deceptively effective strategy, but it complemented

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98 *F.J.*, 26 October 1769, 22 October 1772.
99 *H.J.*, 12 May, 21 September 1792.
100 *H.J.*, 12 February 1776, 22 January 1786; *F.J.*, 29 June, 11 July 1776.
the image he had conceived by 1780 for his premises as the ‘established shop for family medicines’.

John Magee, the proprietor of the *Dublin Evening Post*, who supplanted Hoey as the largest retailer of commercial medicine in Ireland in the 1780s, accorded the matter of authenticity still less attention. He commenced retailing medicine in 1777 with Adams Solvent, a cure for the stone for which he claimed he had secured the Irish rights from its proprietor S. Perry, and a small number of standard popular remedies (James’s Powder, Anderson’s Pills, Lozenges of Tolu, etc.). Magee’s engagement with the world of medicine was on a modest scale until the early 1780s when he established the Patent Medicine Warehouse on College Green. Though he cited his commitment to provide genuine medicines as his object, Magee’s success in medical retailing derived primarily from his impressive entrepreneurial abilities and his extensive range of medicines. He stocked over 100 of the best known and most sought after medicines and cosmetics, including most of those to which other (smaller) retailers claimed to possess exclusive rights. Magee sustained his involvement in the warehouse until 1790 when, following his mental collapse, Nathaniel Callwell took over the enterprise. He aspired to restore the then faltering fortunes of the warehouse by making a public commitment to sell goods ‘from 30 to 40 per cent cheaper than … any other house in Ireland’, and by renaming the outlet the Genuine Patent Medicine Warehouse. However, despite his efforts, though the enterprise was still in business at the end of the decade, it appears to have maintained a reduced stock.

It had certainly to deal with strong competitors as others sought to profit from Magee’s personal problems by opening up similar enterprises. The most substantial was the Patentee Medicine Warehouse, established in 1789, by T. Collier in Exhibition House, William Street. It maintained a substantial stock of largely familiar nostrums (Daffy’s Elixir, Bateman’s Pectoral Drops, Hill’s Pectoral Balsam of Honey, James’s Powders, James’s Analectic Pills, Hooper’s Female Pills, Turlington’s Balsam etc.). There was competition too from the Medicinal Warehouse, run by Robert Marchbank out of 11 New Buildings, Dame Street, established for the ‘sale of genuine patent medicines only’. Though his advertised stock in 1789–90 indicates that this was a smaller enterprise than Magee’s at its height, Marchbank’s emphasis on tried and trusted nostrums illustrates that this was the most

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103 *F.J.*, 19 December 1782.

104 *H.J.*, 8 May 1789, 1 June, 3 September 1790, 28 February, 29 April, 1 June, 11 July 1791, 2 March 1792, 21 January 1793, 10 January 1794; *D.E.P.*, 22 March 1792, 25 April 1797, 5 February, 30 March 1799; *F.J.*, 14 April 1791, 2 March 1792.

105 *H.J.*, 8 May, 17 August 1789, 22 May, 1 June 1790.
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commercially profitable route in the early 1790s. It certainly reflects what William Bate, a jeweller and the proprietor of the Original Patent Medicine Warehouse run from Eustace Street, aspired to achieve. However, the chequered fortunes of all three suggest that the intense competition was taking its toll. Significantly, Bate’s Original Patent Medicine Warehouse was subsumed in 1790 into the enterprise of Bate and Bird of Dame Street, from which location it conducted business in the early 1790s. Meanwhile, Marchbank’s Medicinal Warehouse relocated to the less prominent area of Temple Lane. Based on the pattern of advertising, and the medicines they chose to feature, it appears that all experienced some trading difficulties in the mid-1790s. However, the fact that Dublin still possessed a Patent Medicine Warehouse, run from Mary Street in 1798 by the partnership of Spilsbury and Duigenan, and in 1802 a Genuine Patent Medicine Warehouse on Dame Street, is indicative of the fact that the sale of proprietary medicine remained a major commercial activity into the nineteenth century.

