

The Promotion and Pursuit of Health, 1780 - 1880

**By Tim Davies
Centre for Urban History
University of Leicester**

Thesis submitted for the Degree of Doctor of Philosophy, December 2008

Abstract

Tim Davies, *The Promotion and Pursuit of Health, 1780-1880* (Unpublished PhD thesis, University of Leicester, 2009)

This thesis represents an attempt to encourage a new perspective on health in the late-eighteenth and nineteenth century by concentrating on the ‘mundane maladies’ of the middle classes. The conventional approach to studies of urban health has been to concentrate on the killer diseases of the period. Thus tuberculosis, cholera and typhoid have all received much attention. But what about the everyday experience of health and illness? It is largely unrecorded as the occasional bout of stomach ache, constipation or chesty cough was rarely thought to be noteworthy, except by the odd hypochondriac. However, with the aid of advertisements for health and beauty products published in the provincial press, it is possible to explore the experience of less dramatic and less debilitating ailments.

This study, therefore, has analysed the language and strategies employed by advertisers of health and beauty products and services to gain a clearer understanding of the middle-class experience of health and ill-health. Whilst product names and descriptions reveal the range of ‘mundane maladies’ that beset the middle classes, the language employed to sell them offers an indication of the public’s beliefs and expectations surrounding health. Attention has also been paid on how beauty products were employed to manage external appearances. As towns and cities grew during the late-eighteenth and nineteenth century, individuals increasingly judged others by their appearance. By analysing the language used to sell beauty products, it is possible to gain an insight into how members of the middle class wished to be perceived.

Key terms: Cosmetics, Health, Leicester, Liverpool, Middle classes, Patent medicines, Personal appearance, Reading (the town).

Acknowledgements

Having (hopefully) crossed the last 't' and dotted the last 'i' of this thesis, I would firstly like to thank the Economic and Social Research Council for believing in this study enough to award me a 1 + 3 scholarship. Not only did their financial support make the task of completion far easier than it might have been, but their confidence in my research topic was also immensely important to me. The Centre for Urban History at the University of Leicester also provided an ideal environment to study. Having my own office, computer and desk was a great privilege, and one enjoyed by few postgraduate students.

Like most people, I found the research for this thesis much more fun than the actual writing. For that reason, I am particularly grateful to the staff at the record offices, libraries, and archives I have visited over the past four years, whose help and assistance made this thesis possible. In particular I would like to thank the staff at the Liverpool Record Office, who were so kind and friendly, and the staff in the special collections department of the University of Leicester's library. Special mention should also be made of the Berkshire Record Office, the Leicester and Rutland Record Office, the Bodleian Library and the newspaper depository at Colindale.

I am eternally grateful to both my supervisors, Professor Richard Rodger and Professor Rosemary Sweet. Richard's enthusiasm for my topic, and the time and care he took in helping me plan my initial research topic, were essential in helping me complete this project. And I will never forget the support and patience Roey has given me over the past few months. Without her help and motivation, I would not have submitted on time.

In addition to my supervisors, several friends have also read chapters of this thesis, and I would like to thank them for their helpful comments and encouragement. I would particularly like to thank Dr Anne Murphy of the University of Exeter and Dr Kathryn Eccles of the University of Oxford. I owe much to Anne who showed me the ropes at Leicester and was always there to answer my questions, however trivial. Kathryn and her husband Nick, having both been through the rigours of writing a thesis themselves, have also been fantastic with the kind tips and sympathetic help they have recently given me.

I owe a lot to my new colleagues at the Oxford Internet Institute both for the support they have given me and the facilities they have made available to me. I thank everyone who has encouraged me with my writing and paid an interest in my progress.

I would finally like to thank my family for helping me through the highs and the lows of studying for a doctorate, and for believing I could do it. Without your love and support, I would never have got this far. What follows is dedicated to you.

Contents

<i>Contents</i>	<i>1</i>
<i>Figures</i>	<i>2</i>
<i>Tables</i>	<i>3</i>
<i>Chapter 1: Introduction</i>	<i>4</i>
<i>Chapter 2: Adorning the Body</i>	<i>38</i>
<i>The creeping advance of the ‘threshold of repugnance’</i>	<i>43</i>
<i>Decaying teeth, bad breath and bald heads</i>	<i>50</i>
<i>The growth in the importance of personal appearance</i>	<i>58</i>
<i>Conclusion</i>	<i>61</i>
<i>Chapter 3: Mundane Maladies</i>	<i>63</i>
<i>Chapter 4: Advertising Strategies of Health Entrepreneurs</i>	<i>99</i>
<i>Chapter 5: The Language of Advertisements for Health Products</i>	<i>132</i>
<i>Claims for convenience: Self-preservation, self-control and self-help</i>	<i>134</i>
<i>An uneasy relationship: health products and the medical profession</i>	<i>144</i>
<i>Claims of the crowd: health products and testimonials</i>	<i>159</i>
<i>Claims of validity: Age and longevity</i>	<i>164</i>
<i>Conclusion</i>	<i>166</i>
<i>Chapter 6: Health Entrepreneurship in the Nineteenth Century</i>	<i>167</i>
<i>Enterprising experts or expert entrepreneurs</i>	<i>172</i>
<i>Language of advertisements</i>	<i>189</i>
<i>Conclusion</i>	<i>200</i>
<i>Chapter 7: Conclusion</i>	<i>203</i>
<i>Bibliography</i>	<i>216</i>

Figures

<i>Figure 2.1: Advertisements for cosmetic products as a proportion of all adverts</i>	44
<i>Figure 2.2: Claims made by advertisements for cosmetic products, 1880</i>	50
<i>Figure 2.3: Functions performed by hair products, 1830s</i>	53
<i>Figure 2.4: Functions performed by hair products, 1830s</i>	56
<i>Figure 3.1: Medicine advertisements promising to cure respiratory complaints</i>	70
<i>Figure 3.2: Medicine advertisements promising to cure digestive complaints</i>	77
<i>Figure 3.3: Medicine advertisements promising to cure pains of the joints</i>	80
<i>Figure 3.4: Medicine advertisements promising to cure sexual diseases</i>	87
<i>Figure 3.5: Medicine advertisements promising to cure female complaints</i>	92
<i>Figure 3.6: Medicine advertisements promising to cure nervous complaints</i>	95
<i>Figure 4.1: Average length of advertisements, 1780s-1880s</i>	109
<i>Figure 4.2: Advertisement for Cockle's Antibilious Pills</i>	110
<i>Figure 4.3: Excerpt of Advertisement for Wand's Drug Store, Leicester</i>	111
<i>Figure 4.4: Advertisement for Dr Rooke's Oriental Pills</i>	113
<i>Figure 4.5: Advert for Dr Scott's Bilious and Liver Pills</i>	118
<i>Figure 4.6: Distribution list for an advert for Pectoral Balsam of Horehound</i>	122
<i>Figure 5.1: Medicine advertisements claiming harmlessness, 1780s-1880s</i>	137
<i>Figure 5.2: Medicine advertisements claiming speedy result, 1780s-1880s</i>	139
<i>Figure 5.3: Medicine advertisements claiming to be cheap, 1780s-1880s</i>	141
<i>Figure 5.4: Medicine advertisements offering no restraint, 1780s-1880s</i>	143
<i>Figure 5.5: Medicine adverts using medical testimonials, 1780s-1880s</i>	153
<i>Figure 5.6: Medicine adverts portraying doctors negatively, 1780s-1880s</i>	156
<i>Figure 5.7: Advertisements using medical journal testimonies, 1780s-1880s</i>	158
<i>Figure 5.8: Testimonials used by medicine advertisements, 1780s-1880s</i>	162
<i>Figure 5.9: Medicine adverts claiming to be long-established, 1780s-1880s</i>	165
<i>Figure 6.1: Service adverts placed by itinerant practitioners, 1780s-1880s</i>	179
<i>Figure 6.2: Service adverts of practitioners 'just arrived', 1780s-1880s</i>	182
<i>Figure 6.3: Service adverts using the term 'beg', 1780s-1880s</i>	190
<i>Figure 6.4: Service adverts claiming to be experienced, 1780s-1880s</i>	198

Tables

<i>Table 3.1: Percentage of advertisements connecting nervous with other ailments</i>	<i>94</i>
<i>Table 4.1: Superlatives used in advertisements for health products, 1780s-1880s</i>	<i>114</i>
<i>Table 4.2: Percentage of health products that reappeared, 1830s – 1880s</i>	<i>118</i>
<i>Table 4.3: Frequency of health products appearing in the local press, 1880s</i>	<i>119</i>
<i>Table 4.4: Frequency of health products appearing in the local press, 1830s</i>	<i>119</i>
<i>Table 4.5: Top 10 most advertised products in the Liverpool Mercury, 1880s</i>	<i>120</i>
<i>Table 4.7: Dates that medical advertisers applied for trademarks</i>	<i>125</i>
<i>Table 5.1: Medicine advertisements with testimonials</i>	<i>161</i>
<i>Table 6.1: Number of health practitioners, 1830s-1880s</i>	<i>174</i>
<i>Table 6.2: Ratio of health entrepreneurs to population, 1830s-1880s</i>	<i>176</i>
<i>Table 6.3: Service advertisements referring to money (percentage)</i>	<i>193</i>
<i>Table 6.4: Percentage of service advertisements mentioning ‘profession’</i>	<i>201</i>

Chapter 1: Introduction

The period of rapid and unprecedented urbanisation in England between the late-eighteenth and early-nineteenth century made public health a major matter of concern, not only for urban authorities, but also for residents. Overcrowded and insanitary housing, overflowing cess pits and the pollution generated by nearby manufactories and processing plants quickly sullied the environment of many towns and cities at this time. Furthermore, as Loudon notes, industrialisation and rapid urbanisation created health problems for which the medical profession was woefully unprepared.¹ Indeed, three frightening waves of contagious disease, (influenza and cholera between 1831 and 1833, influenza, typhus, smallpox and scarlet fever between 1836 and 1842 and typhus, typhoid and cholera in 1846-49) demonstrated in stark terms the apparent impotence of the medical establishment when confronted with infectious disease.²

It was the poorest sections of the working classes who had to bear the brunt of this widespread urban insalubrity. Tied to city centres by their need to be close to informal job markets for casual labour,³ unskilled labouring families had little choice but to endure the stench and filth. However, urban degradation was probably most alarming to the literate classes. For the poorest sections of the working classes, whose main concern was securing enough money to house, feed and clothe their families, mounds of refuse and putrefying debris were seen more as irritants than as sites of potential danger.⁴ For the literate middle classes, however, with disposable income to both purchase a

¹ I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986), 130. For further details of medical incompetence see Dorothy Porter and Roy Porter, *Patients' Progress: Doctors and Doctoring in Eighteenth-century England* (Oxford, 1989), 27.

² L. A. Loeb, *Consuming Angels: Advertising and Victorian Women* (Oxford, 1994), 103-5.

³ D. Gilbert and H. Southall, 'The urban labour market', in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 600-1.

⁴ During the outbreak of cholera in 1831 and 1832, some working-class communities resisted sanitary measures that were passed due to the intrusion they made on their daily lives. See M. Sigsworth and M. Worboys, 'The public's view of public health in mid-Victorian Britain', *Urban History*, 21 (1994), 242.

newspaper, and the leisure to read one and discuss its contents, dirty streets and stinking hovels presented the unwelcome prospect of disease, suffering and death.

Publicity about the dire condition of urban environments was increasingly prominent as the nineteenth century progressed. According to Keith-Lucas, public health first began to be studied in a scientific way from the 1770s, under the watchful eye of Dr Thomas Percival.⁵ Interest in the subject also always rose during health crises, for example during the cholera outbreak of the 1830s.⁶ However, it was the 1840s that witnessed a consistent stream of significant developments.⁷ In 1840, a *Select Committee on the Health of Towns* sat and by 1842, words had been put to paper in the shape of Edwin Chadwick's bestseller, the *Report on the Sanitary Condition of the Labouring Population of Great Britain*.⁸ In 1844 a central Health of Towns Association formed, and from then on local health organisations were established,⁹ local medical officers of health were appointed and mortality figures were published in the weekly local press.¹⁰ The following example dates from 1880:

MORTALITY RETURNS. – The Registrar-General reports that there were 6148 births and 3907 death during the past week in 23 large towns of the United Kingdom. The average rate of

⁵ B. Keith-Lucas, 'Some influences affecting the development of sanitary legislation in England', *Economic History Review*, 6 (1954), 291.

⁶ The first outbreak of cholera in Britain in 1831 created such panic that a Board of Health was established issuing a series of sanitary regulations. However, once the outbreak had subsided, the Board of Health was disbanded. See A. Briggs, 'Cholera and society in nineteenth century', *Past and Present*, 19 (1961), 79; A. S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London, 1983), 123; S. Hempel, *The Medical Detective: John Snow and the Mystery of Cholera* (London, 2006), 83. In an apparent attempt to calm nerves in 1832, the *Leicester Journal* noted that although two cases of cholera had been detected in the town, no symptoms had been observed. See *Leicester Journal*, 5/10/1832, 5f.

⁷ L. A. Loeb, *Consuming Angels: Advertising and Victorian Women* (Oxford, 1994), 103-5.

⁸ C. H. Hume, 'The public health movements', in J. T. Ward (ed.), *Popular Movements c. 1830-1850* (London, 1970), 191; E. Midwinter, *Old Liverpool* (Newton Abbot, 1971), 86-7; I. G. Jones, *Health, Wealth and Politics in Victorian Wales: The E. Ernest Hughes Memorial Lectures* (Swansea, 1979), 6-7; R. Rodger, 'Slums and suburbs: the persistence of residential apartheid', in P. Waller (ed.), *The English Urban Landscape* (Oxford, 2000), 240; E. Midwinter, *Old Liverpool* (Newton Abbot, 1971), 86-7; Brown, *Society and Economy*, 424; H. Perkin, *Origins of Modern English Society* (London, 1969, Reprint 1991), 170.

⁹ In the immediate months following the establishment of the Health of Towns Association, branches had been founded in 14 different towns, including Manchester and Liverpool. See G. K. Clark, *The Making of Victorian England* (London, 1962), 101; E. P. Hennock, 'Finance and politics in urban local government in England, 1835-1900', *Historical Journal*, 6 (1963), 220.

¹⁰ As Wohl put it, the reports and statistical tables of Medical Officers of Health that appeared in the press were the 'factual pegs on which journalists and reformers hung their rhetoric'. See Wohl, A. S. Wohl, *The Eternal Slum: Housing and Social Policy in Victorian London* (London, 1977), 121.

mortality in these towns was 24 annually per thousand. The rate in London was 24, Edinburgh and Glasgow 21, Dublin 42, Wolverhampton 14, Bradford and Leeds 17, Leicester 18, Brighton and Bristol 19, Birmingham and Sunderland 21, Sheffield and Salford 22, Portsmouth 23, Norwich, Manchester and Newcastle-on-Tyne 24, Oldham and Liverpool 27, Hull 25, Nottingham and Plymouth 32.¹¹

Concentrating as they did on the most badly affected towns, the reports of the 1840s were particularly shocking.¹² Furthermore, given that a death rate of 23 per thousand was considered high in 1848,¹³ the figures included in the above quotation demonstrate how slowly improvement in the field of public health occurred, and would have been alarming to a society that was now over 50 per cent urban.¹⁴

It also became increasingly difficult, particularly by early- to mid-nineteenth century, to open a paper without reading reports or news items similar to:

FEVER IN MELTON. – Fever is very prevalent in this town at the present time, numbers of children are suffering from this epidemic, and several within the last few days have died. In one neighbourhood in particular it is very bad, the cause of which it is alleged is the bad drainage.¹⁵

This example is particularly interesting because the phrase ‘the cause of which it is alleged is the bad drainage’ demonstrates the prevalence of the miasmatic theory of disease throughout the nineteenth century. This theory led medics and urban authorities to believe that disease was spread by the fumes, or ‘miasma’ emitted by putrefying matter. As such it turned the sanitary movement into an attack on smells,¹⁶ which as Wohl and Perkin recognised, was at least a step in the right direction.¹⁷ If reports about the outbreak of fever were not enough, the reading public were exposed to reports of unusual, or:

¹¹ *Leicester Journal*, 5/3/1880, 5f.

¹² Keith-Lucas, ‘Some influences’, 290.

¹³ Whilst the powers granted by the 1848 Health Act were in theory permissive, they were compulsory for towns where the death rate from all causes was 23 or more per thousand people. See Hume, ‘Public health movements’, 195.

¹⁴ According to Morris, the percentage of the population of England and Wales living in urban areas of over 20,000 people reached 54% in 1891. See R. J. Morris, ‘The industrial town’, in P. Waller (ed.), *The English Urban Landscape* (Oxford, 2000), 182.

¹⁵ *Leicester Journal*, 3/10/1851, 3c.

¹⁶ Jones, *Health, Wealth and Politics*, 7.

¹⁷ Wohl, *Endangered Lives*, 121; Perkin, *Origins of Modern English Society*, 170.

SUDDEN DEATH. – On Monday night last, a servant named Eliza Jennings, living at Mr. Thos. Lord's, butcher, Hinckley, retired to rest from her usual work, and died before morning. She was attacked with violent inflammation of the bowels – she was nineteen years of age.¹⁸

The ubiquitous nature of such news scared the middle classes, causing them concern at best and paranoid anxiety at the worst.

Parallels can be drawn with modern-day society. In the twenty-first century, the media is inundated with news reports about rising levels of obesity, higher risks of heart disease and the apparently unstoppable march of cancer. These are carried in the form of television programmes, radio news bulletins and scientific journalism. Faced with such a barrage of information, people, both today and in the nineteenth century can be forgiven for feeling at threat, and in need of getting a grip on their own personal health and hygiene. Therefore, amid the furore of information regarding public health throughout the nineteenth century, individuals grew more anxious about their *personal* health. Mass publicity about widespread public illness made people feel anxious about the maintenance of their personal health.

Concern for bodily health, did not, of course originate in the nineteenth century. It is an age-old natural preoccupation. Vigarello explains how in the middle ages, much anxiety was aroused by the belief that water penetrated the skin and exposed open pores to foul air.¹⁹ The Porters note that the habit of weighing oneself in the late-seventeenth and early-eighteenth century was a strategy designed to keep track of one's health.²⁰ Yet, the publicity surrounding health, particularly in the early-nineteenth century was intense and excited many nerves. Haley, in fact, stated that nothing preoccupied the minds of people in the nineteenth century more than health²¹ and the public's thirst for advice is evident, for example, in the popularity of health manuals and guidebooks.

¹⁸ *Leicester Journal*, 4/10/1844, 3e.

¹⁹ G. Vigarello (trans. J. Birrel), *Concepts of Cleanliness: Changing Attitudes in France since the Middle Ages* (Cambridge, 1988), 8.

²⁰ D. Porter and R. Porter, *Patients' Progress: Doctors and Doctoring in Eighteenth-century England* (Oxford, 1989), 34. Fissell also notes how the maintenance of 'spiritual biographies' were a way of keeping track of personal health. See M. Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), 34-5.

²¹ B. Haley, *The Healthy Body and Victorian Culture* (Cambridge, Mass., 1978), 3.

William Buchan's *Domestic Medicine*, which according to Marland, was read by all levels of society, went through 19 editions between its publication in 1769 and the author's death in 1805, and sold approximately 80,000 copies.²² Porter also provides evidence of widespread interest in health among the literate classes in the eighteenth century by detailing how readers of the *Gentleman's Magazine* used its pages to offer reciprocal health advice.²³

Given the ubiquitous presence of health in the thoughts of the nation, it is all the more important to gain some understanding of what members of the urban middle classes believed. Accessing public attitudes and belief structures about health at this time is vital if historians are to gain a full appreciation of the urban experience during the late-eighteenth and nineteenth century. After all, as Oppenheim noted, public perceptions of disease are moulded by systems of values, ethical codes and religious beliefs. Thus, as well as being of interest in themselves, attitudes about health also reveal an insight into wider aspects of the middle-class psyche.²⁴ This thesis, therefore, seeks to assess the language, marketing strategies and characteristics of advertisements for health and beauty products in order to discern how the middle classes thought about and made sense of health in a context of increasing illness and disease. As Lurito noted, advertising before the end of the nineteenth century was the result of intuitive judgements by people whose primary occupation was not advertising.²⁵ This set of circumstances makes advertisements highly reflective of the values and ideas that the businessmen and printers thought were important to communicate to their audiences, and thus help provide an idea of the expectations the middle classes made of health and beauty products throughout the late-eighteenth and nineteenth century.

²² See H. Marland, 'The medical activities of mid-nineteenth-century chemists and druggists, with special reference to Wakefield and Huddersfield', *Medical History*, vol. 31 (1987), 415-439 and H. M. Dingwall, "'To be insert in the Mercury": medical practitioners and the press in eighteenth-century Edinburgh', *Social History of Medicine*, Vol. 13 (2000), 23-44.

²³ Admittedly this practice died out in 1849; see R. Porter, 'Lay medical knowledge in the eighteenth century: the evidence of the *Gentleman's Magazine*', *Medical History*, Vol. 29 (1985), 138-168.

²⁴ J. Oppenheim, *"Shattered Nerves": Doctors, Patients, and Depression in Victorian England* (New York, 1991), 4.

²⁵ P. W. Lurito, 'The early history of advertising and popular ideas of technology', in *Marketing in the Long Run: Proceedings of the Second Workshop on Historical Research in Marketing*, Michigan State University (April, 1985), 34.

Before gauging the thoughts and opinions of the middle classes, however, it is necessary to provide an idea of the size, wealth and health of the bourgeoisie. The proportion of the population who could be labelled ‘middle class’ varied from town to town, but according to Davidoff and Hall, had been expanding since the eighteenth century.²⁶ By the 1850s, the middle classes made up approximately 10 per cent of the population of industrial towns, such as Leicester, whereas in cathedral and county towns, a quarter or more of the resident population were bourgeois.²⁷ This proportion continued to grow as the ranks of white-collar employees swelled in the second half of the century, as the drive to professionalize administration continued.²⁸ In 1851, white-collar employees made up 2.5 per cent of the male occupied workforce; by 1911 this figure had almost grown threefold to 7.1 per cent.²⁹ By the end of the nineteenth century, industrial towns still boasted the smallest proportion of middle-class residents, in contrast to towns in the south-east of England, such as Reading, and major provincial cities, such as Liverpool.

To be considered ‘middle-class’ during the nineteenth century, it was necessary to receive a salary between £160, the threshold over which income tax was paid, and £1000.³⁰ Whilst small shopkeepers, schoolteachers and clerks were lucky to earn £200 per annum, factory managers were paid handsome salaries of £500 to £600, a sum at

²⁶ L. Davidoff and C. Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London, 1987), 23.

²⁷ R. Trainor, ‘The middle class’ in M. Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 678.