Parallel with the ready availability of medicines for purchase, there was an identifiable increase in the use of print to sell, as well as to advertise, proprietary medicine during the final decades of the eighteenth century. A comparatively benign instance, dating from the early 1790s, involved the firm of Hall and Company who advertised the availability of a treatise entitled *Scurvy, gout, diet and remedy* for 2s 6d with Spilsbury’s Antiscorbutic Drops. Philip Thomas Morphie brought the association closer when he used the publication in 1779 of *Every man his own physician in the venereal disease: a new treatise* to promote Friars Drops as a cure for venereal and allied complaints. Since Friars Drops were expensive (half a guinea for a large bottle), it may be that Morphie chose to proceed in this way for purely commercial reasons. However, it is improbable that he was not guided also by the sensitivities of dealing with venereal conditions as well as by the near impossibility of masking the side effects of any course of therapy involving mercury. This certainly served as a stimulus to the publication of alternatives,

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106 H.J., 28 January 1789, 3 April, 22 May 1790, 21, 28 February 1791, 4 January, 1 August 1792.
107 H.J., 16 October 1789, 1 January, 23 July, 3 November 1790, 2 May, 28 February, 15 July 1791, 4 January 1792.
108 H.J., 26 September 1792.
109 F.J., 20 May 1797, 4 December 1798, 3 June, 9 November 1802; D.E.P., 5 February 1799.
110 H.J., 12 May, 21 September 1792.
111 F.J., 2 November 1779.
which did not involve salivation, such as the English surgeon, Charles Hales, advocated in 1772. Hales’s tract could be purchased at two locations in Dublin, but this was secondary to the fact that he clearly conceived of the pamphlet as a vehicle for selling his medication since he also announced the availability of a former assistant who would ‘vend and administer his medicines in Ireland’.\(^{113}\)

The association of print and commercial medication, so direct in these instances, was more distant in the case of the twenty-fifth edition of J. Smith’s *Treatise on the nature, symptoms, and cure of the venereal disease* since this was not a vehicle for the sale of a particular medicine but its availability for purchase at Marchbank’s Medical Warehouse in 1794 is indicative. This was true also of the publication in 1784 of a new Dublin edition of William Buchan’s seminal compendium *Domestic medicine*, which contained an appendix of 68 pages with advice to ‘private practitioners’ on how to prepare dozens of remedies.\(^{114}\) Moreover, each of these works in its own way attests to the reality that self-medication was the engine that fuelled the vigorous culture of commercial medicine in place. Since the medical profession had to operate in a commercial culture, it was inevitable that it too should influence, and be influenced by, the culture of commercial medicine. This is implicit in much that has been described above, attesting to the involvement of trained medics in the manufacture and sale of popular nostrums. The employment of these medications, best illustrated by the example of James’s Fever Powders, demonstrates that it was no less central to medical care.

James’s Fever Powders possess a good claim to the title of the most popular nostrum of the eighteenth century, achieving sales in twenty years of an exceptional 1.6 million doses.\(^{115}\) It is not apparent what percentage of that figure was sold in Ireland, but it is a measure of their appeal, some two decades after Richard Dickson first advertised their availability, that the nostrum’s proprietor, Francis Newbery, Jr, of the Medical Warehouse, St Paul’s, London, purchased advertising in the Irish press in the mid-1770s. Newbery did not focus exclusively on James’s Powders; he also promoted James’s Analaeptic Pills, to which he also possessed the rights, but the powders were his priority. Moreover, it is indicative of their popularity that he maintained the conceit that he had entered into exclusive trading arrangements with no fewer than five retail outlets in Dublin (John Exshaw, T.T. Faulkner, James Hoey, James Williams and partners, and Patrick Higly) and one each in Kilkenny, Newry and Belfast. The efficacy of the powders was attested widely by lengthy personal testimonies, but the most ready measure of sales is suggested by the scale of Newbery’s advertising, and by the fact that as new retailers, like John Magee, entered the medical market they stocked the powders as a matter of course.\(^{116}\) This did not

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\(^{113}\) *F.J.*, 22 October 1772.