²⁸ Davidoff and Hall note that even by the 1830s, the larger scale of business, the growth of local and national government, the explosion of voluntary society activity, all produced a demand for clerical competence, book-keeping and letter-writing. See Davidoff and Hall, *Family Fortunes*, 265-6 and E. Hobsbawm, ‘The example of the English middle class’, in J. Kocka and A. Mitchell (eds.), *Bourgeois Society in Nineteenth-century Europe* (Oxford, 1993), 139.

²⁹ W. H. Fraser, *The Coming of the Mass Market, 1850-1914* (London, 1981), 17. The number of commercial clerks, accountants and bankers grew from 44,000 in 1851 to 67,000 in 1861 to 119,000 in 1871. See J. A. Banks, *Prosperity and Parenthood: A Study of Family Planning among the Victorian Middle Classes* (1954; 1993 edn), 105.

³⁰ J. Burnett, *Plenty and Want: A Social History of Food in England from 1815 to the Present Day* (London, 1989, Third Edition), 75.

which it was possible to keep a carriage.³¹ Men in the professions often fared even better. Indeed, Taine in his *Notes on England*, noted ‘Salaries in the liberal professions are much higher than on the Continent’.³² By comparison, a working-class family’s income was just 30s. in 1882 (or £78 a year).³³ Despite the fact that middle-class rents and prices were increasing between 1850 and 1870,³⁴ patent medicines were still very much within their reach, considering that most cost on average 1s. 9d. per box.

Estimating the health of the middle classes is a much tougher task than providing parameters of their earnings. With better than average living and working conditions, we might assume that the bourgeoisie were at much less risk of falling ill than the working classes, many of whom lived in damp, cramp and odorous quarters. However, as King states, the middle classes were as susceptible to smallpox, influenza, rheumatism, stomach and eye troubles and sexual diseases as their working-class counterparts (see chapter 3).³⁵ Furthermore, some professions carried negative side-effects for their practitioners. Doctors, for example, always ran the risk of catching their patients’ diseases, and as a result the professional group as a whole enjoyed lower life expectancies than their counterparts in law and the clergy.³⁶ Large swathes of the middling sorts also suffered a perceived fear of ill-health. Throughout the diary of John Young, a chemist from Sunderland, his health is mentioned almost everyday, ranging from subjects such as indigestion, headaches and depression to muscular aches and pains.³⁷ Therefore, whilst it is impossible to provide an accurate portrayal of how healthy the middle classes were, we can nonetheless be confident that health featured

³¹ Banks, *Prosperity and Parenthood*, 88; Burnett, Plenty and Want, 206; W. J. Reader, *Professional Men: The Rise of the Professional Classes in Nineteenth-Century England* (London, 1966), 202.

³² A. Taine, *Notes on England* (trans. E. Hyams) (London, 1957), 25. Taine published his ‘Notes sur l’Angleterre’ in 1871 after three visits in 1859, 1862 and 1871.

³³ Banks, *Prosperity and Parenthood*, 105; S. Gunn and R. Bell, *Middle Classes: Their Rise and Sprawl* (London, 2002), 30.

³⁴ Banks, *Prosperity and Parenthood*, 58, 69.

³⁵ S. King, *A Fylde Country Practice: Medicine and Society in Lancashire, circa 1760 - 1840* (Lancaster, 2001), 25.

³⁶ R. Woods, *The Demography of Victorian England and Wales* (Cambridge, 2000), 223, 232.

³⁷ C. E. Milburn (ed.), *The Diary of John Young: Sunderland Chemist and Methodist Lay Preacher Covering the Years 1841-1843* (Leamington Spa, 1983), xix, 14, 33 71.

highly in their thoughts. Products to ease complaints, disorders and aches and pains were in high demand.

This thesis is based upon analysis of the language of local newspaper advertisements for health-related products and services. Three newspapers, one for each locality,³⁸ were used after an initial survey identified the publications containing the most advertisements. Selection depended on this criterion so that the sampling process would yield the greatest volume of material to analyse. Table 1.1 gives an indication of the number of health and beauty products being advertised weekly. It is interesting to note how the frequency of adverts appearing approximately doubled between the 1780s and 1830s (although the number in the *Liverpool Mercury* appear to have trebled), but then increased approximately fourfold between the 1830s and the 1880s (although, *Liverpool* again bucks this trend). Such figures demonstrate how the newspaper remained a popular advertising medium throughout the late-eighteenth and nineteenth century.

Table 1.1: Average number of adverts for health and beauty products appearing weekly in the local press.

	1780s	1830s	1880s
<i>Leicester Journal</i>	3.67	8.17	35.33
<i>Liverpool Mercury</i>	4.17	15.50	26.50
<i>Reading Mercury</i>	5.00	10.17	38.33

In order to analyse their language, advertisements were entered into a database, in which it was possible to search for keywords. For example, this made it possible to find the proportion of advertisements using the word ‘blood’ or ‘purge’. But the database was constructed so that the characteristics featured in each advert could also be recorded. Adverts were thus categorised according to, among other things, their length (in words), the type of testimonial used (if any) and the ailments they claimed to remedy. This in turn made it possible to search for the proportion of adverts using a

³⁸ The *Leicester Journal*, *Liverpool Mercury* and *Reading Mercury*.

particular marketing strategy: for example, the number of adverts in which the medical profession were portrayed in negative terms.

In addition to attempting to gauge attitudes towards health in different regions, this thesis seeks to build upon the eighteenth-century studies and investigate in sharper focus the nineteenth century. Therefore, adverts were collected from all three cities and from three six-year time periods, spaced at fifty-year intervals.³⁹ The duration of this interval was decided upon after previous research had highlighted how slow change was in the nature of adverts for health products and services.⁴⁰ Adverts were selected from the first week of February and November in order to keep the sample representative of the year as a whole. The absence of summer months from the sample precludes conclusions about seasonal change over the course of one year.⁴¹ However, this absence was deliberate, as adverts for summer sales held by many of the local businesses may have decreased the number of advertisements for health-related goods. This would have particularly been the case during the earlier periods of the study, when dual ownership of newspapers and patent medicines often led to adverts for the latter functioning as ‘filler’ material.⁴² John Newbery, father of Francis the great pill proprietor, for example, owned both the *Universal Chronicle* and a patent medicine business.⁴³ When the advertising pages were sparsely furnished, Newbery could always place more notices for medicines he owned. Furthermore, sampling from three months of each year was precluded by time considerations. In total, this sampling procedure yielded approximately 600 adverts for Reading and 550 each for Leicester and Liverpool. This finding in itself is of interest, as it demonstrates that there is no positive

³⁹ The periods were 1780-85, 1830-35 and 1880-85.

⁴⁰ T. Davies, ‘Survival strategies: the body, the patient and the druggist’ (Unpublished MA dissertation, University of Leicester, 2004).

⁴¹ For the *Leicester Journal*, adverts were collected from the first week of March and October, due to a consistent lack of adverts during February and November in the 1780s.

⁴² In Bath during the fashionable ‘season’, when the town received many wealthy visitors, advertisements for health-related products appear to have decreased, rising again as the number of visitors dwindled. The explanation is that during the ‘season’ newspaper proprietors were overrun by requests from local businesses to place adverts, so there simply was not room to publicise their own wares. See Brown, ‘The vendors of medicines’, 356.

⁴³ H. Barker, *Newspapers, Politics and English Society, 1695-1855* (London, 2000), 50; Brown, ‘The vendors of medicines’, 152.

correlation between the size of a town and the number of adverts for commercially available health products.

Medical assistance from a physician was largely the preserve of the elite minority in the late-eighteenth and nineteenth century, whilst entry to a hospital was interpreted as a declaration of poverty.⁴⁴ The rest of society, therefore, had to rely to large extent on the wisdom of homemade remedies and over-the-counter medicines.⁴⁵ Medicines chests were available in Britain from the 1790s,⁴⁶ and itinerant ‘healers’ were also frequented. However, with the exception of the odd mention in a diary or the inclusion of medical ingredients in a family chapbook, record of these types of treatment is scarce. Proprietary medicines and beauty products, however, had dominated the advertising pages of newspapers from the late-seventeenth century. Unlike the sources above, these adverts have, to a large extent, been preserved in newspaper repositories up and down the country, and in consistent series from the early- to mid-eighteenth century. Given their easy accessibility and consistent survival, advertisements for health and beauty products enable systematic investigation that can yield quantitative data. These adverts, therefore, represent an obvious source for this study, which aims to track middle-class attitudes to health and illness. Comparing adverts from different eras enables conclusions to be drawn of attitudes over time.

We can be reasonably sure that advertisements for health and beauty products, at least, before the second half of the nineteenth century, were aimed by and large at the middle classes.⁴⁷ As the market broadened towards the turn of the century, and as real wages

⁴⁴ An advert for a ‘vacancy among the Brethren of the Hospital for a poor Man, who has been for at least three years an inhabitant’ at the Henry Lucas Hospital in Wokingham, Berkshire, stipulated that the ‘brethren must be single, not less than 50 years of age, of sober life and conversation, poor and impotent, decayed in estate by sickness, or other misfortune’. See *Reading Mercury*, 5/2/1881, 1c. See also M. J. Peterson, *The Medical Profession in Mid-Victorian London* (London, 1978), 13.

⁴⁵ J. Styles, ‘Product innovation in early modern London’, *Past and Present*, 168 (2000), 149.

⁴⁶ A. M. Young, *Antique Medicine Chests: or Glyster, Blister & Purge* (London, 1994), 23.

⁴⁷ This is not to deny that members of the gentry would have seen advertisements for health and beauty products. Carried in the pages of the local press, such adverts were bound to be spotted by the gentry, and some may have sparked interest and desire for a certain product. However, the spending power of the gentry alone could not have sustained the burgeoning growth that occurred in the patent medicine market between the late-eighteenth and nineteenth century. Furthermore, members of the bourgeoisie were much

began to rise from the 1850s onwards, working-class consumption was increasingly likely. Indeed, this phenomenon may have affected the language and nature of advertising. However, before this time, the most common price for proprietary medicines was 1s. 9d., whilst cosmetics rarely came cheaper than 2s. 9d. Such expenditure was far beyond the means of most working-class families, whose wages in the late-eighteenth and early-nineteenth century were exhausted by food, rent and the occasional purchase of clothes.⁴⁸ But the middle classes were also the biggest consumers of health and beauty products advertised in the provincial press because literacy levels were much higher among this section of society. They could, therefore, read and learn about Rowland's Kalydor and Dr de Jongh's Cod Liver Oil.⁴⁹ As Vestergaard and Schröder noted, the emergence of a relatively large literate middle class in early-eighteenth-century England created the preconditions for advertising in its modern sense.⁵⁰ As Palmer has shown, the clerical nature of many middle-class occupations required some level of literacy.⁵¹ In stark contrast, Brown has demonstrated that the three most consistently illiterate occupations between 1840 and 1890 were working-class trades: framework knitting, the shoe trade and general labouring. These jobs did not require literacy, and as they depended on child labour, they perpetuated a culture of illiteracy.⁵² Such findings seem to offer substance to the general agreement among historians, that industrialisation contributed to an increase in urban illiteracy.

more inclined towards health self-help. Whereas members of the gentry had the financial resources to employ family physicians to manage their health, the closest the majority of the middle classes came to a family physician were the book version: health self-help guides such as *The Family Physician: A Manual of Domestic Medicine* (New and Enlarged Edition) 5 vols. (Cassell, London, n.d.). According to Digby, less than 4 per cent of middle-class expenditure was spent on doctor's expenses. See A. Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720 – 1911* (Cambridge, 1994), 48.

⁴⁸ S. Chapman, *Jesse Boot of Boots the Chemists: A Study in Business History* (London, 1974), 17; T. R. Nevett, *Advertising in Britain: a History* (London, 1982), 18-9.

⁴⁹ M. Beetham, *A Magazine of Her Own? Domesticity and Desire in the Woman's Magazine 1800-1914* (London, 1996), 3; M. J. Quinlan, *Victorian Prelude: A History of English Manners 1700-1830* (London, 1965), 104.

⁵⁰ T. Vestergaard and K. Schröder, *The Language of Advertising* (Oxford, 1985), 4.

⁵¹ S. Palmer, 'Ports', in M. Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 139.

⁵² E. Brown, 'Gender, occupation, illiteracy and the urban economic environment: Leicester, 1760-1890', *Urban History*, 31 (2004), 208-9; 196.

Before continuing, we should be clear about the products being examined.⁵³ The term ‘health and beauty product’ throughout this thesis refers to proprietary medicines, such as Dr James’s Fever Powder and Beecham’s Pills, as well as to soaps, face creams, tooth powders, hair oils as well as other cosmetic applications. Adverts to health guides have also been analysed, as well as notices placed by health service providers such as the dentists, Mons Mallan and the chiropodist, Dr Lunutska. Including all four types of advert makes it possible to glean as much material as possible about the options available to a middle class, increasingly concerned about their health. Furthermore, the inclusion of advertisements for beauty products such as hair dyes and tooth powders enables us to gain an insight into another preoccupation of the middle classes: appearing respectable. Sadly, surgical instruments such as galvanic chains and belts and electric hairbrushes, hardly feature in this study due to their rarity in the pages of the provincial press. Furthermore, although trusses were available throughout the period of this study, adverts for them were extremely formulaic and brief.⁵⁴ Until the 1880s, Salmon, Ody and Co. were the only suppliers to advertise in the local press.

Due to the ever-increasing size of towns and cities from the late-eighteenth century onwards, it gradually became impossible to know everyone personally. As Corfield notes, in the large town, it was not possible to enquire into each individual’s background, birth and status.⁵⁵ Instead, people increasingly took the personal appearance of others as a marker of their personality and character, and used it to judge whether they were ‘respectable’ or not. As their personalities increasingly came to be seen in their appearances, the middle classes grew concerned by the way they were perceived.⁵⁶ This pressure encouraged conspicuous expenditure: on clothes, watches,

⁵³ A brief note should also be made about the cost of placing such adverts. In general, the cost of an advert depended on its length, yet adverts repeated week after week were cheaper. For more information, see J. J. Looney, ‘Advertising and society in England, 1720-1820: a statistical analysis of Yorkshire newspaper advertisements (Unpublished PhD thesis, Princeton University, 1983), 77-100.

⁵⁴ See for example *Leicester Journal*, 4/3/1831, 4f; *Reading Mercury*, 7/11/1833. By the 1880s, adverts for Allcock’s Porous Plasters were criticising trusses as ‘tortuous’. See *Reading Mercury*, 7/2/1880, 4c.

⁵⁵ P. J. Corfield, ‘Walking the city streets: the urban odyssey in eighteenth-century England’, *Journal of Urban History*, 16 (1990), 156.

⁵⁶ R. Sennett, *The Fall of Public Man* (London, 2002), 167.

and ultimately, on cosmetics.⁵⁷ Indeed, as Sennett noted, as nineteenth-century attire became increasingly homogenous, clues had to be looked for in the detail of people's appearance in order to differentiate a 'gentleman' from an impostor, or a lady from a 'loose' woman.⁵⁸ Hence discoloured teeth and dishevelled hair became telltale signs that had to be hidden or at least camouflaged. Symptoms of ill health, often seen as signs of poverty,⁵⁹ could also be socially disastrous for members of the aspiring middle classes. Such pressures magnified concern over personal health even further. By analysing the language of these adverts, an insight into the way people chose to be perceived is possible. Whether this changed over time will also be discernable.

As the nineteenth century progressed, the range of health and beauty products advertised in the press grew significantly. Such adverts had existed before; they had done from the seventeenth century in fact. Yet, there is no denying that their frequency increased as time passed. A weekly issue of the *Leicester Journal*, for example, carried on average 3.67 health-related adverts in the 1780s, 8.17 by the 1830s, and 35.3 by the 1880s.⁶⁰ The public, therefore, were made aware of an increasing range of products with which to manage their health and appearance. To mention just a few nationally available products from across the period, in the 1780s there was Leake's Pills for venereal disease,⁶¹ in the 1830s Reverend C. Carrington's Life Pills purported to treat 'gout, rheumatism, coughs and colds',⁶² and in the 1880s, Clarke's World-Famed Blood Mixture was marketed as 'the great blood purifier'.⁶³ These were the type of product that consumers resorted to either when they felt a little under the weather, or feared they were about to fall ill. Many, in fact, were styled 'preventives', and therefore actively encouraged this behaviour.

⁵⁷ Corfield, 'Walking the city streets', 157.

⁵⁸ Sennett, *Fall of Public Man*, 164/5.

⁵⁹ Corfield, 'Walking the city streets', 157.

⁶⁰ Averages are based on a sample of years, 1780-1785, 1830-1835 and 1880-1885.

⁶¹ *Williamson's Liverpool Advertiser*, 7/11/1785, 1b. *Leicester and Nottingham Journal*, 1/3/1783, 4d; *Reading Mercury*, 7/2/1780, 4d.

⁶² *Liverpool Mercury*, 1/2/1833, 5a; *Leicester Journal*, 5/10/1832, 1d; *Reading Mercury*, 3/2/1834, 2d.

⁶³ *Liverpool Mercury*, 7/2/1885, 4i; *Leicester Journal*, 5/10/1883; *Reading Mercury*, 5/2/1881, 7c.

Shop-bought medicines were, of course, not new to the nineteenth century: Anderson's Scots Pills had been sold from the 1630s.⁶⁴ Neither was their advertisement in newspapers unprecedented: the regular inclusion of advertisements in the press dates from the seventeenth century.⁶⁵ This phenomenon was aided by the fact that many newspaper owners had either financial stakes in proprietary medicines, or were major distributors.⁶⁶ Recent studies have also demonstrated that many of the strategies used to advertise nineteenth-century proprietary medicines and beauty products originate from an earlier era. Testimonials, scientific jargon and even 'no cure, no money' offers were in use in the eighteenth, if not the seventeenth, century.⁶⁷ However, advertising increasingly came to the fore from the middle of the nineteenth-century and its standard form became the column in the newspaper.⁶⁸ In addition to the evidence cited above for an increase in the average number of health-related advertisements appearing in weekly issues of the *Leicester Journal*, a shift in the scale of advertising is also noticeable simply from the amounts being invested. Advertisers of health and beauty products were among the heaviest investors. Thomas Holloway was the proprietor of Holloway Pills, the 'Great Household Medicine',⁶⁹ and the Holloway Ointment, 'For the CURE of BAD LEGS, Bad Breasts, OLD WOUNDS, SORES AND ULCERS'. His annual expenditure on advertising rose from £5,000 in 1842 to £40,000 in 1864, and peaked at

⁶⁴ Styles, 'Product innovation', 149.

⁶⁵ C. Walsh, 'The advertising and marketing of consumer goods in eighteenth century London', in C. Wischermann and E. Shore (eds), *Advertising and the European City: Historical Perspectives* (Aldershot, 2000), 80; C. Y. Ferdinand, 'Selling it to the provinces: news and commerce round eighteenth-century Salisbury', in J. Brewer and R. Porter (eds.), *Consumption and the World of Goods* (London, 1993), 393-4.

⁶⁶ P. S. Brown, 'The vendors of medicines advertised in eighteenth-century Bath Newspapers', *Medical History*, 19 (1975), 356; R. Porter, *Health for Sale: Quackery in England 1650-1850* (Manchester, 1989), 46; Styles, 'Product innovation', 149; P. Isaac, 'Pills and Print', in R. Myers and M. Harris (eds.), *Medicine, Mortality and the Book Trade* (Folkestone, 1998), 35; H. Mui and L. H. Mui, *Shops and Shopkeeping in Eighteenth-Century England* (London, 1989), 230.

⁶⁷ L. F. Cody, '“No cure, no money,” or the invisible hand of quackery: the language of commerce, credit, and cash in eighteenth-century British medical advertisements', *Studies in Eighteenth Century Culture*, 28 (1999), 112, 123; Mui and Mui, *Shops and Shopkeeping*, 230; Styles, 'Product innovation', 151.

⁶⁸ C. Wischermann, 'Placing advertising in the modern cultural history of the city', in C. Wischermann and E. Shore (eds), *Advertising and the European City: Historical Perspectives* (Aldershot, 2000), 9.

⁶⁹ Described as one of the 'leading necessities of Life', which 'purify the BLOOD, and [a]ct most cheerfully, yet soothingly, on the LIVER, STOMACH, KIDNEYS, and BOWELS'. *Leicester Journal*, 6/3/1885, 2c.

£50,000 in 1883, the year of his death.⁷⁰ Others making such big outlays included Thomas Beecham, Dr de Jongh, owner of the famous Cod Liver Oil and F. J. Clarke, of the aforementioned Blood Mixture.⁷¹

In an attempt to explore the language of advertisements for health and beauty products over the course of a hundred years, this study begins in the 1780s and ends in the 1880s. The conclusions and comments made throughout this thesis are based upon the analysis of adverts from three six-year periods, taken from fifty years apart: 1780-1785, 1830-1835 and 1880-1885. These periods were chosen primarily due to considerations of urban development. Even by the 1780s, towns were beginning to be described as ‘bustling’ and ‘malodorous’, already indicating that serious health problems were afoot. By 1801, one in three people lived in towns over 2,500 inhabitants. The 1830s was the decade following the most intensive period of urbanisation, known before and ever since. Small villages became towns almost overnight.⁷² The 1880s, by comparison represent a time when urban had become the norm and the worst effects of rapid urbanisation had begun to be dealt with and overcome.⁷³ By this time, most towns had relatively effective supplies of water and pipes for sewage had begun to be laid. Fifty-year intervals were chosen in an attempt to detect change over time. A trial study of the advertising of health-related products in Leicester between 1840 and 1860, highlighted how gradual change in the nature of advertising could be. Products appearing in the early-1840s, for example, could still be found in the *Leicester Journal* in March 1860.

⁷⁰ Nevett, *Advertising in Britain*, 71; E. S. Turner, *The Shocking History of Advertising* (Middlesex, 1952), 64-6; L. A. Loeb, *Consuming Angels: Advertising and Victorian Women* (Oxford, 1994), 9; K. T. Hoppen, *The Mid-Victorian Generation 1846-1886* (Oxford, 1998), 327; T. A. B. Corley, ‘Competition and growth of advertising in the U. S. and Britain, 1800-1914’, *Business and Economic History*, 17 (1988), 161.

⁷¹ Nevett, *Advertising in Britain*, 29, 71.

⁷² For example, in the 1820s, the population of Bradford multiplied by 66 per cent. See Rodger, ‘Slums and suburbs’, 236; P. Clark, ‘Small towns 1700-1840’ in P. Clark (ed), *The Cambridge Urban History of Britain*, Vol. II: 1540-1840 (Cambridge, 2000), 735; L. Hollen Lees, ‘Urban Networks’, in M. Daunton (ed), *The Cambridge Urban History of Britain*, Vol. III: 1840-1950 (Cambridge, 2000), 71.

⁷³ Briggs noted that even the health conditions of the poorest parts of cities began to improve after the 1870s. See A. Briggs, *Victorian Cities* (London, 1963), 19.

To say that middle-class anxiety about health rose during the late-eighteenth and nineteenth century is a generalisation. However, by using the language of advertisements for health and beauty products, it is possible to offer more specific conclusions. For example, this thesis uses the frequency of certain illnesses mentioned in adverts as an index of the areas of the body that aroused most anxiety. If, for example, a majority of advertisements for health-related goods were designed to counter respiratory problems, whereas only one or two focused on bowel disorders, this information allows us to pinpoint more accurately the types of ailment that aroused the most alarm. Due to the sampling method described above, it is also possible to see if different ailments became of greater or lesser concern.

Attention is also paid to the claims made for certain products in order to gain an insight into the type of demands the public made of health products in the late-eighteenth and nineteenth century. Understanding these will offer a deeper appreciation of experience of health and illness: were the public simply seeking pain relief, or did they desire healthy and longer lives? In other words, were products imbued with simple curative qualities, or were they seen to offer different types of lifestyle, in a similar way to health products today?⁷⁴ Overall, this thesis is a contribution to the social history of medicine, which offers the reader a new perspective on way the newspaper-buying public attempted to manage and improve their personal hygiene at a time when official attempts at managing the public sphere were slow in emerging, and for long periods, non-existent. In contrast to the wealth of research into public health,⁷⁵ this thesis focuses on *personal* health, an area that is both under-researched and classically difficult to gain access to.

⁷⁴ Just think of L'Oréal's slogan, 'Because you're worth it', encouraging the purchaser to feel more beautiful by using a certain face cream.

⁷⁵ There is a wealth of material on the official reaction to the public health problems England suffered in the late-eighteenth and early-nineteenth century. See, for example, Wohl, *Endangered Lives*; G.Kearns, 'Zivilis or Hygaeia: urban public health and the epidemiologic transition', in R. Lawton (ed.), *The Rise and Fall of Great Cities: Aspects of Urbanization in the Western World* (London, 1989), 96-124; A. Hardy, 'Public health and the expert: the London Medical Officers of Health, 1856-1900', in R. MacLeod (ed.), *Government and Expertise: Specialists, Administrators and Professionals, 1860-1919* (Cambridge, 1988), 128-142; S. Szreter, 'The importance of social intervention in Britain's mortality decline c. 1850-1914: a re-interpretation of the role of public health', *Social History of Medicine*, 1 (1988), 1-37; C. H. Hume, 'The public health movements', in J. T. Ward (ed.), *Popular Movements c. 1830-1850* (London, 1970), 183-200.

The period this study covers also witnessed major changes in the field of medicine, which impinge on the topic of health and hygiene. Significant developments occurred in terms of the regular ‘medical profession’, for example. These changes are relevant to the marketing of health and beauty products, as doctors often featured in some way in adverts. In the 1780s, an advert for Francis Spilsbury’s tract, *FREE OBSERVATIONS on the SCURVY, GOUT, DIET and REMEDY*, gave the impression that the medical profession were second-rate to the advice and intelligence he could provide. In an extract taken ‘from the Review of New Publications, in the *London Magazine* for September 1780’, the advert reads ‘his Observations are extensive, and controvert the Opinions and Practice of celebrated Physicians’.⁷⁶ Criticism was also levelled at doctors in the form of advertisements depicting their impotence in the face of suffering. In an advert for Ploughman’s Drops, a Joseph Smith ‘sent for Medical Assistance’ yet only ‘found myself getting worse’.⁷⁷ To place these portrayals of the medical profession into a wider context, it is important to understand developments that may have affected the public’s perception of them.

Before 1858, when the first register of qualified practitioners was created, medicine was riddled by internal disquiet. This situation was unlikely to win members much favour among the public; as the two examples given above suggest, medics were often portrayed in unfavourable terms in adverts of the late-eighteenth and early-nineteenth century. Medicine was an extremely hierarchical profession. At the top sat physicians, men who traditionally dealt in theory, diagnosis and prescription, and thus kept sickly patients at arm’s length. Next in status were surgeons, who studied anatomy and treated internal disorders. Finally, at the lowest tier, were apothecaries whose role of dispensing medicine earned them a reputation as tradesmen, tarnished by the cash nexus of the money market.⁷⁸ However, this rigid demarcation of medical roles soon

⁷⁶ *Williamson’s Liverpool Advertiser*, 1/2/1781, 1a.

⁷⁷ *Leicester Journal*, 4/10/1833, 1d.

⁷⁸ P. J. Corfield, *Power and the Professions in Britain 1700-1850* (London, 1995), 149; W. J. Reader, *Professional Men: The Rise of the Professional Classes in Nineteenth-Century England* (London, 1966), 16.

became old-fashioned and increasingly unworkable as time passed. The first sign of change came when the House of Lords ruled in favour of the apothecary's right to prescribe, as well as sell, medicine, in the Rose case of 1704.⁷⁹ Following this apothecaries were legally entitled to provide medical advice in addition to their original role of selling medicine. They were not, however, allowed to charge for giving their medical opinion.⁸⁰ Nevertheless, it destroyed the Royal College of Physician's monopoly on prescribing medicine,⁸¹ and challenged the idea of clear-cut division of medical roles.

Perhaps the most significant development in the changing structure of the medical profession, however, was the appearance of the 'general practitioner'. This individual multi-tasked: they prescribed and dispensed medicine, performed surgery, and delivered babies.⁸² Their appearance did little to calm the internal wrangling that bedevilled medicine at this time; if anything it incited more animosity.⁸³ Nevertheless, members of this new branch of the profession were keen for reform, and as the breed of general practitioner grew in number, their political leverage increased. As Peterson has argued, the period between 1815 and 1858 saw continued attempts by the provincial general practitioner to find a voice for themselves.⁸⁴ Due to the selective and elitist nature of the Royal Colleges based in London, many medical practitioners belonged to no licensing body and had no way of defending their interests in the extremely competitive 'medical marketplace'. In 1832, the Provincial Medical and Surgical Association (what later became the British Medical Association in 1855) was established. Members argued for democratisation of the Royal Colleges, bans on

⁷⁹ Corfield, *Power and the Professions*, 155.

⁸⁰ Loudon, *Medical Care*, 22-3; D. Porter and R. Porter, *Patients' Progress: Doctors and Doctoring in Eighteenth-century England* (Oxford, 1989), 18; R. Porter and D. Porter, 'The rise of the English industry: the role of Thomas Corbyn', *Medical History*, 33 (1989), 280.

⁸¹ R. Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London, 1997), 288.

⁸² Delivering babies had become one of the staples of general practice by the 1820s. See Corfield, *Power and Professions*, 146; I. Inkster, 'Marginal men: aspects of the social role of the medical community in Sheffield 1790-1850', in J. Woodward and D. Richards (eds.), *Health Care and Popular Medicine in Nineteenth Century England: Essays in the Social History of Medicine* (London, 1977), 131.

⁸³ C. Newman, *The Evolution of Medical Education in the Nineteenth Century* (London, 1957), 3-4.

⁸⁴ Peterson, *The Medical Profession*, 23-30.

unqualified practice, and the creation of a single national register for all qualified medical men.⁸⁵ Between 1840 and 1858 seventeen different bills were presented in Parliament, with the aim of reorganising medical education and licensing in Britain.⁸⁶

The outcome of all this campaigning was the 1858 Medical Act, which created a single medical register and established the General Medical Council (GMC) to oversee medical education and licensing.⁸⁷ For the first time ever, orthodox medical men now had a way of distinguishing themselves from the medley of herbalists, peddlers and ‘quacks’ that roamed the country.⁸⁸ The ‘medical marketplace’ was extremely competitive in the eighteenth and nineteenth century.⁸⁹ Prior to 1858, with no way of distinguishing themselves from self-styled and self-trained ‘doctors’ and charlatans, the regular profession could hardly claim to offer superior treatment. Furthermore, as regular medicine was often found insufficient for treating illness, as Porter notes, it is little wonder that customers shopped around.⁹⁰ The rapid increase in the number of druggists’ shops in different towns testifies to the middle-class’s appetite for shop-bought medicines and to their reluctance of visiting the doctor.⁹¹ First appearing in the last two decades of the eighteenth century, the number of urban druggists increased rapidly in the first two decades of the nineteenth century, whilst according to Church, their number increased fourfold between 1865 and 1905.⁹² However, after 1858,

⁸⁵ Porter, *Greatest Benefit*, 354.

⁸⁶ Peterson, *The Medical Profession*, 30.

⁸⁷ V. Berridge, ‘Health and medicine’, in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 3: Social Agencies and Institutions* (Cambridge, 1990), 179.

⁸⁸ M. P. English, *Victorian Values: The Life and Times of Dr Edwin Lankester M.D., F.R.S.* (Bristol, 1990), 7; Digby, *Making a Medical Living*, 7.

⁸⁹ M. Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), 48; R. Porter, ‘The patient’s view: doing medical history from below’, *Theory and Society*, 14 (1985), 189; R. Porter and G. S. Rousseau, *Gout: The Patrician Malady* (London, 1998), 171.

⁹⁰ R. Porter, ‘The language of quackery in England, 1660-1800’, in P. Burke and R. Porter (eds.), *The Social History of Language* (Cambridge, 1987), 78.

⁹¹ Due to the burden of doctors’ fees, many members of the middle class appear to have preferred to try self-medication or a visit to a fringe doctor or druggist, before consulting a regular practitioner. See H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987), 214.

⁹² Loudon, *Medical Care*, 133-4; J. K. Crellin, ‘Pharmaceutical history and its sources in the Wellcome collections: 1. the growth of professionalism in nineteenth-century British pharmacy’, *Medical History*, 11 (1967), 216; R. Church, ‘The British market for medicine in the late nineteenth century: the innovative impact of S. M. Burroughs & Co’, *Medical History*, 49 (2005), 283.

medics at least gained some grounds upon which to try and convince the public that they were the best people to consult on health matters. From analysing the language of advertisements for health and beauty products, it is possible to see how, and if, the portrayal of ‘regular medicine’ changed over time.

As the medical profession underwent reform, developments within the science also occurred, which went some way to improving their public persona. The stethoscope, for example, devised in 1816 by René Théophile Hyacinthe Laennec, and introduced into practice in England in 1819, enabled doctors to make more accurate observations on internal complaints, and helped them to rely less on patient’s descriptions of their illness.⁹³ Greater accuracy in their diagnosis would have helped in improving the portrayal of medics, as it gave them a fighting chance of treating patients, rather than appearing impotent in the march of illness and disease. In the field of surgery, improvement occurred with the arrival of anaesthesia, initially ether, followed by chloroform. Ether may have had nauseous side-effects, yet it helped deaden pain during operations, and made patients’ lives more comfortable. Amputation techniques also developed. In 1824, Astley Cooper took twenty minutes to amputate a leg through the hip joint; by 1834, James Syme was doing this in ninety seconds.⁹⁴ Furthermore, new life was breathed into the field of surgery following John Hunter’s revolutions in the understanding of human anatomy. By the early nineteenth century, the term ‘new operation’ was exceedingly common in medical journals, home and abroad. Surgeons were aware of the competitive market in which they operated; a report of a successful operation was as much a trade advert as a medical treatise. Such publicity would have affected the public’s perception of surgery, in particular, and of medicine as a whole.⁹⁵

One of the main objectives of this study is to gain a better understanding of middle-class medical beliefs and attitudes towards the body, so it is important to be aware of dominant theories of the day. For example, belief that health depended upon the careful

⁹³ Porter, *Greatest Benefit*, 308; English, *Victorian Values*, 8.

⁹⁴ Porter, *Greatest Benefit*, 360, 367.

⁹⁵ P. Stanley, *For Fear of Pain: British Surgery, 1790-1850* (New York, 2003), 50, 60.

balancing of bodily humours, popular in the eighteenth century and before,⁹⁶ persisted long into the nineteenth century. This can be seen in medical guides of the 1830s. The *Cyclopædia of Practical Medicine* advised that in ‘the gastro-enteritis’ stage of cholera, ‘general bleeding may be performed’ and leeches and blisters applied to the abdomen.⁹⁷ R. Moreton, an apprentice surgeon in 1848, testified that bleeding was still carried out at that time.⁹⁸ Sigsworth and Worboys have argued that the humoral model of health and illness was still the most popular in the mid-nineteenth century.⁹⁹ Change was occurring; Newsholme declared in 1888 that ‘the effect of purgative medicines on constipation is only temporary’, and advised instead a diet of ‘stewed fruit, pears, figs, olive oil, or brown bread’.¹⁰⁰ However, there are signs that many people at the end of the nineteenth century stuck steadfastly to the theory of the humours. For example, Clarke’s Blood Mixture was advertised throughout the 1880s as ‘warranted to cleanse the blood from all impurities, from whatever cause arising’, and Holloway’s ‘famous’ Pills were claimed to purify the blood. By analysing the language of advertisements over time, therefore, it is possible to gain an insight into how beliefs and attitudes surrounding health altered between the late-eighteenth and late-nineteenth century. This thesis will demonstrate that changes were not clear-cut: new theories were always contested and took time to be widely accepted. Even Robert Koch’s discovery of bacillus in 1882 took over a decade to gain credence.¹⁰¹

Among the historiography of patent and proprietary medicines, perhaps the most well-known work is that of the late Roy Porter, published in his books *Health for Sale: Quackery in England 1650-1850* and *Quacks: Fakers & Charlatans in Medicine*. Porter has certainly been a key inspiration for this study. Grouping both proprietors of pills

⁹⁶ Vigarelo (trans. J. Birrel), *Concepts of Cleanliness*, 43-5; 133.

⁹⁷ J. Forbes, A. Tweedie and J. Conolly, *The Cyclopædia of Practical Medicine; comprising Treatises on the Nature and Treatment of Diseases, Materia Medica and Therapeutics, Medical Jurisprudence, etc.*, 4 vols. (London, 1833), 383.

⁹⁸ T. H. Bickerton, *A Medical History of Liverpool from the Earliest Days to the Year 1920* (London, 1936), 134.

⁹⁹ M. Sigsworth and M. Worboys, ‘The public’s view of public health in mid-Victorian Britain’, *Urban History*, 21 (1994), 245.

¹⁰⁰ A. Newsholme, *Hygiene: A Manual of Personal and Public Health* (London, 1888), 315.

¹⁰¹ F. B. Smith, *The People’s Health 1830-1910* (London, 1979), 290; E. W. Hope, *Health at the Gateway: Problems and International Obligations of a Seaport City* (Cambridge, 1931), 72.

and potions and the touters of miraculous medical techniques under the banner of ‘irregular medicine’, Porter urged historians to see ‘irregular medicine’ as a rational option for consumers to take and to appreciate quacks in terms other than mere charlatans.¹⁰² He realised, and encouraged others to do likewise, that the physician, surgeon and apothecary were far from the first port of call for many sufferers. However, whilst Porter dealt with patent medicines and their owners, he spent far more attention on the adventurous quacks, full of spectacle and entertainment, prevalent in the eighteenth century.¹⁰³ This thesis, therefore, seeks to redress the balance; to concentrate less on the John ‘Chevalier’ Taylors and James Grahams of medical entrepreneurship, and more on the efforts of the pill proprietors to market their goods. Here we are less interested in the products or the proprietors themselves, but more in the way that products were offered to the public. We are, after all, searching for the public’s attitudes towards health. Porter’s work also pays too little attention to the longevity of the appeal and viability of the patent medicine business. From reading his work one might conclude that by the mid-Victorian era health products and services advertised in local newspapers were almost extinct. Yet the reality is very different. Promises of immediate effect, assurance of medical approval and celebrity endorsement are still used today to sell health products and this situation was as true in the nineteenth century as it is in the twenty-first. With his concentration on eighteenth-century mavericks, despite his declaration that patent medicine vendors were among the forerunners of a new commercial age, Porter fails to demonstrate how prevalent self-treatment was during an era when the threat of disease loomed large as ever, namely in the nineteenth century.

As well as following in the footsteps of Porter, this thesis also owes much to the work of P. S. Brown, which has been published in a string of articles in the journal *Medical History*.¹⁰⁴ Much of Brown’s work is different to Porter’s in that he concentrates solely

¹⁰² R. Porter and D. Porter, ‘The rise of the English industry: the role of Thomas Corbyn’, *Medical History*, Vol. 33 (1989), 277-295; Porter, ‘The patient’s view’, 194..

¹⁰³ Despite his time period being 1650 to 1850, Porter rarely concentrates on later than the 1810s at the latest.

¹⁰⁴ P. S. Brown, ‘The vendors of medicines advertised in eighteenth-century Bath Newspapers’, *Medical History*, Vol. 19 (1975), 352-369; P.S. Brown, ‘Medicines advertised in eighteenth-century Bath

on patent medicines and the method in which they were marketed, yet it is similar in the sense that it concentrates heavily on the eighteenth century. I have chosen to follow Brown's example of focusing on newspaper advertisements, as the central location of newspaper presses in urban areas makes it an ideal and obvious source for the urban historian. However, by starting in 1780, this study develops Brown's work, taking it into the nineteenth century. Brown's method of analysis also influenced the methodology of this study. He examined the characteristics of medicines advertised in local newspaper: the ailments they treated, the people providing testimonials and their price. This study takes a similar approach, analysing among other aspects, the claims medicine vendors made for their products and the individuals whose testimony they featured. I have also paid attention to the style in which vendors described themselves and the types of illness each product claimed to treat. However, Brown's work is spatially limited: his findings for patent medicines refer only to Bath, whilst his other work on herbalism and female pills relates to Bristol. In order to make the findings of this thesis more representative for the country as a whole, this thesis is based on samples of advertisements taken from three qualitatively different towns.

Two of the unhealthiest cities in Britain during the nineteenth century were Liverpool and Leicester. According to Thomas Baines, Liverpool suffered the reputation of being the most unhealthy town in the whole of Great Britain until the late-1840s.¹⁰⁵ Edwin Chadwick certainly used this phrase when describing the city in 1847.¹⁰⁶ Yet this was perhaps not surprising. Liverpool had a population of 30,000 as early as 1763 (this figure was not reached by Leicester until the 1820s, and Reading's population did not grow to this size until the middle of the nineteenth century at the earliest).¹⁰⁷ By 1811 the city's population past the 100,000 mark and then between 1821 and 1831, it grew again by nearly 46 per cent. With such a significant rise in population in a comparatively short space of time, it would have been amazing if health problems did

newspapers', *Medical History*, Vol. 20 (1976), 152-168; P. S. Brown, 'Female pills and the reputation of iron as an abortifacient', *Medical History*, Vol. 21 (1977), 291-304.

¹⁰⁵ T. Baines, *Liverpool in 1859: The Port & Town of Liverpool and the Harbour, Docks, Commerce of the Mersey, in 1859* (London, 1859), 104.

¹⁰⁶ Bickerton, *Medical History of Liverpool*, 183.

¹⁰⁷ Bickerton, *Medical History of Liverpool*, 47.

not emerge.¹⁰⁸ Liverpool routinely suffered outbreaks of disease: there was an outbreak of smallpox in 1781 and in 1847 typhus was responsible for 7,000 deaths.¹⁰⁹ Furthermore, the casual nature of dock work has been said to have encouraged a lifestyle based on short-term calculation,¹¹⁰ one in which maintaining a healthy environment was not very pressing.

However, despite the size and insalubrious nature of Liverpool, the city is famous for its pioneering efforts in the field of public health.¹¹¹ Just as Liverpool was the first provincial town to receive a thorough public health statute (the 1846 Liverpool Sanitary Act), it was also the first to appoint a permanent (though initially part-time) Medical Officer of Health.¹¹² Liverpool was also the first town to build a wash house in which the urban poor could bathe and wash their clothes.¹¹³ The pioneering role the city took in sanitary reform, therefore, indicates that the resident middle class were both anxious to see the problems of sanitation tackled, and willing to fund reform through their rates. It is also possible to discern local interest in health and medicine in developments such as the opening of the city's Royal Institute in 1817, and the Medical School in 1834. The latter was a response to the popularity of the scientific lectures given at the Institute.¹¹⁴

¹⁰⁸ Liverpool routinely suffered outbreaks of disease. A few examples include, smallpox in 1781, cholera in 1832, 1834 and 1848-9 and typhus in 1863. See Bickerton, *Medical History of Liverpool*, 46, 175-6; Hope, *Health at the Gateway*, 53.

¹⁰⁹ E. Midwinter, *Old Liverpool* (Newton Abbot, 1971), 86.

¹¹⁰ Palmer, 'Ports', 148-9.

¹¹¹ S. Sheard and H. Power, 'Body and city: medical and urban histories of public health', in S. Sheard and H. Power, *Body and City: Histories of Urban Public Health* (Aldershot, 2000), 7.

¹¹² P. Laxton, 'Fighting for public health: Dr Duncan and his adversaries, 1847-1863', in S. Sheard and H. Power (eds), *Body and City: Histories of Urban Public Health* (Aldershot, 2000), 62; E. Midwinter, *Old Liverpool* (Newton Abbot, 1971), 95; Hume, 'The public health movements', 196; Hope, *Health at the Gateway*, 36.

¹¹³ Bickerton, *Medical History of Liverpool*, 167.

¹¹⁴ A. Wilson, "'The Florence of the North'?: The civic culture of Liverpool in the early nineteenth century", in A. Kidd and D. Nicholls (eds.), *Gender, Civic Culture and Consumerism: Middle-class Identity in Britain 1800-1940* (Manchester, 1999), 41-2.

In stark comparison to the magnitude of Liverpool, Leicester in 1789 was still very much a market town, dependent on its immediate hinterland.¹¹⁵ Its success as a marketing town can be seen in the demise of other nearby markets, at Hallaton and Billesdon.¹¹⁶ Nevertheless, Leicester suffered poor sanitation from an early date: as early as 1789 the pavements of Leicester were judged ‘so bad as to endanger the lives’ of the townsfolk, and the inadequacy of arrangements for lighting, drainage and scavenging was so bad as to provoke repeated comment and condemnation.¹¹⁷ Whilst the population of Leicester had reached 40,000 by 1831, only five ‘nightmen’ were responsible for waste disposal.¹¹⁸ In this light, it is hardly surprising that the Report of the Royal Commission on the State of Large Towns and Populous Districts found in 1845 that only three other towns had a higher death rate than Leicester.¹¹⁹ Yet the resident middle classes were by no means apathetic about the unhygienic state of their town. To the contrary, the Leicester Sanitary Committee was formed to investigate conditions, and ended up providing evidence to the aforementioned Royal Commission. Edwin Chadwick’s Report was also published in the *Leicester Chronicle* for the perusal of a middle class interested in the state of public health.¹²⁰ Furthermore, as Patterson stated, the *Leicester Journal* advertised accommodation in Skegness and Frieston ‘for the Conveniency of Sea Bathing’.¹²¹ Ever since the publication of Dr Richard Russell’s *A Dissertation concerning the Use of Sea-water in Diseases of the Glands* in 1752, the seaside had been promoted as a health resort.¹²² Such adverts are indicative of a demand for health treatment by those who could afford it, namely the middle classes, shocked by the condition of their resident town and desperate to escape.