\(^{115}\) Porter, *Health for sale*, 45.

\(^{116}\) Porter, *Health for sale*, 9, 117, 118; *F.J.*, 17 December 1774, 18 June 1776, 18 October 1777; *H.J.*, 29 April 1776.
inhibit individual retailers from asserting that they had exclusive agreements with Newbery—the implication being that others were ‘concerned in selling counterfeiter preparations’. William Wilson was particularly emphatic during the early and mid-1780s that he was Newbery’s ‘sole’ Irish agent, but such claims possessed only modest commercial validity, for whether they were true or not, they were insufficient to permit individuals to monopolise the sale of James’s Powders in Dublin.117

The main reason for this was demand, which resulted in part from the positive image for the medication generated by the published personal testimonies of known and respected eminences.118 But word of mouth and personal recommendation were still more crucial, for it was in this arena that James’s Powders had the advantage on all its rivals. Moreover, this reputation was already well on the way to being established by the early 1760s when William Sharpe, the clerk to the British Privy Council, remarked to the Lord Lieutenant of Ireland that a mutual acquaintance had conquered a fever ‘by Dr James’s Fever Powder, which he took contrary to the opinion of his physicians’.119 The outcome was not always so positive. Dorothea Stackpoole of Edenvale, Co. Clare, was one of many who succumbed to the effects of ‘fever’ though she took James’s Powders on no fewer than eight occasions. Such failures, however, had less impact than cases of spectacular recovery such as that of Edmond Sexten Pery, the influential MP for Limerick, whose remission with the assistance of James’s Powders from ‘spotted fever’ in 1763 was all the more remarkable since his physicians had given up hope.120 Incidents such as this did more for the reputation of James’s Powders than any amount of advertising, and it was not long before they were being commended warmly as a ‘favourite medicine’, and recommended for specific ills. As a result, the ladies of households purchased packets of the powders by the ‘dozen’ and multiple boxes of James’s Pills.121 This ensured that they were resorted to widely by those ministering to ill family members (though not always without unpleasant side effects).122 But the most impressive, if not necessarily the truest, measure of its acceptance is provided by the readiness of university-trained physicians to accede in their use.

117 F.J., 16 October 1779, 11 July 1780, 11 June, 19 December 1782, 8 July 1785, 28 March 1786; H.J., 26 March 1781, 30 July 1790, 31 August 1791, 2 March 1792; D.E.P., 3 November 1781; S.N., 2 July 1785.
118 For examples, other than those inserted as part of advertising campaigns, see F.J., 22 August 1782, 22 March 1785; Dublin Chronicle, 21 January 1792.
119 National Archives of Ireland (NAI), Index to interdepartmental letters and papers, 1760–89, Sharpe to Halifax, 25 March 1762, i, 45.
121 Accounts of Mrs Upton, 1772–3, printed in John Stevenson, Two centuries of life in County Down (Belfast, 1917), 469; NAI, Ms 3418, Ben Domville to Sir W. Lee, 17 December 1772; Nottingham University Library, Marlay Papers, My33, 34, Lady Louis Connolly to Lady Charleville, 29 December 1807, 28 January 1808.
William Drennan, the political radical who practised medicine in Newry during the 1780s, is a case in point. His preference at the outset of his practice was to favour tartar emetic in cases of fever on the grounds that it could be ‘more safely applied’. However, given the frequency with which various members of his family used James’s Powders, and his growing realisation that other, more experienced, doctors, did not share his reservations (‘they are ordered in the slightest feverish cases, and even to children’), he adopted a more relaxed attitude. He maintained steadfastly that they did not possess the ‘quieting’ properties that many ill persons required, but as his reservations eased, he was prepared to prescribe the powders in small quantities in combination with opium, hemlock and camphor to assist his sister in overcoming a debilitating fever. No less indicatively, his recommendation of cephalic snuff sold by Magee of Belfast to induce bleeding and nitrous julep for its cooling properties, illustrates that he was as dependent as other doctors, and only slightly less dependent than the ‘quacks’ he criticised, on proprietary medicines.