¹¹⁵ A. T. Patterson, *Radical Leicester: A History of Leicester 1780-1850* (Leicester, 1954), 3.

¹¹⁶ P. Clark, ‘Small towns’, 756-7.

¹¹⁷ Patterson, *Radical Leicester*, 9.

¹¹⁸ Patterson, *Radical Leicester*, 166, 169.

¹¹⁹ J. Simmons, *Leicester Past and Present, Volume Two: Modern City 1860-1974* (London, 1974), 16; Patterson, *Radical Leicester*, 274.

¹²⁰ M. Elliott, *Victorian Leicester* (London, 1979), 43.

¹²¹ Patterson, *Radical Leicester*, 14.

¹²² S. V. Ward, *Selling Places: The Marketing and Promotion of Towns and Cities 1850-2000* (London, 1998), 31.

Thus, in Leicester, from an early date, the middle classes recognised the declining condition of their town and were alarmed by it. An inspector of nuisances had been appointed as early as 1836, and joint medical officers of health were appointed in 1847, the same year as the pioneering Liverpool.¹²³ However, progress in the sphere of sanitary reform in Leicester was checked compared to Liverpool. No full-time medical officer of health was appointed until 1873, the condition of housing decreased rather than increased and the town's water supply was only judged to be adequate in 1912.¹²⁴ Thus Leicester provides an interesting case study against Liverpool, a town which was such an innovator in the field of sanitation. Yet there is also a noticeable absence of historical research in the field of public health in the midlands. Except for studies of Birmingham and Joseph Chamberlain's 'municipal socialism' in the late-nineteenth century, the midlands have been largely omitted from the history of public health.¹²⁵ The inclusion of Leicester in this thesis is, therefore, an attempt to highlight that the town was very much affected by the debate and furore surrounding the issue of health throughout the 1800s. Leicester was infamous for its 'summer diarrhoea', whose levels often outpaced London.¹²⁶ Whilst the River Soar gradually became a reservoir of filth, water supply and sewerage systems were slow to emerge.

The history of public health is also deficient in respect of its attention to southern towns, with the notable exception of London, of course. However, filthy streets, polluted water supplies and overcrowded accommodation were not specific to northern England or London. Reading, situated west of London, underwent tremendous change between the late-eighteenth and nineteenth century. Eighteenth-century Reading was a prosperous market town. The town's economy was already nationalised via coaches

¹²³ Elliott, *Victorian Leicester*, 47-8.

¹²⁴ Simmons, *Leicester Past and Present*, 10-12.

¹²⁵ See, for example, L. J. Jones, 'Public pursuit of private profit? Liberal businessmen and municipal politics in Birmingham, 1865-1900', *Business History*, 3 (1983), 240-259; P. T. Marsh, *Joseph Chamberlain: Entrepreneur in Politics* (New Haven, 1994); G. Cherry, *Birmingham: A Study in Geography, History and Planning* (Chichester, 1994).

¹²⁶ Simmons, *Leicester Past and Present*, 13.

and canals,¹²⁷ and thus provided an accessible location for tradesmen and farmers to sell their goods.¹²⁸ By the mid- to late-eighteenth century, Reading had also built up a significant trade in malting; in 1760, Berkshire had become the most important area in England and Wales for malting, producing almost 15,000 tons annually, or five per cent of the national output.¹²⁹ Yet, according to Yeo, the population of Reading in 1800 was much the same as it had been in 1700, measuring between 9,400 and 9,700.¹³⁰ However, within the space of 35 years, Reading's population had jumped to 17,000, presumably on the strength of success in the world of banking, bulbs and seeds, iron foundering and brick making. Such population growth was stimulated further after 1840 by both the arrival of the Great Western Railway in 1840 and Huntley and Palmers' biscuit factory the following year. By 1851, the population had reached 21,000 strong, and forty years later this figure had doubled to 42,000.

Following the formation of the partnership of Joseph Huntley and George Palmer in 1841, Reading soon became the biscuit capital of the empire.¹³¹ By the 1860s Huntley and Palmers' were acknowledged as the world leader in the industry. This expansion of business naturally generated a substantial demand for labour, and as such Huntley and Palmers' grew to be Reading's largest employer, with a factory workforce of 5,000 by the end of the nineteenth century.¹³² These workers needed housing, and thus the building industry received a real shot in the arm.¹³³ Expansion of the built environment of Reading substantially changed the nature of the town. Not only were new houses for

¹²⁷ In 1785 there were 5 or 6 coaches to London a day, as well as regular coaches to towns including Oxford and Brighton. From the 1790s, Birmingham and the midlands were also accessible by canal. See S. Yeo, *Religion and Voluntary Organisations in Crisis* (London, 1976), 46-7, 342

¹²⁸ As Alexander explained, the more efficient a town's transport services were, the greater the volume of demand that was brought within the reach of producers. See D. Alexander, *Retailing in England during the Industrial Revolution* (London, 1970), 12.

¹²⁹ T. Corley, 'Reading in the eighteenth century and Victorian times', in M. Petyt (ed.), *The Growth of Reading* (Stroud, 1993), 84, 86.

¹³⁰ Yeo, *Religion and Voluntary Organisations*, 31; Corley, 'Reading in the eighteenth century', 85.

¹³¹ Huntley & Palmers' biscuits were exported to India, Africa, Australia and China, and were apparently popular among both civilian and military circles; see D. Phillips, *The Story of Reading* (Newbury, 1980), 121.

¹³² D. Phillips, *The Story of Reading* (Newbury, 1980), 121; A. Wykes, *Reading: A Biography* (London, 1970), 47; Corley, 'Reading in the eighteenth century', 105.

¹³³ According to the 1901 census, 3,000 workers were involved in the construction industry in Reading. See Corley, 'Reading in the eighteenth century', 105.

the working classes cheaply constructed and therefore liable to degradation, the heavier density of living created increased pressure on the basic, fragile amenities of the town, and soon sullied the network of streets of terraced houses that had sprung up so quickly.¹³⁴ The situation was serious: Reading's death rate in 1850 stood at 30 deaths per thousand people.¹³⁵

From the beginning of the construction of the Great Western Railway in February 1836, Reading's transformation became a certainty. The line finally reached the town by the end of 1839, and Reading Station opened the following year. Reading was now ideally placed as a marketing and distributive centre, benefiting particularly from its close proximity to London.¹³⁶ Offering ever superior transportation links, Reading soon became an attractive location for industry and great wealth was thus generated. Existing industries also prospered: the arrival of the railway helped the iron foundry in Katesgrove Lane (later Reading Ironworks) become one of the largest providers of farm machinery in Britain, with a workforce of 360. However, with such a revolutionary phenomenon as the railway, causalities were an unfortunate consequence. Both travellers and navvies were susceptible to injury, and according to Hinton, such cases kept the Royal Berkshire Hospital, opening in 1839, extremely busy.¹³⁷ Phillips also offers an illustration of how dangerous working on or by the railway could be.¹³⁸

However, to blame the coming of the railway for Reading's appalling death rate, would be unrealistic. Instead, it should be recognised that in a similar way to Manchester or Bradford, though smaller in scale, expansion of the physical size of the town and of its resident population, raised the spectre of dangerous levels of filth, overcrowding and general suffering. Improvements to the general infrastructure of the town were not

¹³⁴ According to Corley, most house-building in Reading at this time was speculative. See Corley, 'Reading in the eighteenth century', 100.

¹³⁵ M. Hinton, *A History of the Town of Reading* (London, 1954), 150.

¹³⁶ This is not to imply that Reading was poorly situated before the coming of the railway. To the contrary, its proximity to the River Thames was of great significance. However, the speed of the railway presented opportunities for distribution on a completely different scale.

¹³⁷ Hinton, *History of Reading*, 151.

¹³⁸ She describes the death of a young man, working at Reading station. Phillips, *Story of Reading*, 113.

addressed until the 1840s at the earliest and, therefore, citizens had to make do with inadequate, dirty water supplies, and non-existent systems of drainage and sewerage.¹³⁹ To make matters even worse, Reading was plagued by a shortage of burial grounds and bodies were often left partially exposed, rotting and putrefying the environment.¹⁴⁰ Such conditions aroused much anxiety among the middle classes of Reading. In the 1840, leading citizens, backed by members of the medical profession protested about the insanitary nature of the town.¹⁴¹ Given the great change Reading underwent between the late-eighteenth and late-nineteenth century, not to mention how agitated its middle-class residents could become over matters of health, Reading is an interesting case study in which to explore the language used to market health enhancing products and services.

Having discussed the rationale behind the choice of areas to study, the other influences that have shaped this thesis should be mentioned. Another historian who has tackled the subject of patent medicines during the nineteenth century is Hilary Marland. Her work on Wakefield and Huddersfield indicates how popular self-treatment was at this time, shown most clearly in the enormous rate of increase in the number of chemists and druggists in individual towns.¹⁴² Like many other writers, Marland is at pains to highlight how at a time when the regular medical profession was in such disarray with internal fighting and little means of regulation, ‘irregular’ or ‘fringe’ practitioners proved formidable rivals.¹⁴³ With patent medicines added to the list of possible ways to

¹³⁹ Phillips, *Story of Reading*, 129; Corley, ‘Reading in the eighteenth century’, 95.

¹⁴⁰ Hinton, *History of Reading*, 149.

¹⁴¹ Phillips, *Story of Reading*, 129.

¹⁴² Between 1825 and 1853, the number of chemists and druggists in Nottingham more than doubled, from 22 to 47 and in Wakefield and Huddersfield the expansion in the number of chemists and druggists far exceeded population growth. See H. Marland, ‘The medical activities of mid-nineteenth-century chemists’, 420. Holloway explains that between 1822 and 1850, the number of chemists and druggists in Leicester more than tripled, increasing from 11 to 34, S. W. F. Holloway, *Royal Pharmaceutical Society of Great Britain, 1841-1991: A Political and Social History* (London, 1991), 36.

¹⁴³ The medical ‘profession’ was torn between the conflicting interests of physicians, surgeons and apothecaries. The Royal College of Physicians traditionally held authority over the whole profession, despite its members forming a small minority of practitioners. By the mid-nineteenth century, general practitioners (plasticising both medicine, surgery and dispensing) had emerged and as a group they demanded reform. See J. Loudon and I. Loudon, ‘Medicine, politics and the medical periodical 1800-50’, in W.F. Bynum, S. Lock and R. Porter (eds.), *Medical Journals and Medical Knowledge: Historical*

procure treatment, the public enjoyed a vast range of options when it came to managing their health, creating what has been termed ‘a lively medical pluralism’.¹⁴⁴ However, Marland’s work differs from this thesis in that she, like Porter, has dealt with the whole subject of ‘irregular’ medicine. Whilst mentioning in passing that Widow Welch’s Pills were a well-known abortifacient or that doctors condemned the use of Godfrey’s Cordials and other ‘soothing syrups’ containing opium,¹⁴⁵ Marland talks at greater length about fringe movements such as hydropathy, vegetarianism and herbalism. Considering the popularity of such movements in the region she studies, her concentration is perfectly valid, yet it does not provide findings representative for the country as a whole. As has been said, medical botany or herbalism was particularly popular in northern and midland industrial towns, benefiting also from the prevalence of religious and political dissenters in that part of England.¹⁴⁶ By analysing the language of advertisements from different parts of the country and different types of town, this study seeks to portray a more universal picture of experiencing ill health in the late-eighteenth and nineteenth century. Advertisements for health-related products allow us to do this as they became national as time passed.

This study provides an insight into the marketing of health and beauty products from several different points of view. Firstly, it portrays the consumer’s experience. By studying the language of advertisements, we seek to find what consumers demanded from their products. What were the major selling-points of these products? Was it the speed in which they took effect, their price or their claim to be ‘harmless’ that enticed customers to part with their money? Asking these sorts of questions provides an insight into the day-to-day experience of health, which has hitherto been extremely hard to chase.¹⁴⁷ By examining the demands that consumers made of shop-brought remedies,

Essays (London, 1992), 49-69 and M. J. Peterson, *The Medical Profession in Mid-Victorian London* (London, 1978).

¹⁴⁴ Porter, *Health for Sale*, 25.

¹⁴⁵ Marland, *Medicine and Society*, 216, 240.

¹⁴⁶ J.F.C. Harrison, ‘Early Victorian radicals and the medical fringe’, in W. F. Bynum and Roy Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 198-215.

¹⁴⁷ Whilst diaries and private papers provide valuable personal insights into beliefs and opinions surrounding health, they cannot be used in the same way that advertisements for health and beauty products can. Whilst the latter survive in a regular and consistent form, the preservation rate of diaries

we can begin to gauge middle-class attitudes towards health. If speed and promises of ‘no inconvenience’ were most common in the advertising pages of the provincial newspaper, this can enlighten us on how the nineteenth-century bourgeoisie thought about health. The consumer’s experience is also sought in a study of what conditions health and beauty products of the nineteenth century promised to cure. Were respiratory problems, bowel complaints or skin conditions the most common illnesses mentioned by the pill purveyors and potion promoters of the nineteenth century? By plotting these findings, we can begin to discover the ailments that concerned the middle classes the most. Yet at the same time, it is important to seek the seller’s point of view and to analyse how marketing techniques changed over time. Since McKendrick’s work on consumerism, many historians have been at pains to demonstrate how complex and sophisticated marketing techniques were in the eighteenth century.¹⁴⁸ This thesis builds upon such scholarship, demonstrating how the nature of advertising changed between the late-eighteenth and late-nineteenth century.

Chapter 2 focuses on this topic, analysing the sales pitch of beauty products; goods designed to affect an individual’s appearance and to manage how others perceived them. With urbanisation came anonymity. As mentioned earlier, as communities grew, it became impossible to know and talk with everyone. According to Simmel, therefore, people were increasingly judged by their exterior presentation; by the cut of their clothes, the aroma of their bodies and the quality of their belongings.¹⁴⁹ However, with

and memoirs is extremely haphazard. To build the quantitative database upon which this thesis rests, periodic data was required. Furthermore, this thesis is interested in the middle class as a whole. Analysing messages distributed to the public as a whole (i.e. advertisements) was, therefore, deemed favourable to relying upon diaries and private papers. Nevertheless, diaries such as Milburn’s *Diary of John Young*, have provided an extra qualitative dimension to this study. See C. E. Milburn (ed.), *The Diary of John Young: Sunderland Chemist and Methodist Lay Preacher Covering the Years 1841-1843* (Leamington Spa, 1983).

¹⁴⁸ See N. McKendrick, ‘George Packwood and the commercialization of shaving: the art of eighteenth-century advertising or “the way to get money and be happy”’, in N. McKendrick, J. Brewer and J. H. Plumb, *The Birth of a Consumer Society: The Commercialization of Eighteenth-century England* (London, 1982), 146-194; C. Walsh, ‘The advertising and marketing’; C. Fowler, ‘Changes in provincial retail practice during the eighteenth century, with particular reference to central-southern England’, *Business History*, 40 (1998), 37-54; Styles, ‘Product innovation’.

¹⁴⁹ G. Simmel, ‘The metropolis and mental life’, in K. Wolff (trans.) *The Sociology of Georg Simmel*. (New York, 1950), 409-424; G. Simmel, ‘Fashion’, *American Journal of Sociology*, (62) (1957), 541-558.

access to soaps, perfumes, creams and hair oils, it was possible, to alter appearances and perceptions. By analysing the areas of the body that products offered to transform, chapter 2 sheds light on the areas of personal appearance that the bourgeoisie wished to manipulate, refashion, or to hide. It will also be shown how these findings help to support Elias's theory of a declining 'threshold of repugnance'.¹⁵⁰ As time passed, certain bodily processes, the greying of the hair, for example, became so problematic to the middle classes that products were consumed in great volume in order to counter their effects.

Chapter 3 represents an investigation into the types of illness that individuals sought to manage through health self-help. By measuring the proportion of advertisements claiming to treat a particular malady, it is possible to glean some impression of how pressing a particular condition was perceived to be to the middle classes. As will be seen, bowel and respiratory problems were the most common. However, we are not dealing with illness of the magnitude of dysentery or pneumonia. Even the pedlars of products such as 'Congreve's Petroleum Pills' rarely purported to cure something so serious. Investigations of the major nineteenth-century diseases have formed the basis of many histories of public health.¹⁵¹ But as has already been stated, this thesis is interested more with the *personal* side of health management. Unlike fatal diseases – tuberculosis, typhoid and diphtheria, to mention a few – there are no statistical reports of the everyday irritations and mundane maladies borne by society. Yet this does not decrease their importance. Understanding how the bourgeoisie dealt with everyday complaints is crucial if we are to gain a fuller picture of the urban experience of health and ill health. Chapter 3, therefore, is a story of the coughs and colds and the indigestion and constipation suffered by late-eighteenth- and nineteenth-century society.

¹⁵⁰ N. Elias, *The Civilizing Process: Sociogenetic and Psychogenetic Investigations* translated by E. Jephcott (Oxford, 2000) (Revised edition, edited by E. Dunning, J. Goudsblom and S. Mennell).

¹⁵¹ See for example A. Hardy, *The Epidemic Streets: Infectious Disease and the Rise of Preventive Medicine, 1856-1900* (Oxford, 1993).

In chapter 4 the consumer's experience of health is still the primary concern, yet the focus changes, this time falling on the adverts themselves: their layout, their design and their length. The humble advert for health-related products underwent great change in the course of the nineteenth century. They became shorter, snappier, and more repetitive and were increasingly designed with more thought to how they appeared visually on a page. Such findings are important as they provide an indication of how consumer demand changed. The move to shorter, snappier advertising messages is indicative of an increasingly busy society in which time was money. It suggests that the market was broadening. Chapter 5 takes this idea further, analysing the claims and promises used to sell health and beauty products in the nineteenth century to gauge people's attitudes and expectations towards health. What was more persuasive? Cheap products, speedy products, or those imbued with a sense of the mystical and arcane?

Chapter 6 analyses the language of advertisements for health-related services: specialists such as chiropodists, dentists and aurists (or ear doctors). Whereas chapters 2 to 5 use the adverts to learn about the *consumer*, chapter 6 uses the language to discover the working lives of what I have labelled 'healthcare service providers'. These were men and women who travelled the country in search of teeth to fill, feet to massage and eyes to test. These people demonstrated great diligence: one dentist appeared in Reading, Leicester and Liverpool during the 1830s, at a time when travel was slow, uncomfortable and expensive. But their working lives also involved great complexity. Adverts had to be timed right, so that they appeared just prior to the service provider's visit, temporary shop space and lodgings had to be found, and local testimonies had to be arranged. Chapter 6, therefore, highlights how valuable advertisements can be to business historians; ledgers and cashbooks may be few and far between, but advertisements are plentiful and accessible. In keeping with the work of Walsh, Fowler and Styles,¹⁵² chapter 6 also seeks to demonstrate the diligence and sophistication of this type of occupation.

¹⁵² Walsh, 'The advertising and marketing'; Fowler, 'Changes in provincial retail practice'; Styles, 'Product innovation'.

In essence, this thesis uses advertising language to provide an insight into how the urban middle classes thought about and understood healthcare in the nineteenth century.

Chapter 2: Adorning the Body

As we shall see in chapter 3, city growth between the late-eighteenth and late-nineteenth-century made the middle classes fearful for their health. The problems of inadequate street cleaning and increasing air pollution, and the limited ability of urban authorities to remedy the situation, created conditions in which the middle classes would have perceived their health to be under constant threat. With heightened sensitivities, the bourgeoisie became preoccupied by the need to control and manage their health. Shop-bought medicines represented one easily-available option to achieve this. Yet city growth also exacerbated another fear among the middle classes: that of appearing ‘respectable’. Even in the eighteenth century, as towns and cities grew larger, it became impossible to know everyone; it was not feasible to enquire into the background and status of every person one met on the streets.¹ As anonymity became the norm, appearances were taken as reflections of character.² For the middle classes, anxious to maintain as large a distance from the working classes as possible, one’s appearance, therefore, became a matter of considerable concern.³

Appearing respectable in the late-eighteenth and nineteenth century was not just a matter of wearing the right clothes.⁴ In fact, as Sennett has noted, everyday dress became increasingly homogenous from the 1840s onwards. Thereafter, clothes became a much less effective means of distinction. Instead, people viewed subtle details in each

¹ P. J. Corfield, ‘Walking the city streets: the urban odyssey in eighteenth-century England’, *Journal of Urban History*, 16 (1990), 156.

² R. Sennett, *The Fall of Public Man* (London, 2002), 161.

³ Gunn used the appearance of descriptions of social life and ‘social types’ in magazines such as *Punch* as evidence to illustrate that interest in personal appearance was growing. See S. Gunn, ‘The public sphere, modernity and consumption: new perspectives on the history of the English middle class’, in A. Kidd and D. Nicholls (ed), *Gender, Civic Culture and Consumerism: Middle-class Identity in Britain, 1800-1940*, 17-8. See also L. Davidoff and C. Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London, 1987), 413; S. Gunn, *The Public Culture of the Victorian Middle Class: Ritual and authority and the English industrial city 1840-1914* (Manchester, 2000), 60.

⁴ Gunn, *The Public Culture*, 66.

other's appearance in order to judge their character: for example, clues were sought in the way cravats were tied and shoes polished.⁵ Yet it was also helpful to appear healthy and vibrant. To appear this way demonstrated the possession of wealth, as products to treat hair and cleanse skin were not cheap. A healthy glow and well-tended hair also reflected the possession of time and in turn, of knowledge. Understanding the latest fashions demanded research, and the leisure to flick through the pages of periodicals or domestic health manuals. According to Beetham, after all, the female body was materially shaped by the corsets, medicines and hairstyles recommended by certain magazines.⁶ Possession of this knowledge, therefore, also demonstrated that the wearer of the latest face powder was literate, a particularly middle-class characteristic. Much could be deduced therefore, from clues such as the colour of one's teeth and the shade of one's skin. To appear unhealthy or careworn could have sent messages that were damaging to one's reputation.

Just as there were shop-bought products to manage personal health, there were also applications and preparations designed to manage appearances: for example, products such as Oldridge's Balm of Columbia in the 1830s and Rowland's Macassar Oil from the 1880s. These goods promised to 'Restore to Color [sic] to Grey Hair'⁷ and 'transform [s] even the most SALLOW COMPLEXION into RADIANT WHITENESS'.⁸ Many skin products also offered to 'eradicate pimples and suntan'. The language used to promote and sell such goods, therefore, can tell us much about the way members of the middle class wished to be perceived during the late-eighteenth and nineteenth century. Such evidence, therefore, can provide a deeper insight into the characteristics that were considered 'respectable', and the strategies that were used to achieve this look. It can also highlight areas of face, head and hands that embarrassed the middle classes the most; the characteristics they most wished to camouflage.

⁵ Subtlety was essential, however. Anyone who proclaimed too loudly was automatically regarded as the opposite to a gentleman or gentlewoman. See Sennett, *Fall of Public Man*, 161-2, 165.

⁶ M. Beetham, *A Magazine of Her Own? Domesticity and Desire in the Woman's Magazine 1800-1914* (London, 1996), 4.

⁷ Advertisement for Lockyer's Sulphur Hair Restorer, *Leicester Journal*, 7/3/1884, 2c.

⁸ Advertisement for Rowland's Kalydor, *Reading Mercury*, 7.2.1832, 4f.

Gaining access to information regarding how former generations wished to be perceived is extremely difficult due to the lack of surviving sources. Diaries and etiquette guides offer some indication of the style people aspired to during this period,⁹ yet neither source provide representative evidence. People did not consistently write how and why they were altering their appearance. Newspaper advertisements, however, were widespread at the beginning of the nineteenth century and omnipresent by the end. The products advertised were also available to thousands of people, and as time passed to thousands of people in different towns: Bridal Bouquet Bloom, ‘a lovely liquid for beautifying the Complexion’, for example, is just one of many products available to consumers in Reading and Leicester by the 1880s. The claims made for them and the strengths upon which such products were marketed, therefore, reflect the desires of a larger group of people than a diary or family conduct guide. Yet, newspaper advertisements also enable systematic and continuous assessment. Not only is it possible to analyse adverts from regular intervals, it is also feasible to compare adverts from different decades in order to discern change over time.

By providing an insight into the private life of middle-class men and women from the nineteenth century, advertisements for health and beauty products also provide evidence to support Elias’s theory of the ‘declining threshold of repugnance’. Elias used this phrase to refer to the decline in society’s tolerance towards habits and bodily functions. Spitting, blowing one’s nose and eating with one’s hands are among the examples he used to illustrate how such changes in tolerance between medieval and modern times. He also charted the gradual decline of inhibition about human nakedness: in the sixteenth century, a sense of uneasiness began to emerge, and by 1774, authors of conduct guides were advising that it ‘is never proper to speak of the parts of the body that should always be hidden, or of certain bodily necessities to which nature has subjected us’.¹⁰ Quinlan also noted a similar change in tolerance in the reference to parts of the body in literature. Four-letter, Anglo-Saxon terms were

⁹ Gunn, ‘The public sphere’, 18.

¹⁰ N. Elias, *The Civilizing Process: Sociogenetic and Psychogenetic Investigations* translated by E. Jephcott (Oxford, 2000) (Revised edition, edited by E. Dunning, J. Goudsblom and S. Mennell), 126, 132-3, 139.

apparently present in literature of the late-eighteenth century, yet after this it appears the public would not tolerate ‘the similar verbs referring to normal functions of the body’.¹¹ The appearance of products advertised to cleanse the breath, to remove blotches and freckles from the skin, and to camouflage grey hairs, suggest that in private, the nineteenth-century bourgeoisie were also growing intolerant of certain bodily functions, particularly bodily decay.

However, instead of the upper classes fuelling this process as Elias proposed, the middle classes played the central part in the pursuit of appearing respectable. After all, the bourgeoisie had the most to lose. Members of the upper classes were born into wealth, and did not have to earn a living, whilst members of the working classes had more pressing matters at hand than the texture of their skin and the smell of their breath. They had families to feed and clothe, and rents to pay. For members of the bourgeoisie, however, convincing others you were respectable was a necessity for gaining access to social networks and securing business. A relatively new social group in the late-eighteenth and early-nineteenth century, the urban bourgeoisie were concerned to cement their claim to status, and to prevent ‘impostors’ from aping their ways and impersonating their characteristics.¹² Whilst they searched genealogies with the hope of discovering ancestral pedigree,¹³ efforts were also made to emphasise their separation from the working classes. Regular religious observance was a key characteristic of middle-class respectability, as was politeness.¹⁴ Yet, the use of health and beauty products helped to mark them as a class apart. Products that enabled individuals to appear healthy and clean helped to highlight who they were not: the working classes. Cleanliness and neatness also provided an indication of the occupation one held: manual or white-collar.

¹¹ M. J. Quinlan, *Victorian Prelude: A History of English Manners 1700-1830* (London, 1965), 272.

¹² According to Langland, the middle classes were afflicted by ‘status anxiety’. See E. Langland, *Nobody’s Angels: Middle-class Women and Domestic Ideology in Victorian Culture* (Ithaca, 1995), 26; S. Gunn and R. Bell, *Middle Classes: Their Rise and Sprawl* (London, 2002), 43.

¹³ L. Davidoff, ‘The family in Britain’, in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 2: People and their Environment* (Cambridge, 1990), 73.

¹⁴ J. Tosh, *A Man’s Place: Masculinity and the Middle-Class Home in Victorian England* (London, 1999), 72; Beetham, *A Magazine of Her Own?*, 49.

Yet, despite their sense of social vulnerability, the middle classes grew in strength as the nineteenth century progressed. As well as gaining greater influence in urban politics from the reforms of the 1830s,¹⁵ the ranks of the bourgeoisie also began to swell considerably from the late-eighteenth century.¹⁶ New professions emerged to create the administrative armies necessary for the running of urban life: railway and local government clerks, sanitary inspectors and shop assistants.¹⁷ It is also possible to detect growth in the size of the bourgeoisie by studying the number of individuals paying income tax. Hobsbawm considered paying income tax during this period to be an indicator of middle-class status. Thus the significant rise in the proportion of people paying income tax that occurred during the mid-1860s reflects how the size of the middle class was growing.¹⁸ Thus, the increasing size and purchasing power of the middle classes provided the fillip in demand necessary for the expansion of the market for health and beauty products. In the late-Georgian and Victorian era, the upper classes alone, constituting a small proportion of the total population, could not have sustained the health and beauty product industry. Nor were they generally resident in the largest cities of Britain, where advertisements confronted passers-by from all angles.¹⁹

Furthermore, by encouraging the ‘threshold of repugnance’, bourgeois members of society fostered another way of distinguishing themselves from the rest of society. Judging certain habits to be distasteful became a mark of distinction, a secret code by which members of the middle classes could both justify their inclusion and emphasise their distance from the working classes. Just as Simmel noted for fashion, levels of tolerance and preferences of taste were utilised as techniques to reinforce class

¹⁵ Gunn and Bell, *Middle Classes*, 18; S. Gunn, ‘Class, identity and the urban: the middle class in England, c. 1790-1950’, *Urban History*, 31 (2004), 32-4; M. J. Winstanley, *The Shopkeeper’s World 1830-1914* (Manchester, 1983), 19.

¹⁶ E. Hobsbawm, ‘The example of the English middle class’, in J. Kocka and A. Mitchell (eds.), *Bourgeois Society in Nineteenth-century Europe* (Oxford, 1993), 138.

¹⁷ G. K. Clark, *The Making of Victorian England* (London, 1962), 136.

¹⁸ Hobsbawm, ‘The example of the English middle class’, 138.

¹⁹ E. S. Turner, *The Shocking History of Advertising* (Middlesex, 1952), 97-8.; T. R. Nevett, *Advertising in Britain: a History* (London, 1982), 92.

differentiation.²⁰ This end was important, for as stated above, a deep-seated insecurity also gnawed away at the bourgeoisie. Just as it was important to know what aspects of personal appearance to embellish and disguise, knowledge of what was ‘distasteful’ or ‘ugly’ became a social signifier.

The creeping advance of the ‘threshold of repugnance’

With Elias’s theory in mind – that tolerance towards certain bodily functions decreased during the modern era – an analysis of advertisements for health and beauty products can illustrate how this occurred during the nineteenth century. From the powers products claimed to possess and the irritants they claimed to eradicate, we can discern which areas of the body caused the most embarrassment to bourgeois society, and those that became necessary to manage. Such findings are important as they help provide a richer picture of the middle-class urban experience between the late-eighteenth and late-nineteenth century. Not only do they offer an insight into how individuals grappled with the effects of urban lifestyles, they also indicate how members of the middle class wished to be seen; what they deemed to be the ‘ideal look’. From this, not only do we get a deeper insight into middle-class attitudes towards health and beauty, we also get a clearer insight into the bourgeois psyche per se. Presentation was a major preoccupation for the middle ranks of society. By gaining a better understanding of their concern, we can gain a better understanding of the middle classes.

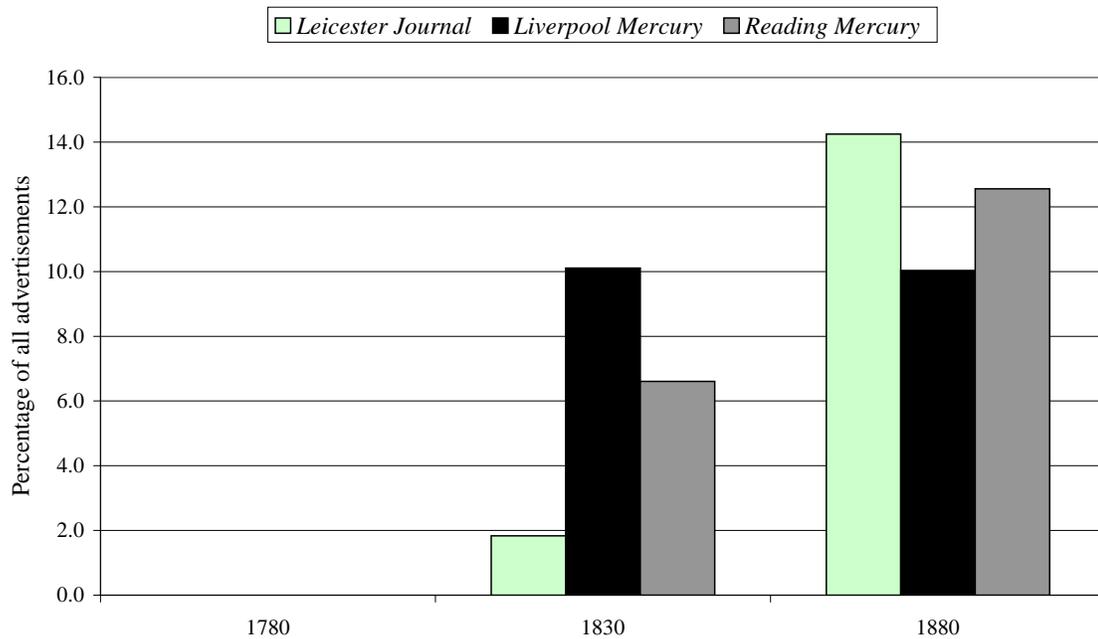
The first sign that tolerance of bodily functions was decreasing over the course of the nineteenth century is apparent simply from statistics portraying the availability of cosmetic products. As Figure 2.1 shows, cosmetic products were absent from the advertising pages of provincial newspapers in the 1780s, and had only appeared with any frequency in Liverpool by the 1830s. Judging from the contents of the *Leicester Journal* in the 1840s and 1850s,²¹ the number of cosmetic products advertised was still sparse and it was only by the 1880s that a significant market existed. Demand for

²⁰ See G. Simmel, ‘Fashion’, *American Journal of Sociology*, (62) (1957), 543; P. Bourdieu, *Distinction: A Social Critique of the Judgement of Taste*, translated by R. Nice (London, 1984), 172-193.

²¹ T. Davies, ‘Survival strategies: the body, the patient and the druggist’ (Unpublished MA dissertation, University of Leicester, 2004).

cosmetics seems to have been sluggish. The implication, therefore, is that the threshold of repugnance was not far advanced enough until the last quarter of the nineteenth century for a viable market to become established. This finding alone illustrates the potential advertisements offer historians to discern changes in cultural attitudes.

Figure 2.1: Advertisements for cosmetic products as a proportion of all adverts



Wigs, make-up and hair powder had, of course, all been available before the end of the eighteenth century. However, at about this time, according to Vigarello, such items fell into disfavour, as they were perceived to be excessively artificial.²² The decline in popularity of hair powder was probably also hastened by the mounting tax upon it.²³ Phillips and Walton noted that by the mid-1840s, hair powder was only used by servants whose masters had dressed them in period style for display purposes.²⁴ Even members of the House of Lords stopped wearing wigs and hair powder, albeit in 1830,

²² G. Vigarello (trans. J. Birrel), *Concepts of Cleanliness: Changing Attitudes in France since the Middle Ages* (Cambridge, 1988), 132.

²³ Davidoff and Hall, *Family Fortunes*, 411.

²⁴ A. D. M. Phillips and J. R. Walton, 'The distribution of personal wealth in English towns in the mid-nineteenth century', *Transactions of the Institute of British Geographers*, 64 (1975), 37.

in a drive to dress more soberly.²⁵ The use of make-up had also come under great scrutiny and censure: eighteenth-century morality prints, continuing a trend from the sixteenth century, depicted 'French rouge' as a tool of the devil. Early forms of make-up were also highly dangerous. An Act was introduced as early as 1724 to regulate the ingredients of such preparations, yet many products were still found to contain toxic ingredient such as lead, mercury and arsenic.²⁶ Lady Coventry, a renowned beauty in the eighteenth century, died from lead poisoning whilst her sister, also an enthusiastic wearer of make-up, was irrevocably disfigured.²⁷

Products of this kind were not found in the advertising pages of the provincial press in the early-nineteenth century, however. Whilst the fashion for wigs may have passed, make-up was still worn by women in the nineteenth century, yet it was not even found in the provincial press in the late-nineteenth century. Perhaps this signifies that the stigma attached to make-up was strong enough to dissuade publishers from marketing it through fear that their association with such 'artificial' products could lower the tone of their publication. Equally, advertisements and advice regarding the latest make-up featured in ladies periodicals;²⁸ their promotion in the provincial press may have been deemed both unnecessary and unsuitable. Information regarding make-up may have been deemed too specialist to have been worthwhile publishing in the local press.

Despite the absence of make-up, however, there were plenty of other types of cosmetic product advertised in the late-nineteenth-century provincial press. Many, for example, claimed to exude a pleasant aroma and thereby offered consumers the chance to use smell to define themselves as middle-class and respectable. Many cities became increasingly malodorous places to inhabit as the century progressed. Horse manure and

²⁵ E. J. Evans, *The Forging of the Modern State: Early industrial Britain 1783-1870* (Harlow, 2001), 59.

²⁶ C. Palmer, 'Brazen Cheek: Face-painters in late eighteenth-century England', *Oxford Art Journal*, 31 (2008), 202.

²⁷ A. Synnott, 'Truth and goodness, mirrors and masks part II: a sociology of beauty and the face', *British Journal of Sociology*, 41 (1990), 65.

²⁸ The first volume of the *Lady's Newspaper*, for example, included an article on cosmetics. See N. Williams, *Powder and Paint: A History of the Englishwoman's Toilet. Elizabeth I-Elizabeth II* (London, 1957), 94.

human excrement, in increasing quantities, were often found lining the streets of many a town, and nearby workshops and processing plants pumped out acrid fumes. The working classes, bound to city centres through their dependence of local credit and employment networks,²⁹ were unavoidably tainted by such stench. Houses in these parts of the city were often the oldest and most dilapidated, being commonly subdivided apartments from a foregone age. Sanitary facilities also left much to be desired. Thus, pernicious smells and dirty surroundings featured prominently in the lives of the poor.³⁰ Foul smells would have got into their hair, their clothes and their homes. The nature of manual labour would also have added to the unsavoury smell of the working classes. Labouring all day in often stuffy, ill-ventilated working conditions, working men and women would have worked up quite a sweat. Furthermore, for employees working in trades associated with bad smells, such as refineries and abattoirs, unfavourable smells were constant companions.

To reinforce all this, the working classes often found it very difficult to wash. Access to water was notoriously limited for much of the nineteenth century. Of the fifty towns investigated by the Royal Commission on the Health of Towns in the mid-1840s, for example, thirty were judged to have poor water supplies.³¹ In Reading, most of the resident population had to make do with communal taps, to which in the 1840s the water company was only able to supply water to for a few hours a day.³² This water also had to be heated,³³ and soap had to be acquired in order for families to wash. Even then water was often shared due to its scarcity. Faced with such a lack of resources, without even looking at their clothes, members of the working classes would have been

²⁹ D. Gilbert and H. Southall, 'The urban labour market', in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 600-1.

³⁰ In explaining the spread of cholera in 1831, learned medical men opined that they were 'disposed to attribute to contagion... its full share... aided by the circumstance of... neglect of order and cleanliness, &c. which are accompaniments of sickness in the dwellings of the poor'. See J. Forbes, A. Tweedie and J. Conolly, *The Cyclopædia of Practical Medicine; comprising Treatises on the Nature and Treatment of Diseases, Materia Medica and Therapeutics, Medical Jurisprudence, etc. etc.*, 4 vols. (London, 1833), 401.

³¹ C. H. Hume, 'The public health movements', in J. T. Ward (ed.), *Popular Movements c. 1830-1850* (London, 1970), 194.

³² D. Phillips, *The Story of Reading* (Newbury, 1980), 129.

³³ Williams, *Powder and Paint*, 95.

easy to spot, or rather, to smell. For the middle classes, therefore, anxious to have as little association with the labouring classes as possible, managing how they smelt was one strategy to differentiate themselves.

Products such as Bridal Bouquet Bloom and Rowland's Macassar Oil can be seen as tools of social distinction, therefore. The former, which boasted the 'tint and fragrance of the lily and the rose',³⁴ possessed an aroma that was decidedly anti-urban. Floral Bell Liquid Dentifrice also exuded rural connotations. Products that used floral imagery or claimed to exude flowery scents, therefore, seem to have offered consumers an aroma that was far removed from the city, and by association, far removed from the resident working classes. Wearers of Bridal Bouquet Bloom demonstrated, without speaking, that their lifestyles enabled them to keep clean, and that their working lives were not associated with grime and hard labour, but with ledgers and brain power.³⁵ The sweet aroma of these products helped the bourgeoisie to highlight this point. Furthermore, through smelling fragrant, members of the middle classes also demonstrated that they had the time, money and facilities to indulge in such activities, and that they possessed the wealth to escape the city at regular intervals.

Although the process of suburbanisation was by no means a sudden transformation,³⁶ many middle-class families with money to afford the train or tram journey into the city, and the security of professional or white-collar employment, gradually managed to escape the suffocating environs of the city centre, to take up residence in the suburbs. Built generally in westerly parts of a city, the suburbs provided accommodation that consciously eschewed the drift of smoke and fumes generated by urban centres.³⁷

³⁴ *Reading Mercury*, 4/2/1882, 2e.

³⁵ Clean hands, polite speech, neat clothing, indoor, sedentary work marked salaried men apart from the working-class. See Davidoff and Hall, *Family Fortunes*, 269; P. Bailey, 'White collars, gray lives? The lower middle class revisited', *Journal of British Studies*, 38 (1999), 277.

³⁶ Davidoff and Hall, *Family Fortunes*, 232;

³⁷ S. Mosley, *The Chimney of the World: A History of Smoke Pollution in Victorian and Edwardian Manchester* (Cambridge, 2001), 30-1; C. Hall, 'The butcher, the baker, the candlestickmaker: the shop and family in the industrial revolution', in R. J. Morris and R. Rodger (eds), *The Victorian City: A Reader in British Urban History, 1820-1914* (London, 1993), 318; Clark, *The Making of Victorian England*, 137.

Suburbs were bourgeois havens, planned, regulated and protective. Rooms increasingly had specific functions,³⁸ one of which was for washing. By the end of the nineteenth century, many middle-class homes had been fitted with bathrooms.³⁹ Such amenities only began to reach working-class homes as late as the 1930s.⁴⁰ Water supplies to suburban areas also tended to be much more efficient than water supply to city centres. As water and sewage lines were laid according to who could pay for them, the geographical spread of fixed baths was uneven.⁴¹ Abundant domestic manuals also appeared throughout the nineteenth century, providing detailed and thorough advice on good household management,⁴² a significant element of which was associated with cleaning. These manuals fostered within bourgeois housewives a deep fear of dirt and stimulated them to pay great attention to matters of sanitation. With the help of a servant or two, such determination was mark of being middle-class. Furthermore, mainstream medical publications offered advice for the maintenance of a healthy home, such as paying careful attention to house drains, in order to prevent the build up of bad smells.⁴³ By purchasing shop-bought products that possessed an appealing scent, therefore, individuals could demonstrate their bourgeois credentials.

Smelling pleasantly also helped individuals to demonstrate that they were healthy and free of disease. In the nineteenth century, malodorous atmospheres were made all the more ominous by the prevalence of the 'miasmatic' theory of communicable disease. For much of the century, even the most learned medical men upheld the belief that disease was spread by fumes generated by accumulations of rotting filth, a view that

³⁸ Hence names such as 'withdrawing room', 'dining room' and 'sitting room'.

³⁹ Williams, *Powder and Paint*, 96.

⁴⁰ Davidoff and Hall, *Family Fortunes*, 122-3.

⁴¹ M. E. Pooley and C. G. Pooley, 'Health, society and environment in Victorian Manchester', in R. Woods and J. Woodward (eds.), *Urban Disease and Mortality in Nineteenth-Century England* (London, 1984), 174; L. Young, *Middle-Class Culture in the Nineteenth Century: America, Australia and Britain* (Basingstoke, 2003), 103.

⁴² Langland, *Nobody's Angels*, 27; Davidoff and Hall, *Family Fortunes*, 340; P. J. Corfield, *Power and the Professions in Britain 1700-1850* (London, 1995), 63.