If, as this suggests, the worlds of professional and commercial medicine remained entwined firmly at the end of the eighteenth century, there was mounting recognition of the danger of unregulated medication. This was encouraged by the stream of cautions to the public re counterfeits emanating from nostrum makers and medical retailers because it raised reasonable doubts about the legitimacy of all medications offered for sale. However, this sense of insecurity was given greater legitimacy and authority by warnings of the dangers caused by some apothecaries failing to take even the most basic precautions to prevent the contamination of the drugs that they supplied. Deaths directly attributable to the accidental misuse of proprietary medicines were also influential, especially when they could be linked to a particular nostrum. One of the most notorious was Nathaniel Godbold’s Vegetable Balsam, a ‘bituminous compound’ advertised below its royal patent and amply endorsed by personal testimony, which was responsible for ‘several’ deaths in the early 1790s (Pl. VIII). Another, equally problematical nostrum was the bizarrely named but intensely promoted Balm of Gilead, the work of that ‘egregious’ but remarkably successful ‘imposter’ Samuel Solomon, which purportedly killed ‘a young yeoman’ in 1799 with a single dose.

Legitimate concerns were also expressed with respect to the inclusion in certain nostrums of noxious and volatile ingredients. The most forceful, and justifiable, criticisms were articulated in respect of mercury, and ‘the pernicious effects of

126 H.J., 4 September 1776; F.J., 14 February 1770, 24 July 1784.
127 F.J., 11 August 1789, 22 August 1793; H.J., 3 April 1786.
128 H.J., 28 September 1789; F.J., 5 October 1793; Porter, Health for sale, 50.
mercury on the human constitution’ was so fully recognised by the 1780s that certain medicines were promoted on the grounds that they were mercury free. For example, Bennett’s Specific Lotion, advertised in 1787 as the ‘cheapest and most efficacious lotion’, promised to cure ‘gonorrhoea in either sex several days after impure conversation, even in the worst imaginable cases’, while Friar’s Drops, Smyth Specific Drops (advertised in 1786 and 1794 respectively) and other less high-profile remedies likewise trumpeted the absence of mercurials. Significantly, these claims were not always true. Velno’s Original Vegetable Syrup, which was advertised widely on this basis, contained sublimate mercury alongside the more benign ingredients of gum arabic, honey and syrup. ¹³⁰ Unease was also expressed with respect to the usage

¹³⁰ H.J., 14 July 1786, 10 January 1794; F.J., 12 July 1785, 11 August 1787, 3 January 1793, 1 June 1802; Porter, Health for sale, 192.
of antimony, arsenic and lead, but while it was acknowledged that ‘the effects might be most deleterious’, the perception that the combination of awareness and attention would ensure against ‘contamination’ was enduring. This perception is implicit in a lengthy account in the *Gentleman’s Magazine* in 1763 on the preparation of antimony for usage in sweating powders, paste for piles and fistulae, headache pills and dropsy purging powders.\(^{131}\)

Doubts such as were expressed in respect of these ingredients and the nostrums of which they were a part were not new, of course. There had long been some appreciation of the desirability of closer regulation, and this had encouraged attempts to ensure the admission of qualified personnel only to the three branches of the medical profession.\(^{132}\) Curious practitioners like Thomas Rutty also scrutinised popular nostrums closely, such as Joanna Stephens’ (one of ‘the prime quacks of the age’) cure for the stone, and published their results. However, because the sale of proprietary and patent medicines, self-medication and reliance on healers was as much a part of the wider medical culture as professional care or experimental surgical procedures, little real criticism of commercial medicine was made public in the early or mid-eighteenth century.\(^{133}\) There were hints that the mood was changing in the more pejorative usage of the term ‘quack’ from the 1760s, and the greater readiness to deride the ‘buffoonery’ associated with the public sale of medications by nostrum-mongers. This spread slowly, but the publication in 1783 under the headline ‘Quacks’ of a debate in the House of Lords in which those engaged in this activity were described as ‘a species of mortals who existed by the calamities of mankind, by destroying of health, and increasing the miseries of disease, by the pernicious effects of their destructive nostrums’ was indicative.\(^{134}\)