⁴³ A. Newsholme, *Hygiene: A Manual of Personal and Pubic Health* (London, 1888), 242.

underpinned the sanitarian's prolonged attack against smells.⁴⁴ Even when this view had been challenged by Koch's discovery that disease transmission was dependent on germs and bacteria, acknowledgement of this fact was slow to gain acceptance.⁴⁵ Therefore, by exuding a pleasant smell, consumers of cosmetics highlighted the fact that they had the time and knowledge to attend to their personal cleanliness. It may also have been thought that pleasant odours could protect one from poisonous ones. After all, Wright's Coal Tar Soap campaigned during the 1880s as a 'preventive of Smallpox, Scarlet Fever and Measles'.⁴⁶

Disagreeable odours, therefore, were a distinguishing feature that marked classes apart. Whilst bourgeois members of society shuddered with disgust at the slightest whiff, the working classes, forced by their dependence on the city centre, endured foul aromas with forbearance. This explains why emphasising the 'pleasant' aroma of health and beauty products was such a popular advertising strategy by the late-nineteenth century. Considering middle-class sensibilities about foul smells, products promising to disguise or prevent them held great appeal. The dominance of this claim also emphasises how vehement middle-class aversion to malodour was. Furthermore, it is possible to add greater substance to Elias's theory that society's elite increasingly became less tolerant of natural bodily functions. For example, products claiming to impart or possess a pleasant smell were really only widespread by the 1880s. It is true that this strategy of advertising existed in the 1830s, but it was only used by the major London perfumery houses, such as J. Atkinson, Price & Gosnell and R. Hendrie. Even in the 1840s and 1850s, use of the term was haphazard and irregular. Yet, as Figure 2.2 shows, by the 1880s over half of the cosmetic products available in towns such as Leicester, and over a third in Reading, were promoted on the grounds of their pleasant aroma. Growing use

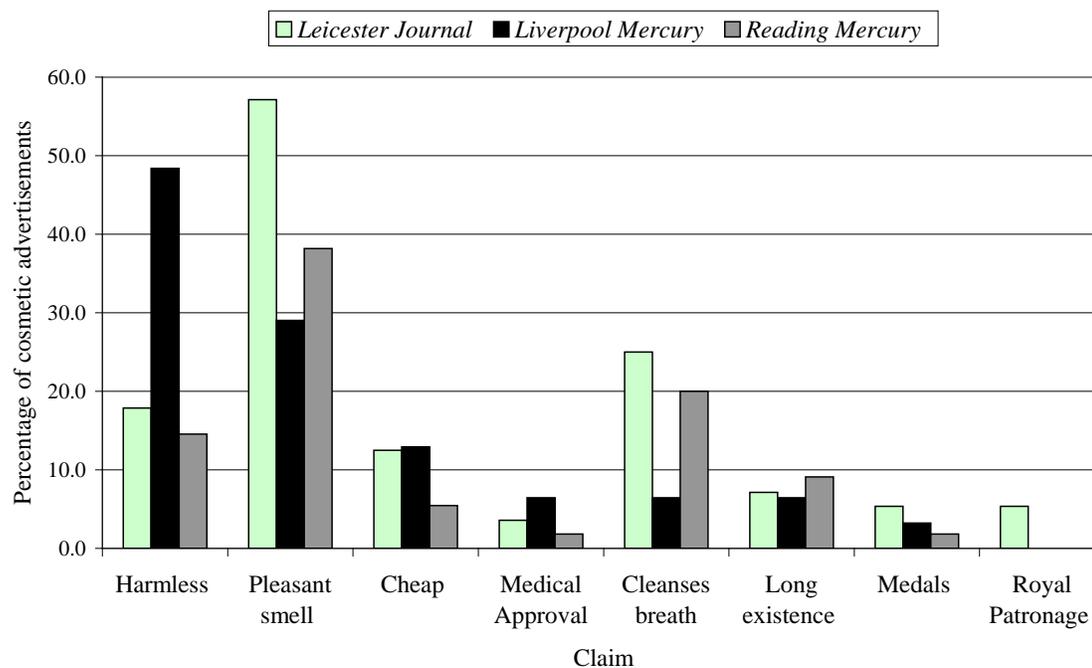
⁴⁴ S. Mosley, *The Chimney of the World: A History of Smoke Pollution in Victorian and Edwardian Manchester* (Cambridge, 2001), 78-9; I. G. Jones, *Health, Wealth and Politics in Victorian Wales: The E. Ernest Hughes Memorial Lectures* (Swansea, 1979), 7.

⁴⁵ V. Berridge, 'Health and medicine', in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 3: Social Agencies and Institutions* (Cambridge, 1990), 196-7; L. Loeb, 'Beating the flu: orthodox and commercial responses to influenza in Britain, 1889-1919', *Social History of Medicine*, 18 (2005), 206; Mosley, *Chimney of the World*, 81; J. Burnett, *Plenty and Want: A Social History of Food in England from 1815 to the Present Day* (London, 1989, Third Edition), 164.

⁴⁶ *Liverpool Mercury*, 2/11/1883, 7e.

of this style of sales' pitch signifies how the middle class's tolerance of unpleasant aromas decreased over the course of the century.

Figure 2.2: Claims made by advertisements for cosmetic products, 1880



Decaying teeth, bad breath and bald heads

The growing availability of toothpastes and powders during the nineteenth century can also be used to bolster the theory that tolerance of certain natural bodily processes was declining. Discoloured teeth and bad breath, it seems, were becoming abhorrent to the upper echelons of urban society. In fact, by the 1880s, it was extremely rare for adverts for such products not to flaunt their power to cleanse the breath. Harvey's Arabian Tooth Powder, for example, boasted its ability to eradicate 'all tartar from the teeth and unpleasant odour from the breath to which it imparts a pleasant fragrance'⁴⁷, whilst Thomson and Capper's Dentifrice Water claimed to preserve and whiten teeth, sweeten breath and strengthen gums.⁴⁸ However, such promises were largely absent from toothpaste adverts of the 1830s. Copywriters at this time embellished the appeal of toothpowders by associating them with the nobility, by boasting their long-standing

⁴⁷ *Reading Mercury*, 5/2/1881, 1c.

⁴⁸ *Liverpool Mercury*, 6/11/1880, 3g.

existence and by waxing lyrical about their ‘tonic and astringent properties’.⁴⁹ Thus it seems that by the third decade of the nineteenth century, middle-class sensibilities had not advanced sufficiently enough for advertisers to mention bad breath. It was not yet worthwhile offering a remedy for something that was not yet widely perceived as problematic. Fifty years later, however, this situation had changed: a product’s ability to cleanse the breath was a major selling point. Advertisers also began to market products on the basis that they could whiten the teeth. Toothpowders in the 1830s may have formed an ‘appendage to the fashionable toilet’ and preserved teeth in a ‘sound and healthy condition’, but rarely was any method of colour enhancement mentioned. In contrast, by the 1880s, toothpaste advertisers did not dare to omit such a selling point. By the end of the nineteenth century, therefore, bad breath and stained teeth, had become problematic natural occurrences which the middle classes increasingly sought to mask and camouflage. This is an indication of how far Elias’s ‘threshold of repugnance’ towards natural bodily processes had progressed.

With the passing of time, dental care certainly assumed greater importance for the public. The Porters claim that bad teeth were omnipresent between the late-eighteenth and nineteenth century.⁵⁰ Despite popular beliefs that acids formed from food were responsible for the erosion of enamel and formation of carious cavities, the general state of teeth deteriorated badly in the nineteenth century.⁵¹ In the 1880s, Rowland’s *Odonto* even went as far as to state that the maintenance of health was dependent ‘in a great measure upon the soundness of the teeth and their freedom from decay’.⁵² The size of the dental care market suggests that people truly believed this. Approximately one-third of cosmetic products advertised between 1880 and 1885 were for dental products. Health guides contained advice such as:

⁴⁹ *Reading Mercury*, 3/11/1834, 1f; *Liverpool Mercury*, 4/2/1831, 3c.

⁵⁰ D. Porter and R. Porter, *Patients’ Progress: Doctors and Doctoring in Eighteenth-century England* (Oxford, 1989), 7.

⁵¹ J. C. Drummond, *The Englishman’s Food: A History of Five Centuries of English Diet* (London, 1957), 385.

⁵² *Reading Mercury*, 3/2/1883, 1g.

It is important that the *teeth* should be frequently cleansed, and that all carious teeth should be “stopped” at an early period, and tartar and other accumulations removed.⁵³

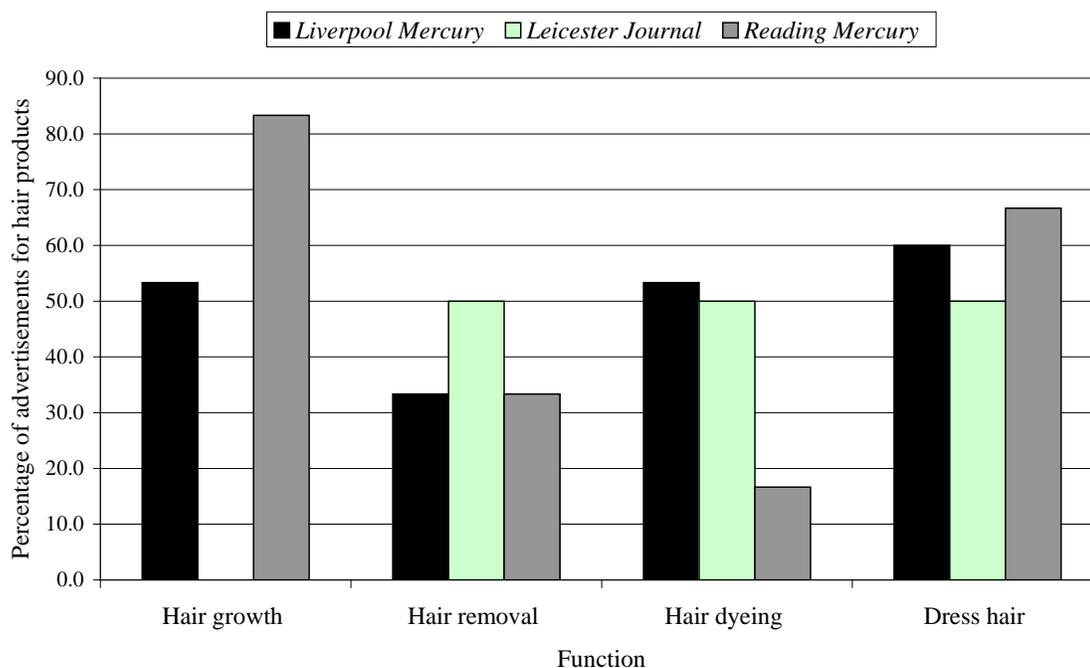
Furthermore, dentists were the most persistent healthcare providers advertised in local provincial newspapers by this period. Dentists accounted for 90 per cent of healthcare-related advertisements appearing in both Liverpool and Reading.

The public’s awareness and distaste for the effects age imparted on the teeth, therefore, became increasingly remunerative in the nineteenth century. Products were bought to neutralise unwholesome odours, whiten the teeth and attack tartar, whilst dental surgeons were employed to fill decay, in cases where consumers had not resorted to toothpowder early enough. Both developments point to a decline in the level of tolerance, firstly with regard to unpleasant odours and, secondly, to unsightly stumps of enamel. False teeth were also increasingly available, and purportedly ‘new’ methods were unveiled for the public. Sprent and Biddles, dentists of Reading, offered to fit false teeth ‘on the newest principles.’⁵⁴ Berridge noted how consumers appeared happy to part with significant sums of money for false teeth. Whilst the cheapest sets were as much as 2s. 10d., the more expensive kind could fetch up to £5 and more.⁵⁵ Yet, acceptance of these prices reflects the middle classes’ eagerness for white teeth and fresh breath. To use Elias’s own words, strategies were being devised to hide ‘behind the scenes’; some aspects of life had become too distasteful, and were considered important to address.

⁵³ Newsholme, *Hygiene*, 340.

⁵⁴ *Reading Mercury*, 2/2/1884, 1a.

⁵⁵ V. Berridge, ‘Popular journalism and working class attitudes 1854-1886: a study of *Reynolds’* newspaper, *Lloyd’s* weekly newspaper and the *Weekly Times’* (Unpublished PhD thesis, University of London, Birkbeck College, 1976), 277.

Figure 2.3: Functions performed by hair products, 1830s

The appeal of white teeth and fresh breath was arguably also part of the pursuit to appear healthy; of displaying one's class and wealth. After all, lost or rotten teeth came to be perceived as a mark of shoddy personal standards and low class. Discussing the Parisian medical marketplace at the end of the eighteenth century, Jones argued that by this time, a pleasing smile had become a sought-after commodity.⁵⁶ Practitioners could whiten, fill and replace teeth so as to produce a mouth that was cleaner and healthier, and thereby also more attractive. In much the same way that a pleasant scent was used to send signals of health and cleanliness, gleaming teeth and minty breath also reflected, albeit silently, high standards of personal hygiene.

In a similar vein, there are signs that the nineteenth-century middle classes also became increasingly sensitive about the visual effects of ageing. However, this concern emerged long before any stigma became attached to blemished teeth and fetid breath. Signs of it are also much more blatant in advertising copy of the provincial press. Judging from advertisements for cosmetic products, grey hair and baldness were the

⁵⁶ C. Jones, 'The King's two teeth', *History Workshop Journal*, 65 (2008), 79-95.

two greatest tell-tale signs of old age. Oldridge's Balm, a product designed to stimulate the growth of hair, summed up the popular view in the 1830s, stating that the loss of hair:

prematurely brings on the appearance of old age, which causes many [people] to recoil at being uncovered, and, sometimes even to shun society to avoid the jests and sneers of their acquaintances...⁵⁷

For something as innocent as a naked pate to excite such venomous reactions, the bourgeoisie at this time must have deemed baldness in very poor taste. The strength of this feeling is signified by its longevity. Fifty years later, an advert for Mrs Allen's World's Hair Restorer noted ruefully,

There is something of regret and gloom in the first appearance of grey hairs; our prospects are often blighted by their premature appearance...⁵⁸

But consumers need not have worried; the market appears to have responded to such attitudes. Rowland's Macassar Oil offered to prevent 'the hair from falling off or turning grey to the most advanced periods of life', whilst the Mexican Hair Restorer claimed to 'restore in every case Grey or White hair to its original colour, without leaving the disagreeable smell of most "Restorers".' On average, hair applications represented 5 per cent of all health and beauty products advertised in both the 1830s and the 1880s. Despite the consistency suggested by these figures, the degree of prejudice against signs of old age actually intensified over time. Whereas, on average, approximately 65 per cent of hair products in the 1830s were designed to counter the twin evils of grey hair and baldness, this figure had reached 90 per cent by the 1880s. Such products represented tools of disguise, designed to 'hide behind the scenes' attributes of the body which caused repugnance or embarrassment.

The increasing availability of products designed to disguise the effects of old age indicate that the signs of seniority were increasingly viewed in a negative light as the nineteenth century progressed. Dyes were offered to eradicate grey hairs, whilst creams designed to encourage the growth of hair were offered as a means of hiding baldness. Far from age representing wisdom, therefore, it seems that age represented

⁵⁷ *Liverpool Mercury*, 4/2/1831, 6d.

⁵⁸ *Leicester Journal*, 5/3/1880, 2c.

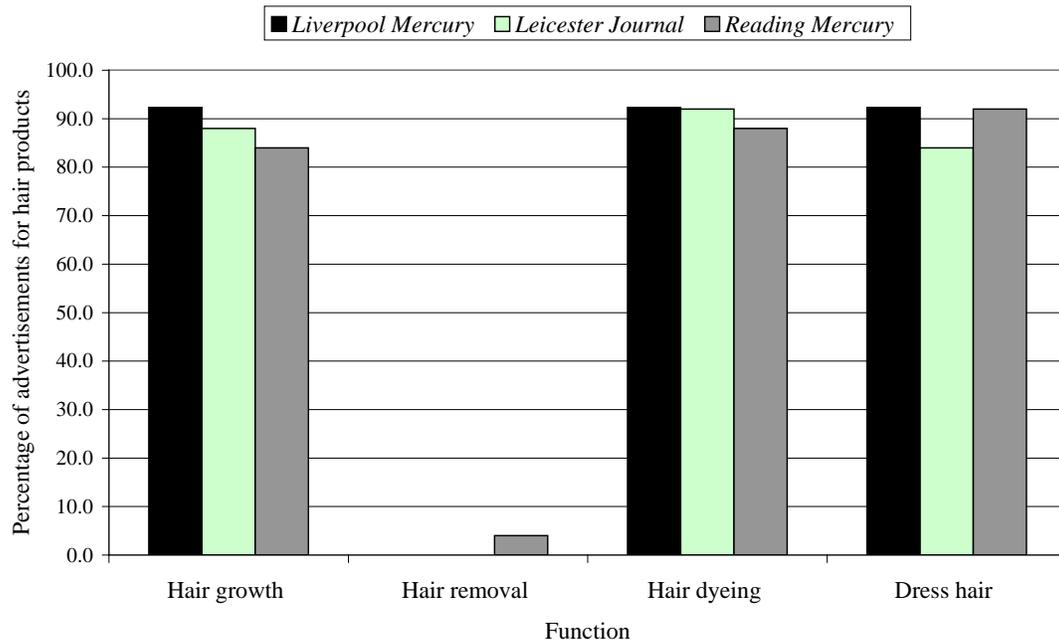
obsolescence. If we think of the jests and sneers mentioned in the advertising copy for Oldridge's Balm, grey hairs identified individuals who were no longer useful. However, just as white teeth, cleansed breath and pleasant scents were middle-class characteristics, a youthful body became an important sign of social status and class origin.⁵⁹ The term 'youth' was certainly significant in advertising copy. In the 1830s, Atkinson's Milk of Almonds offered to tend 'where the skin has lost its youthful bloom'.⁶⁰ Fifty years later, Mrs Allen's World Hair Restorer boasted never to fail 'to restore gray [sic] hair to its original youthful colour'.⁶¹

According to Walden, people believed that wealthy citizens did not show the ravages of time as quickly as did members of the working class. The comfort of middle-class lifestyles and the superior working conditions the bourgeoisie experienced were perhaps what led to such theories. Nevertheless, whatever their origins, the prevalence of such beliefs suggest that products superficially aimed at countering the effects of age were actually offering something else. If the signs of old age were seen as characteristically working-class, products offering to disguise grey hairs and bald heads were arguably also offering consumers to be able to maintain, or emphasise, a middle-class exterior. In the increasingly anonymous city, where the wear and tear of everyday life was perceived to beset the lower orders first, products that could delay the signs of old age were highly attractive. Dyes and hair growth preparations offered subtle change, which, as has already been noted, was important for maintaining a solidly 'respectable' exterior. Yet, even if it was clear that such products had been used, the cost and the time that application required marked wearers out as thoroughly bourgeois.

⁵⁹ K. Walden, 'The road to fat city: an interpretation of the development of weight consciousness in western society', *Historical Reflections*, 12 (1985), 355-6.

⁶⁰ *Leicester Journal*, 5/10/1832, 1e.

⁶¹ *Reading Mercury*, 3/11/1883, 4g.

Figure 2.4: Functions performed by hair products, 1830s

The popularity of products designed to counter the effects of old age may also reflect that popular beliefs that the middle classes fared well when it came to showing the signs of age were in fact misplaced. It may be that the increasingly urban way of life had a disagreeable effect, the signs of old age were appearing earlier, that the ravages of life were taking their toll at an early age. The pace of urban life certainly accelerated as time passed. With artificial lighting, the hours of work were no longer dictated by the hours of daylight; businessmen could work into the night, literally burning the midnight oil. By the 1880s, Arthur Newsholme felt moved to state:

modern life, with its nervous strain, keen competition, and constant hurry and worry, makes it necessary to have a larger amount of sleep than our forefathers required.⁶²

Time also played an increasingly prominent role in middle-class lifestyles: concerts were held at specific times, professionals kept regular hours of attendance and as the railway system emerged, trains had to be caught at particular times. Clock faces also grew more commonplace: on factories, town halls, and local civic buildings.⁶³ Greater

⁶² Newsholme, *Hygiene*, 330.

⁶³ Foreign visitors were struck by the prevalence of devices to measure time in England. See Davidoff and Hall, *Family Fortunes*, 26; R. J. Morris, 'The industrial town', in P. Waller (ed.), *The English Urban*

awareness of time thus added a sense of urgency to daily life; people increasingly had to be in certain places at certain times.

However, more pressing for the urban middle classes were business concerns. Their wealth originated from urban activities: commerce, industry or the professions. Due to susceptibility to trade cycles, such business carried great risk and was the cause of much anxiety and household distress.⁶⁴ Businesses usually began as family concerns. Relations clubbed together in order to finance a venture, yet return on their investment was rarely guaranteed.⁶⁵ For the man in debt to his mother, brother-in-law or uncle, the pressure to succeed was immense; commerce and the world of business was extremely competitive. Functioning according to the rules of the survival of the fittest, commerce carried no guarantee of achievement, and such uncertainty gnawed away at the middle classes.

As will be seen in chapter 3, a significant proportion of adverts for all types of health and beauty product⁶⁶ carried assurance that they required no need for rest or interruption to daily life, and this signifies how deeply embedded the profit motive and insistency of business was in the minds of the urban bourgeoisie. The ability to allow someone to return to work was thus a major selling point used by patent medicine advertisements at this time. Advertisers in the nineteenth century, therefore, realised how favourably customers would respond to products assuring them that they could still pursue their own interests. Though the proportion of adverts promising customers a speedy return to work decreased over time, from 15 per cent on average in the 1780s to 5 per cent by the 1880s, the appearance of this advertising strategy was more than accidental. Advertisers of Dr. Williams' Pink Pills for Pale People were more direct, claiming that the same pills could cure the negative 'effects of worry and overwork'.⁶⁷

Landscape (Oxford, 2000), 204-5; R. Rodger, 'Slums and suburbs: the persistence of residential apartheid', in P. Waller (ed.), *The English Urban Landscape* (Oxford, 2000), 234.

⁶⁴ Davidoff and Hall, *Family Fortunes*, 20.

⁶⁵ Davidoff and Hall noted that the most common reason for the failure of a private bank in the nineteenth century was helping out businesses through motives of friendship. See Davidoff and Hall, *Family Fortunes*, 247.

⁶⁶ i.e. not only advertisements for cosmetic products.

⁶⁷ Quoted in Beetham, *Magazine of Her Own?*, 193.

For these statements to have been commercially worthwhile, business considerations obviously ran deep in the Victorian middle-class psyche. If the effects of overwork were making members of the middle classes appear careworn and ragged, products to counter these effects would have been highly attractive.

The growth in the importance of personal appearance

It is, however, possible to evaluate the fashion of self-adornment from a different point of view. Beetham labelled the corseted body as the ‘social body’, controlled and regulated.⁶⁸ The social body was the result of careful preparation and management. The use of health and beauty products can also be seen in this light. Corsets were used to mould the female, and sometimes male, figure, preparing them for exposure in the public sphere.⁶⁹ In Victorian America, corsets were seen to be such a crucial element of middle-class dress, that women not wearing one were judged to be prostitutes and were promptly arrested.⁷⁰ In much the same way that corsets were used to mould a person’s appearance, hair dyes and face creams were applied in order to prepare the individual for public interaction. They were designed to alter reality, to divert from what nature intended. The ‘social body’ was, therefore, increasingly artificial. It was forced, applied and constrained. It was also, thus, the body of the middle-classes, people who increasingly devoted money, time, effort and great consideration over the issue of their self-presentation.

According to Simmel, self-adornment encapsulated the visible representation of one’s social standing, hence the bourgeoisie’s anxiety about presenting attractive and fashionable exteriors.⁷¹ He also noted how self-adornment could only achieve its full effect when its results were recognised by other people. Although Simmel used jewellery to illustrate his point, viewing the use of cosmetic products from this angle

⁶⁸ Beetham, *Magazine of Her Own?*, 85.

⁶⁹ L. A. Loeb, *Consuming Angels: Advertising and Victorian Women* (Oxford, 1994), 131; B. Shannon, ‘Refashioning men: fashion, masculinity, and the cultivation of the male consumer in Britain, 1860-1914’, *Victorian Studies*, 46 (2004), 597-630.