It was, in reality, but the prelude to the more profound criticism proffered in the 1790s. At this time, the effects of mounting distrust of both non-regular medics’ skills and the quality of commercial medication, and the greater self-confidence of regular practitioners combined to sustain criticism of unprecedented intensity. Since most of this, emanating from trained professionals, was patently self-interested, it may be taken at a discount. This is true particularly of the dismissive comments as to the lowly social origins of the makers of well-known nostrums. Dr Godbold, Dr Lake (the maker of *Pillula Salutaris*), Dr Gowland (the maker of Gowland’s Lotion) and Dr Swainton (the maker of Velno’s Syrup) were singled out, but the ‘numberless crowds of oculists, and chiropodists, and dentists, and water doctors, and somnambulists, and other imposters’ that paraded their wares in Dublin did not escape censure. Few were identified by name, but the revelation that Dr Philip Thomas Morphie was no more than the professional name of plain Paddy Murphy seemed to sustain the

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\(^{131}\) *An enquiry into the nature and effects of quack medicines, and a new investigation of the constituent principles of antimony …* (Dublin, 1768); *Gentleman’s Magazine*, February 1763, 89–94; *F.J.*, 24 November 1789.

\(^{132}\) For example, see the proclamation of 1731, printed in *D.G.*, 10 August 1731.

\(^{133}\) American Philosophical Society, Rutty Papers, microfilm 448, Rutty to Clarke, 26 September 1741; Porter; *Health for sale*, 34, 38, 54.

\(^{134}\) ‘An enquiry into the nature and effects of quack medicines’; *F.J.*, 13 July 1776, 8 September 1780, 3 June 1783.
conclusion that ‘the public should … be cautious not to use the poisonous nostrums [of mountebanks and quacks], whose only efficacy consists in imposing advertisements and fictitious certificates of cures never performed’.135

Conclusion

The short-term impact of the surge in critical comment on the retailers and consumers of commercial non-regular medicine is elusive. The dramatic increase in the consumption of tar-water in the late 1780s-early 1790s might simply mean that the culture of self-medication upon which commercial medicine depended was as robust as ever,136 whereas an identifiable decline in the 1790s in the number and size of retail outlets suggests that it may have passed its peak. This did not cause a rapid decline in non-regular medicine, however. Indeed, the contrary may have been the case, as an influx of ‘quacks and empyrics’ towards the end of the century caused some to speak ominously of Dublin, which had previously escaped this fate, as a ‘montebank Montpelier’, which now vied ‘with the quacking notoriety of London’.137 This was an exaggeration; similar claims had been made in the mid-1780s by William Drennan,138 but what both observations have in common is a recognition that the culture of quackery and the retail infrastructure that sustained it were deeply entrenched. Public demand for quack medicine was such that it would have to be challenged by something medically superior before it withered and disappeared. There was little to suggest that this was likely as the eighteenth century drew to a close. Consumers were still willing to purchase medications supported by personal testimonies, healers plied their dubious trade, mercury was still being consumed, and doubtful nostrums such as Solomon’s Balm of Gilead were still readily available.139 Moreover, the fact that they were offered as cures for an eclectic variety of remedies—‘nervous disorders, juvenile indiscretions, lowness of spirits, female complaints, head-ach, debility, loss of appetite, relaxations, indigestion, coughs and colds, bilious cases, consumptions, gout in the stomach, impurities of the blood, ill cured lues, gleets, seminal weekness, andc’—offered a vivid illustration of the continuing belief in non-regular medicine, and of the strength of the market economy that supplied it.

135 F.J., 27, 29 August, 26 September, 22 October 1793.
136 H.J., 9, 21 September 1789; 11 July 1791.
137 F.J., 14 March, 5 December 1799.
139 H.J., 16 September 1789, 3 October 1792; F.J., 1 October 1789, 26 April 1792, 9 November 1802; S.N., 15 March 1785.