⁷⁰ M. W. Blanchard, ‘Boundaries and the Victorian body: aesthetic fashion in Gilded Age America’, *American Historical Review*, 100 (1995), 30.

⁷¹ G. Simmel, ‘Adornment’ translated by K. H. Wolff, in , in D. Frisby and M. Featherstone (eds), *Simmel on Culture: Selected Writings* (London, 1997), 206-211.

emphasises the importance the British middle classes placed upon personal appearances in the nineteenth century. Through immaculate and ‘beautiful’ demeanours and black, glossy hair, individuals demonstrated their cultural capital. Such signs were extremely revealing. They not only implied that the wearer had the money, time and facilities to achieve such ends, but also the knowledge of what represented a pretty or fashionable exterior. As stated before, not everyone knew the latest fashions; not everyone had grown up to recognise what was visually right and wrong. The use of cosmetics also allowed people to define who they were not. With an array of differing hair dyes available, the curse of grey hair could only plague the poorer echelons of society; wealthier citizens were able to counteract such irritants. Likewise, rough skin was easily cured, but only if one had the taste and the money necessary to gain it. Thus, the person who exuded a pleasant fragrance and had not one grey hair was to be respected. As well as accent, behaviour, dress and manners, complexions and hair colour were tell-tale signs of social status.

In her examination of women’s magazines, Beetham spoke at length about the growing impact that visual representation made in women’s lives during the nineteenth century. By comparing older publications such as the *Englishwomen’s Domestic Magazine* with its successor in 1861, the *Queen*, Beetham highlighted how women were increasingly encouraged to consider how they looked visually. In the newer magazine, fashion ‘news’ increasingly usurped the position held by domestic instruction in earlier periodicals. This was not just a matter of clothes; advice was also offered on how to make one’s home suitable to receive guests. This all depended on superficial elements: the cut of the curtains, the artistry of ornaments and the gloss of furniture. The novel, *A Diary of a Nobody*, relates how Mr and Mrs Pooter were obsessed with the appearance of their downstairs rooms in which they welcomed visitors.⁷² Attention to every detail became essential for women to be perceived in a favourable way. The growing availability of cosmetic products designed to banish spots, embellish the hair and whiten the teeth are thus another illustration of this phenomenon. There is evidence to

⁷² Though fictional, this portrayal reflected reality. For the sake of keeping up appearances, money and resources were often lavished on downstairs ‘public’ rooms, whilst the upper quarters were left to bear the brunt of the economy drive. See *The Diary of a Nobody* (London, 1965).

suggest that advertisers specifically targeted women in the promotion of these products. Hendrie's Asiatic Depilatory, for example, promised 'Ladies need not fear disappointment nor injury',⁷³ whilst Pear's Soap claimed to be 'especially prepared for the delicate skin of ladies' and used the celebrity endorsement of Lillie Langtry.⁷⁴ However, adverts in provincial newspapers illustrate that overt gender-directed advertising occurred more predominantly during the 1830s. This evidence thus contradicts the picture painted by Beetham that by the 1880s visual considerations loomed ever larger in the lives of Victorian women.

Furthermore, unlike women's magazines, the large majority of cosmetic products advertised in provincial newspapers did not address the issue of gender. The Mexican Hair Renewer, for example, did not ask whether *women's* hair was discoloured or thinning, but 'If *your* hair is turning grey or white'.⁷⁵ Floriline promised to remove 'all unpleasant odour[s] arising from decayed teeth or tobacco smoke',⁷⁶ and spoke as much as to men as to women. Albion Milk and Sulphur Soap declared 'THE SKIN. - The Glory of Woman, the Pride of Man'.⁷⁷ Even in the 1830s, when adverts specifically addressed the female sex, they often went on to also address the man. An advert for Rowland's Kalydor, for example, boasted that it had been 'recommended by the first Physicians to be used by the most delicate Lady', yet went on to explain that the ointment also proved an effective means by which 'Gentlemen' could assuage the tenderness of their face after shaving.⁷⁸

⁷³ *Reading Mercury*, 6/2/1832, 1d.

⁷⁴ Lillie Langtry was an actress, born in 1853, who reached the peak of her fame in the years 1877 to 1880. See T. Aronson, 'Langtry, Lillie', *Oxford Dictionary of National Biography*; N. Williams, *Powder and Paint: A History of the Englishwoman's Toilet. Elizabeth I-Elizabeth II* (London, 1957), 105. *Leicester Journal*, 6/3/1885, 2b.

⁷⁵ Author's italics, *Reading Mercury*, 5/11/1881, 7f.

⁷⁶ *Leicester Journal*, 6/3/1885, 2d.

⁷⁷ *Leicester Journal*, 6/10/1882, 2d.

⁷⁸ *Liverpool Mercury*, 3/2/1832, 4d.

It should be recognised, therefore, that consideration of personal appearance affected men as much, or at least to some comparable extent, as women.⁷⁹ After all, according to Shannon, care and attention to personal appearance was perceived to be an important factor in male personal success by the end of the nineteenth century.⁸⁰ Male appearances changed gradually over the course of the nineteenth century. Breeches and stockings were replaced by trousers, swords by sticks and ruffled lace by straight lines. According to Davidoff and Hall, heavy whiskers completed the male image, exuding a strong masculine identity. This sense of masculinity was very different to the Byronesque image, complete with pantaloons, cravat and curling locks.⁸¹ Black hair dyes and face creams purported to leave clear skin, rather than powdered wigs and make-up, allowed men to appear to stay in touch with current fashions and thereby be perceived as serious businessmen or dependable employees. Men who did not change with the times may have been seen as eccentric or slapdash; neither could be trusted. Advertisers, therefore, offered the means to achieve superficial adornment to the middle classes safe in the knowledge that the dictates of social life engendered such anxiety over appearance. To gain the confidence and respect of others in the nineteenth-century city, one had to look the part. This phenomenon affected the middle classes the most because they stood to gain the most from it.⁸²

Conclusion

Far from representing merely an arcane aspect of Victorian life, nineteenth-century advertisements for health and beauty products are an invaluable source for investigating the more intimate aspects of everyday life. As we will see in chapter 3, just as adverts for medicines reveal the mundane nature of the maladies the middle classes suffered, those for cosmetic products document the progression of bourgeois prejudices based

⁷⁹ Breward argues in a similar vein: ‘the fact that manufacturers, advertisers, retailers and commentators on clothing directed much of their energy towards engaging the attention of women does not imply in itself that men were excluded from the experience of fashion’. See C. Breward, *The Hidden Consumer: Masculinities, Fashion and the City Life 1860-1914* (Manchester, 1999), 2.

⁸⁰ In 1902, G. M. Devereux explained that male attention to their appearance could be justified if it was to achieve personal success. See Shannon, ‘Refashioning men’.

⁸¹ Davidoff and Hall, *Family Fortunes*, 412.

⁸² P. Bourdieu, *Distinction: A Social Critique of the Judgement of Taste*, translated by Richard Nice (London, 1984), 202.

upon personal appearance. It becomes apparent that some opinions, such as the negative connotations attached to signs of old age, were long-standing. Others, like the dislike for bad breath and the desire for pearly white teeth, emerged and in turn portray how middle-class sensibilities became more receptive as levels of tolerance declined. Nature posed nuisances which the commercialisation of the body offered to counteract. An analysis of the promotion of health and beauty products also offers an insight into the many ways the middle classes sought to differentiate themselves from their social inferiors. By the 1880s, one's identity rested less on behaviour and reputation, and more on hair colour, fragrance and stature.

Chapter 3: Mundane Maladies

Samuel Smiles's, *Self-Help*, first published in 1859 was a public declaration of middle-class spirit during the nineteenth century. For the bourgeoisie, the period between 1850 and the early-1870s was a time of prosperity and privilege. The economic and political uncertainties of the 1840s had been overcome and the doctrine of *laissez faire* reigned supreme. From its opening line, 'Heaven helps those who help themselves', *Self-Help* celebrated individual achievement; it represented an endorsement of self-management and responsibility. Throughout its pages, values such as prudence, economy, perseverance and soberness were extolled and advocated. The importance of such virtues was demonstrated by encouraging examples of men from humble origins who, through nothing but hard work and endeavour, had risen to positions of power and prestige. As Smiles makes clear in his eleventh chapter, health was by no means an insignificant element of his philosophy. Quoting an article in the *Times*, Smiles agreed that 'the greatness of our great men is quite as much a bodily affair as a mental one'.¹ In the same breath that Smiles encouraged his readers to manage their affairs with care, to take control of their fate and to make of their lives what they chose, he also highlighted the importance of managing bodily health. Staying healthy and paying attention to personal hygiene was crucial to becoming a self-made man; in control, rational and productive. Smiles perceived that healthy living was strategy for success, and in *Self-Help* he urged the middle classes to utilise it to the fullest extent.

Considering the importance Smiles attributed to health for being a useful member of society, the attraction of health self-help became even greater to the aspiring middle classes. For much of the nineteenth century, health was a private matter. Public intervention in the fields of urban sanitation and the management of urban filth did not suit the *laissez faire* attitudes prevalent in the nineteenth century. The Public Health Act of 1848 did make it easier for local authorities to obtain powers to appoint

¹ S. Smiles, *Self-Help* (London, Centenary Edition, 1958), 306.

Medical Officers of Health and Inspectors of Nuisances.² The local Board of Health in Reading was established relatively soon after the Act in 1850, whilst its counterpart in Leicester was created in 1849.³ Liverpool is also renowned among urban historians for employing the first Medical Officer of Health.⁴ However, these bodies were often hesitant in making the radical reforms that were so desperately needed. The cost involved in urban infrastructure renewal was phenomenal. On waterworks alone, Liverpool spent £500,000 in the 1850s.⁵ Subsequently, local Boards of Health were often fearful of imposing heavier demands upon begrudging ratepayers. The local Board of Health in Leicester held out until 1852 before sanctioning a loan to fund a system of sewerage in the town.⁶ Intervention in providing the most basic of amenities was similarly gradual. It was as late as 1912 before Leicester's water supply was judged to be adequate.⁷ The lack, or inadequacy, of public intervention meant that health remained very much a personal responsibility throughout the late-eighteenth and nineteenth century. Yet this situation also made it seem more urgent to pay careful attention to one's own health. As towns and cities became more insanitary and little action was taken, members of the middle class perceived they had to be ever more vigilant.

The main aim of this thesis is to provide an insight into how the urban middle classes thought about and understood health and hygiene during the late-eighteenth and nineteenth century, an era in which, as the examples above indicate, there was only

² Even so, Wohl noted that although the power was given to appoint Medical Officers of Health, few areas took advantage of it. For nearly fifteen years, Leicester, Liverpool and London belonged to a select group of towns that did appoint MOHs at this time. See A. S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London, 1983), 181.

³ M. Hinton, *A History of the Town of Reading* (London, 1954), 150; D. Phillips, *The Story of Reading* (Newbury, 1980), 130; M. Elliott, *Victorian Leicester* (London, 1979), 51; A. T. Patterson, *Radical Leicester: A History of Leicester 1780-1850* (Leicester, 1954), 370.

⁴ Dr William Henry Duncan was employed on an annual salary of £750 on the 1st January 1847, but much to the chagrin of the Liverpool Mercury and several councillors. See E. Midwinter, *Old Liverpool* (Newton Abbot, 1971), 96; P. Laxton, 'Fighting for public health: Dr Duncan and his adversaries, 1847-1863', in S. Sheard and H. Power (eds), *Body and City: Histories of Urban Public Health* (Aldershot, 2000), 62; E. W. Hope, *Health at the Gateway: Problems and International Obligations of a Seaport City* (Cambridge, 1931), 36; C. H. Hume, 'The public health movements', in J. T. Ward (ed.), *Popular Movements c. 1830-1850* (London, 1970), 196; M. E. Pooley and C. G. Pooley, 'Health, society and environment in Victorian Manchester', in R. Woods and J. Woodward (eds.), *Urban Disease and Mortality in Nineteenth-Century England* (London, 1984), 154.

⁵ Wohl, *Endangered Lives*, 112.

⁶ Elliott, *Victorian Leicester*, 61.

⁷ J. Simmons, *Leicester Past and Present, Volume Two: Modern City 1860-1974* (London, 1974), 12.

limited public involvement in the field of sanitation. Smiles's *Self-Help* is a starting point, but more needs to be said about bourgeois attitudes towards health. This thesis, therefore, searches for the individual's *private* self, the side of people not seen in the public sphere. It seeks to learn more about middle-class concerns over health: the illnesses that plagued them, the authorities they believed when purchasing a remedy, and the claims they responded to most readily. Chapter 2, focusing on the issue of personal beauty, explored the highly personal issues of self-presentation and physical appearance through the medium of provincial newspaper advertisements. Far from representing the endearing innocence and naivety of late-eighteenth- and nineteenth-century marketing, these adverts chart the march of public sensibilities. To the urban historian they also act as a measure of contemporary desires, needs and popular attitudes. The different types of product available for purchase reveal the nature of the society in which they existed. Items for sale also highlight public preoccupations. In the 1830s, medicines designed to cure sexual diseases were still commonly advertised in mainstream newspapers, yet by the 1880s, standards of decency had driven such 'filth' to the furthest margins of the publishing industry. Furthermore, in the act of purchasing a particular product, customers not only received a tangible good, but they also placed faith, or at the very least hope, in the philosophy upon which that particular commodity was based.⁸ Customers today who buy anti-ageing face cream invest some level of trust in the purported science espoused by the numerous adverts scattered throughout magazines or broadcast on television. The miracles promised by advertisements are, therefore, a reflection of society's beliefs and opinions.

The following three chapters focus on health, another highly personal issue, in order to investigate firstly the reality of middle-class illness and secondly to explore the beliefs and opinions reflected by the promotional language of health and beauty products. Building upon ideas raised in chapter 2, such as the increasing levels of intolerance towards certain bodily functions, chapters 3, 4 and 5 develop the theme of middle-class management of health. By doing so, it is possible to gain an idea of the major health concerns of the late-Georgian and Victorian bourgeoisie, whilst also

⁸ For example, the Pectoral Essence of Coltsfoot offered to fend off pulmonary complaints, claiming that it 'allays the tickling which provokes frequent coughing, cleanses the small glands, relaxes the fibres, and thereby enlarges the cavities of the vessels'. *Liverpool Mercury*, 1/2/1833, 5a.

grasping an understanding of how they conceptualised and rationalised illness and suffering.

From accounts by Charles Dickens, Friedrich Engels, Elizabeth Gaskell and others,⁹ urban society in the nineteenth century appear to have been wracked by fatal diseases such as tuberculosis, typhoid and cholera. Dank, dirty and overcrowded environments transformed cities into the waiting rooms of death. Engels wrote that urban ‘streets are generally unpaved, rough, dirty, filled with vegetable and animal refuse, with sewers or gutters, but supplied with foul, stagnant pools instead.’¹⁰ When major epidemics swept across the country, this picture of bleakness and devastation may have borne some resemblance of reality. Cholera, after all, killed 32,000 victims in the epidemic of 1831-32,¹¹ whilst tuberculosis, between the late-1840s and early-1850s, was the deadliest form of disease, responsible for over 10 per cent of all deaths.¹² With statistics of this magnitude, we can begin to understand how some individuals, such as William Cobbett, perceived cities as detrimental to a large and healthy population.¹³ However, as Arscott and others have noted, depictions of the city were indelibly ideological.¹⁴ Writers such as Dickens and Engels had agendas in mind,¹⁵ and their focus on the wretched living conditions of the poorest sections of the working classes helped fulfil their goals. Through embellished accounts of the filth and decay in the modern city, they sought to draw attention to the cruel suffering of much of the country’s working population. The appeal of focusing on the abnormal or extreme has led many historians similarly to take the urban poor as their reference point and as a

⁹ For the Tory poet, Robert Southey, the city was a modern-day hell. See C. Arscott, G. Pollock and J. Wolff, ‘The partial view: the visual representation of the early nineteenth-century city’, in Janet Wolff and John Seed (eds.), *The Culture of Capital: Art, Power and the Nineteenth-century Middle Class* (Manchester, 1988), 198.

¹⁰ F. Engels, *The Condition of the Working Class in England* (D. McLellan, ed.) (Oxford, 1993), 39.

¹¹ S. Hempel, *The Medical Detective: John Snow and the Mystery of Cholera* (London, 2006), 83. Smith puts the figure at 31,000. See F. B. Smith, *The People’s Health 1830-1910* (London, 1979), 230.

¹² S. Szreter, ‘The importance of social intervention in Britain’s mortality decline c. 1850-1914: a re-interpretation of the role of public health’, *Social History of Medicine*, 1 (1988), 11; Pooley, ‘Health, society and environment’, 159.

¹³ A. Less, *Cities Perceived: Urban Society in European and American Thought, 1820-1940* (Manchester, 1985), 17.

¹⁴ Arscott, Pollock and Wolff, ‘The partial view’, 197.

¹⁵ R. J. Morris, ‘The industrial town’, in P. Waller (ed.), *The English Urban Landscape* (Oxford, 2000), 177; G. Jackson, ‘Ports 1700-1840’, in P. Clark (ed.), *The Cambridge Urban History of Britain*, Vol. II: 1540-1840 (Cambridge, 2000), 730.

result debate surrounding the condition of the city has produced a distorted picture.¹⁶ The living conditions of the average middle-class individual have, therefore, been largely overlooked.¹⁷

The lifestyle of the middle classes and their progressive flight from urban centres did decrease the likelihood of them developing ailments, such as typhus and measles, associated with overcrowding. Middle-class homes were more spacious, often in a much better state of repair and cleaned more regularly and thoroughly than the homes of their working-class counterparts. However, wealthy citizens were still at risk. In terms of smallpox, influenza, rheumatism, household accidents, stomach and eye troubles and sexual diseases, middling families had much in common with their poorer neighbours.¹⁸ As has been already been said, reports and statistics reflecting the increasing deterioration of the urban sphere scared the middle classes. The prominence given to such stories in the press made ill health seem an all too realistic threat. Personal diaries, in fact, reveal both widespread levels of illness among the bourgeoisie as well as the constant *expectation* of suffering.¹⁹

In addition to the perceived dangers posed by venturing into the urban sphere for business or pleasure, the middle-class home was perceived to be full of potential unhygienic traps. In his *Hygiene: A Manual of Personal and Public Health* (1888), Arthur Newsholme, Medical Officer of Health for Brighton and later Medical Officer for the Local Government Board, criticised the bourgeois fondness for domestic carpets and curtains. In his opinion, such furnishings were ‘mere dirt-traps, which become loaded with filth of every description’.²⁰ In highlighting the dangers of

¹⁶ In writing the ‘public’s’ view of public health, Sigsworth and Worboys only considered the working classes. Wohl also, in his tour de force of public health, focused mainly on the condition of the poor and working classes. See M. Sigsworth and M. Worboys, ‘The public’s view of public health in mid-Victorian Britain’, *Urban History*, 21 (1994), 237-250 and A. S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London, 1983).

¹⁷ Research on the middle-class family is quite advanced and includes works such as J. A. Banks, *Prosperity and Parenthood: A Study of Family Planning among the Victorian Middle Classes* (Aldershot, 1993), L. Davidoff and C. Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London, 1987) and R. J. Morris, *Men, Women and Property in England, 1780-1870: A Social and Economic History of Family Strategies amongst the Leeds Middle Classes* (Cambridge, 2005), yet the topic of middle-class health is under-explored.

¹⁸ S. King, *A Fylde Country Practice: Medicine and Society in Lancashire, circa 1760 - 1840* (Lancaster, 2001), 25.

¹⁹ King, *Fylde Country Practice*, 25.

²⁰ A. Newsholme, *Hygiene: A Manual of Personal and Public Health* (London, 1888), 288.

middle-class lifestyles, the *Family Physician*, feared that gout, a disorder it ascribed to over-indulgence in rich foods and wine, was all too prevalent among its readers.²¹ Due to the level of literacy required to read such book, as well as the expense it would have cost to buy or borrow the tome, readers of the *Family Physician* naturally belonged among the bourgeoisie. Both publications also cautioned about the hazards resulting from too much mental exertion.²² Due to the prevalence of such conditions throughout the late-eighteenth and nineteenth century, the middle classes constituted an important market for patent medicine retailers and quasi-professionals providing medical treatment. Such practitioners reciprocated, and offered the middle classes a strategy of personal health management.

By calculating the proportion of medicine advertisements that addressed different types of ailment, it is possible to gain an impression of society's attitudes towards a variety of illnesses. Today, adverts target maladies such as indigestion, diarrhoea and acne as irritations to correct, and thus reflect a broader picture of health in the twenty-first century. We can also gain an impression of public attitudes towards health: for such afflictions to be considered mere annoyances in the twenty-first century is indicative of how far medical science has progressed, and perhaps of how much it is taken granted. To perform this strategy on advertisements from the late-eighteenth and nineteenth century thus provides that lens through which to pry into the private concerns of the middle classes. By analysing the ailments on which the bourgeoisie spent their discretionary expenditure, this chapter will reveal the illnesses which were considered most threatening, or most tiresome, to members of the middle class. Chapters 4 and 5 will then explore the characteristics of advertisements which convinced consumers to part with their money. By analysing aspects such as the format adverts took, the claims they made, and the figures of authority used to bolster confidence, it will be possible to see how advertisers sought to catch the consumer's attention and win their custom. Thus while chapter 3 focuses largely on the consumer, chapter 4 and 5 concentrate more on what advertisers purported to offer readers. This dual perspective will provide a more satisfactory insight into how the middle classes

²¹ *The Family Physician: A Manual of Domestic Medicine* (New and Enlarged Edition) 5 vols. (Cassell, London, n.d.), 134.

²² Newsholme, *Hygiene*, 313; *Family Physician*, vol. 1, 290-1.

of late-Georgian and Victorian England sought to counter failings of the human constitution.

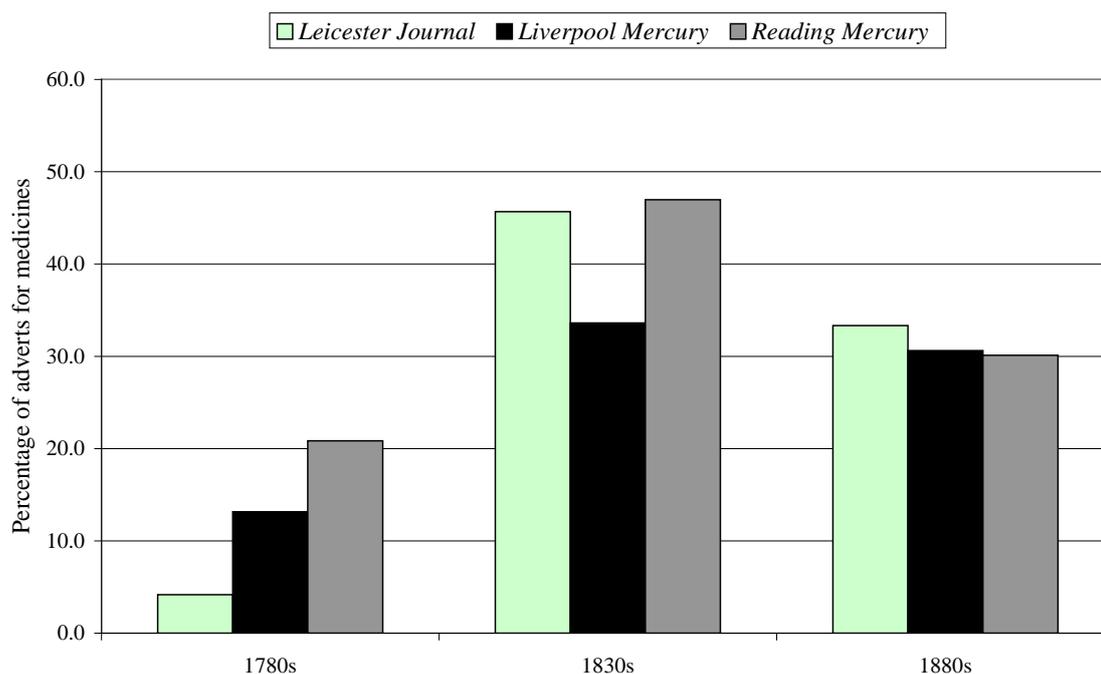
Considering the growth of industry and the concomitant rise in the level of pollution in England during the nineteenth century, it is unsurprising that respiratory complaints gained an increasingly prominent position in contemporary advertisements for health-related products as time passed.²³ Breathing difficulties would have been a particular concern to an increasingly urban society, caged to the sides by bricks and mortar, and from above by a deep, black blanket of smog. Any time spent in such confined and airless environments made individuals all too aware of the noxious fumes they were inhaling. Patent medicine vendors were not averse to reminding customers of the harmful effects of urban living. Holloway's Pills, for example, claimed to overturn 'the foundation of disease laid by defective food and impure air.'²⁴

Advertising agents were not slow to realise the marketing potential of this anxiety (see Figure 3.1). In Leicester, Liverpool and Reading, the presence of breathing problems in medicine adverts rose significantly between the 1780s and the 1830s. Nationally, the 1820s was the decade in which the pace of urban growth reached its zenith,²⁵ and this is reflected by the fact that the presence of respiratory problems in medical adverts virtually doubled in the fifty years between late-Georgian and early-Victorian England. Even as late as the 1880s, it is clear that the problem of pollution remained troublesome, as a third of medicines still purported to address breathing disorders.

²³ This chapter uses just advertisements for medical goods and services, in contrast to Chapter 2, which concentrated on cosmetic products.

²⁴ *Leicester Journal*, 2/10/1885, 2e.

²⁵ R. Rodger, 'Slums and suburbs: the persistence of residential apartheid' in P. Waller (ed.), *The English Urban Landscape* (Oxford, 2000), 236.

Figure 3.1: Medicine advertisements promising to cure respiratory complaints

The prominence of medicines for chest complaints varied between different regions. Between the 1780s and the 1830s, the appearance of respiratory complaints in advertisements in Liverpool and Reading approximately doubled. However, the corresponding figure in the *Leicester Journal* rose much more significantly, from barely 5 per cent of medicine advertisements in the 1780s, to nearly 50 per cent in the 1830s. Though not on a par with its West Midland neighbours in Birmingham and the Black Country, Leicester was an industrial town during the nineteenth century, whose economy rested upon hosiery framework-knitting and the boot and shoe industry.²⁶ Both trades were small in scale; leather workers tended to labour in workshops and much framework-knitting was performed in the family home.²⁷ Such widespread working conditions made close, clammy and ill-ventilated atmospheres the norm. They were so notorious that Dr John Simon, Medical Officer to the Privy Council, singled them out for criticism in the 1860s.²⁸ Yet Leicester also suffered from serious air pollution. Conditions became so bad that attempts to control smoke emissions

²⁶ The number of people employed in the boot and shoe industry grew from 764 in 1841 to 3,206 in 1861 and 5,003 in 1871. Simmons, *Leicester Past and Present, Volume Two*, 2; Elliott, *Victorian Leicester*, 21.

²⁷ Elliott, *Victorian Leicester*, 33.

²⁸ Elliott, *Victorian Leicester*, 77.

began in the 1840s. However, despite the passing of bye-laws, little progress was made in bringing manufacturers to book.²⁹

In contrast, guidebooks to Liverpool in the early-nineteenth century celebrated the town's lack of industry.³⁰ Reading's economy at this time rested upon beer, bulbs, and brick-making, as well as iron founding.³¹ Whilst brick-making and brewing produced noxious fumes, in the 1830s, these trades were carried out in sparsely populated areas of the town. Therefore, the conditions of industry and employment in Leicester during the late-eighteenth and nineteenth century may have heightened middle-class awareness of breathing difficulties, and thus increased the demand for medicines designed to relieve such complaints. Air pollution in Leicester must have been all too noticeable to the middle classes if the council were passing bye-laws as early as the 1840s in an effort to control it. Publicity given to the prevalence of pulmonary complaints in newspaper articles, statistical studies and parliamentary debate,³² would certainly have reinforced the issue of air pollution in the minds of the middle classes, making them feel more susceptible to it.

The proportion of advertisements aimed at chest complaints in Reading during the 1780s and 1830s is also surprisingly high, considering that the railway only reached the town in the early-1840s.³³ Though growing, the town's population was not large at either of these dates and the impact of industry on the local environment could not have been that significant. However, taken in relative terms, urban growth that did

²⁹ Elliott, *Victorian Leicester*, 81.

³⁰ J. Belchem and N. Hardy, 'Second metropolis: the middle class in early Victorian Liverpool', in A. Kidd and D. Nicholls (eds.), *The Making of the British Middle Class? Studies of Regional and Cultural Diversity since the Eighteenth Century* (Stroud, 1998), 59.

³¹ By 1760, Berkshire had become the most important area in England and Wales for malting, producing almost 15,000 tons annually (5% of national total). The seed business, which started as a by-product of the failure of the Marsh and Deane bank in 1815, benefitted hugely from the introduction of the penny post in 1840. Due to the favourable properties of the clay on the hillsides above the River Kennet, brick manufacture had been carried out in Reading for centuries. See T. Corley, 'Reading in the eighteenth century and Victorian times', in M. Petyt (ed.), *The Growth of Reading* (Stroud, 1993), 86, 96; Phillips, *Story of Reading*, 121.

³² Arscott, 'The partial view', 197; Lees, *Cities Perceived*, 17.

³³ The arrival of the railway to a town not only added smoke to the atmosphere of Reading, but the land required for track construction also often necessitated the demolition of residential housing standing in the way. As a result the housing stock was reduced and only gradually augmented. Levels of overcrowding grew as greater numbers squeezed into the remaining accommodation, and conditions were made ideal for the transmission of respiratory diseases. See C. G. Pooley, 'Patterns on the ground: urban form, residential structure and the social construction of space', in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 437.

occur may have wrought a deeper impact upon residents than might initially be presumed. In a large city such as Liverpool, where the population numbered 100,000 by 1811, additions to the population were less noticeable to middle-class residents. Yet in a small, semi-agricultural town, change was much starker. There are indications that Reading was expanding to the east around the 1830s, when the Crown Estate was purchased for housing development.³⁴ The preponderance of pills for respiratory complaints may reflect, therefore, that the nature of the town was changing, albeit gradually.

Judging from the proportion of medicines designed to alleviate stomach complaints, this category of illness was a constant burden upon middle-class society in the late-eighteenth and nineteenth century. It is little wonder. Providing fresh, nutritious foods to an increasingly urban population proved to be a real challenge for victuallers, and was one they often failed to meet.³⁵ Before the introduction of the railway, distribution was intolerably slow, and as a result food reached towns either stale or, at worst, in the early stages of putrefaction.³⁶ Hawkers, or ‘dollopers’ were notorious for selling whatever produce they could, no matter how poor its quality.³⁷ In addition, food adulteration was a constant problem. Berridge has argued that food adulteration was an inevitable outcome, as society became increasingly urbanised and traditional means of control, such as guilds, were abolished.³⁸ Alum added to bread to make it appear whiter, and copperas to beer were just two of a multitude of strategies taken by retailers to improve their profit margins.³⁹ As late as the end of the 1850s, Dr Hassell, working on behalf of the medical journal, the *Lancet*, found food adulteration to be prevalent in Liverpool, as well as in Manchester and Birmingham. He also proved beyond doubt that serious, often dangerous, adulteration was undertaken of almost

³⁴ Phillips, *Story of Reading*, 122-3.

³⁵ Using fish as an example, it was very difficult to preserve fish in fresh condition, and the advent of rail-borne fish by no means solved this problem. In fact, rail companies were initially reluctant to get involved with the fish trade at all. See R. Scola, (eds. W. A. Armstrong and P. Scola), *Feeding the Victorian City: The Food Supply of Manchester, 1770-1870* (Manchester, 1992), 131, 269.

³⁶ J. Burnett, *Plenty and Want: A Social History of Food in England from 1815 to the Present Day* (London, 1989, Third Edition), 8.

³⁷ Scola, *Feeding the Victorian City*, 252.

³⁸ V. Berridge and G. Edwards, *Opium and the People: Opiate Use in Nineteenth-Century England* (London, 1981), 88.

³⁹ J. C. Drummond, *The Englishman's Food: A History of Five Centuries of English Diet* (London, 1957, Second Edition), 290.

every food worth adulterating.⁴⁰ Poor food quality took a toll on people's health, especially on the old and young. Rotting meat or adulterated milk led to extensive and painful digestive disorders.⁴¹ Recognition of this fact became increasingly apparent, thanks to the likes of pioneering individuals such as Dr Edwin Lankester. In the middle of October 1858, Lankester succeeded Lyon Playfair in the post of part-time Superintendent of the Food and Animal Products Collections at South Kensington Museum. He set about using every opportunity to spread his gospel of health education to all classes of society. Among his collection was a special display of adulterated foodstuffs, based on the work of Dr. Hassell. Lankester was so keen to heighten public awareness and education that he made his display interactive: the public were given the opportunity to examine contaminated food through a microscope.⁴²

In addition to such direct threats, the deterioration in urban environments and the delay in establishing efficient pure water supplies also contributed to the rise in stomach disorders. As a result, between the late-Georgian and early-Victorian era, intestinal diseases became omnipresent killers among urban society.⁴³ The extent of the threat to the more vulnerable members of society is reflected in a comment made by the Medical Officer of Health for Birmingham. According to this authority, deaths from diseases of the digestive organs accounted for 41 per cent of all infant deaths in Britain.⁴⁴ And Leicester, with its notorious outbreaks of 'summer diarrhoea', was a case in point of this problem.⁴⁵ In the absence of public intervention impure food and unhygienic surroundings made private health management imperative.

Comments made in popular nineteenth-century health manuals also demonstrate how the emerging medical profession expected digestive disorders to be commonplace

⁴⁰ Burnett, *Plenty and Want*, 227, 240-1.

⁴¹ Scola, *Feeding the Victorian City*, 271.

⁴² With the help of his friend, Robert Hardwicke, Lankester went on to publish his museum lectures in two publications: *The Uses of Animals in Relation to Man* (1860) and *On Food. Being a Course of Lectures Delivered at the South Kensington Museum* (1861). See M. P. English, *Victorian Values: The Life and Times of Dr Edwin Lankester M.D., F.R.S.* (Bristol, 1990), 121-4.

⁴³ King, *Fylde Country Practice*, 8.

⁴⁴ A. S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London, 1983), 24.

⁴⁵ In 1868, for every person that died of diarrhoea in London, four died in Leicester. And for several months in 1871, Leicester had the highest death rate of any town in England. See Simmons, *Leicester Past and Present, Volume Two*, 13-4.

among urban society. Newsholme, for example, noted that ‘under the ordinary conditions of town life, there is considerable danger of indulging in an excess of nitrogenous [i.e. meat] food’,⁴⁶ whilst another authority in the early- twentieth century declared that ‘it would not be difficult to prove [,] that most people eat more than is good for them’.⁴⁷ According to Drummond, from the early-nineteenth century onwards, three- to four-course breakfasts became increasingly common in middle-class households.⁴⁸ Evidence of the propensity for overeating can also be found in personal diaries. In the early-1840s, a Sunderland chemist persistently recorded his discomfort from indigestion consequent upon him ‘eating too freely’.⁴⁹

Towns were also notoriously short in supply of fresh fruit and vegetables. The nutritional value of much fruit was often negligible,⁵⁰ and the variety was small. Just as potatoes dominated the vegetable trade, apples by far outnumbered any other type of fruit available in England and Wales in this period. In fact, other than apples, oranges were the only other fruit imported on a large scale before the end of the nineteenth century.⁵¹ Perhaps as a by-product of this, many vegetables were viewed with suspicion. Contemporary popular opinion during the first half of the nineteenth century viewed fruit as an actual cause of indigestion,⁵² whilst in the midst of the cholera epidemic of the early-1830s, the Board of Health positively warned the public of the dangers of vegetables,⁵³ and advocates of vegetarianism were viewed as slightly eccentric.⁵⁴ Under these circumstances, indigestion and constipation plagued urban society. There was a natural antidote: exercise was considered both a cure and

⁴⁶ Newsholme, *Hygiene*, 43-4.

⁴⁷ *The Family Physician*, 263-4.

⁴⁸ These meals usually consisted of porridge, fish, bacon and eggs, toast and marmalade. See Drummond, *Englishman’s Food*, 335.

⁴⁹ C. E. Milburn (ed.), *The Diary of John Young: Sunderland Chemist and Methodist Lay Preacher Covering the Years 1841-1843* (Leamington Spa, 1983), 14.

⁵⁰ Whilst vegetables could not be adulterated per se, many distributors sold inferior goods. See Scola, *Feeding the Victorian City*, 268.

⁵¹ Scola, *Feeding the Victorian City*, 123.

⁵² W. H. Fraser, *The Coming of the Mass Market, 1850-1914* (London, 1981), 30.

⁵³ Hempel, *Medical Detective*, 116.

⁵⁴ Dr John Snow endured much ribbing from other medical students for his diet high in vegetables. At their insistence, he even conceded that his diet may have borne some responsibility for his weak constitution. See Hempel, *Medical Detective*, 89.

preventive of indigestion.⁵⁵ However, as *The Family Physician* explained, the urban environment denied any opportunity for outdoor games,⁵⁶ while Newsholme categorised the urban populace as ‘ill-exercised’.⁵⁷ In addition the noxious fumes and vapours exuding from a nearby dye house, tallow-chandlery or humble domestic chimney, contributed to the choking atmosphere present in the nineteenth-century town.⁵⁸ Such conditions created rapacious demand for pills to relieve indigestion and other stomach ailments.⁵⁹

Nineteenth-century fashion must also bear a share of the blame for the prevalence and persistence of digestive disorders. Much discomfort was wrought upon the middle classes, especially upon women. The popularity of the hourglass figure, which encouraged women to squeeze their waists to just 16 or even 12 inches, was believed to have unfavourable consequences upon bodily health and upon digestion in particular. Indeed, the *Canada Health Journal* of 1870 claimed that tight-lacing upset women’s digestive organs, prevented them from breathing properly, caused headaches and made them generally burdensome upon their friends and family.⁶⁰ Yet, appearing slim was not just an aspiration for bourgeois women. Slenderness came to be perceived by the middle classes as an outward sign of rationality, control and soberness. Obesity reflected slothful living and the inability to control one’s animalistic passions.⁶¹ Appearing slim thus represented a mark of respectability; a slim body portrayed that its owner had the money to buy nutritious food, the knowledge of what constituted a balanced meal, and that they had leisure time to exercise.⁶² Slenderness was thus sought after as avidly by businessmen as by their

⁵⁵ V. Smith, ‘Physical puritanism and sanitary science: material and immaterial beliefs in popular physiology, 1650-1840’, in W. F. Bynum and R. Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 185.

⁵⁶ *Family Physician*, vol. 3, 329.

⁵⁷ Newsholme, *Hygiene*, 323-4.

⁵⁸ Loss of appetite in Battersea was attributed to the smell of sulphate from the local ammonia works. See Wohl, *Endangered Lives*, 221.

⁵⁹ Remedies for indigestion consisted largely of bicarbonate of soda and were effective for general stomach complaints. See L. Loeb, ‘Beating the flu: orthodox and commercial responses to influenza in Britain, 1889-1919’, *Social History of Medicine*, 18 (2005), 213.

⁶⁰ W. Mitchinson, *The Nature of Their Bodies: Women and their doctors in Victorian Canada* (Toronto, 1991), 66.

⁶¹ K. Walden, ‘The road to fat city: an interpretation of the development of weight consciousness in western society’, *Historical Reflections*, 12 (1985), 372.

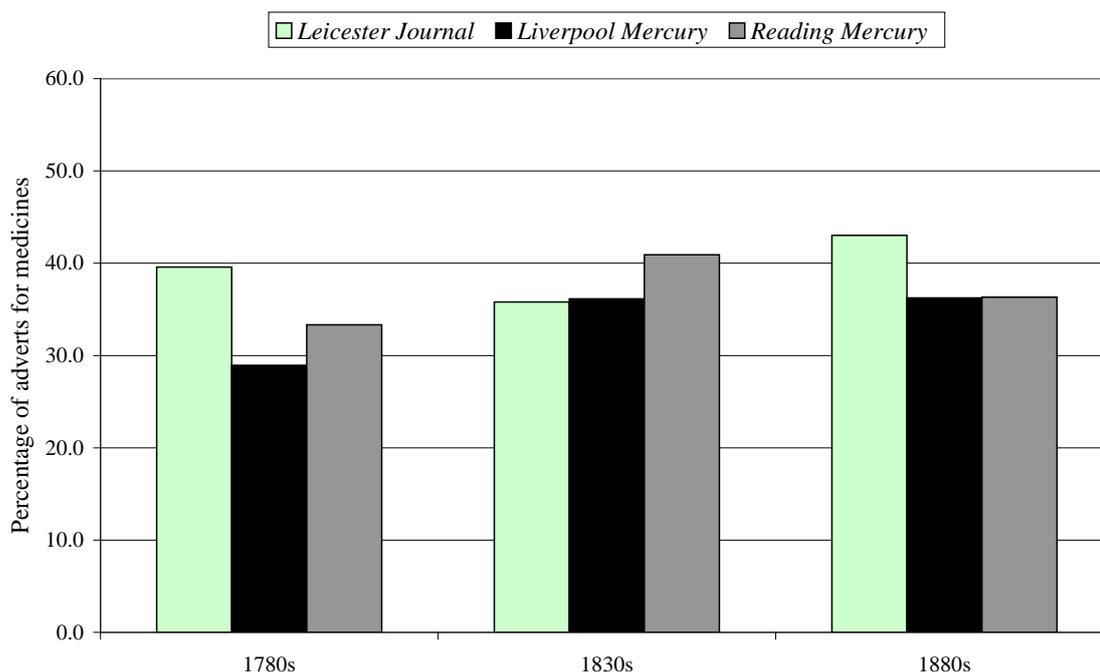
⁶² Walden, ‘The road to fat city’, 365.

wives. Diets, tunics and other devices were employed to either starve or squeeze the torso into shape. Such strategies, however, did not promote easy digestion.

Digestive illnesses were also prevalent among urban society due to poor dental hygiene. Although toothpowders and brushes were available for purchase, many, even among the middle classes, avoided this expenditure. A committee investigating the health of the armed forces during the early-twentieth century reported that one half of medical cases were caused by defective teeth, which not only led to halitosis, but also to gastritis and indigestion.⁶³ Such a pronouncement seems to justify the claim made by Rowland's *Odonto* that bodily health in no small measure depended upon the soundness of the teeth.⁶⁴

⁶³ E. G. Forbes, 'The professionalization of dentistry in the United Kingdom', *Medical History*, 29 (1985), 177.

⁶⁴ See Chapter 1.

Figure 3.2: Medicine advertisements promising to cure digestive complaints

Thus digestive complaints remained a constant thorn in the side of the middle class during the late-eighteenth and nineteenth century (see Figure 3.2). In Leicester, Liverpool and Reading at each fifty year interval, over one-third of medicine advertisements promoted products claiming to be ‘efficacious in bilious ailments’.⁶⁵ Overall, there was a very slight increase, from 34 per cent in the 1780s, to 37.6 per cent in the 1830s and 38.5 per cent in the 1880s. Such statistics signify how painfully slow progress was in the fields of food hygiene, city sanitation and water supply. Nevertheless, there were subtle differences in the proportion of digestive remedies. The level in Leicester, for example, exceeded that in Liverpool in both 1780 and 1880. The answer to these differences can be sought, however, in the specific local conditions.

‘Summer diarrhoea’ was one of the three major diseases affecting the population of Leicester throughout the nineteenth century.⁶⁶ Its prevalence was the main reason that Leicester suffered an abnormally high rate of infant mortality, even during the last

⁶⁵ Advertisement for Parr’s Life Pills, *Reading Mercury*, 5/11/1881, 7g.

⁶⁶ Simmons, *Leicester Past and Present, Volume Two*, 16-19.

quarter of the nineteenth century.⁶⁷ Although the fetid condition of the River Soar and the rudimentary waste disposal system in place were important contributory factors,⁶⁸ the ubiquitous presence of horse manure also contributed to the transmission of diarrhoea becoming spatially more extensive.⁶⁹ As towns grew in size and area, more horses were required for the transport of goods and people. As this occurred, the amount of horse manure also mounted, in some places quite literally. This development attracted more houseflies, which in turn were highly effective carriers of bacteria. The moist and warm nature of manure also provided an ideal environment for flies to hatch their eggs. This in turn further stimulated the urban housefly population and heightened the propensity of bacteria to travel.

The most intense phase in the growth of urban horse population occurred between the 1870s and the early-1900s. Whereas the number of horses in Leicester grew by a staggering 334 per cent, the number in Liverpool increased by a mere 56 per cent. According to Morgan, this was probably caused by the higher number of small tradesmen operating in the midland town, among whom demand for carriage transport was strong. Although the actual horse population, and presence of manure, was larger in Liverpool, the relative impact is likely to have been more telling in Leicester, as its situation changed so rapidly. Houseflies would have seemed omnipresent, almost physically threatening. Ignorance of their deadly nature (in their ability to spread germs) was widespread until the early-twentieth century,⁷⁰ so precautions against flies may have been lax. Thus the extreme increase in the number of flies present in Leicester may offer an explanation for the atypically high levels of diarrhoea in the town, and thus also the higher proportions of digestive remedies available for sale.

This conclusion should not be pressed too far, however, as the number of products available to counter digestive maladies was remarkably uniform in all three towns. Such illnesses were also particularly ominous for the middle classes. Diseases such as

⁶⁷ Simmons, *Leicester Past and Present, Volume Two*, 19.

⁶⁸ Wohl, *Endangered Lives*, 29.

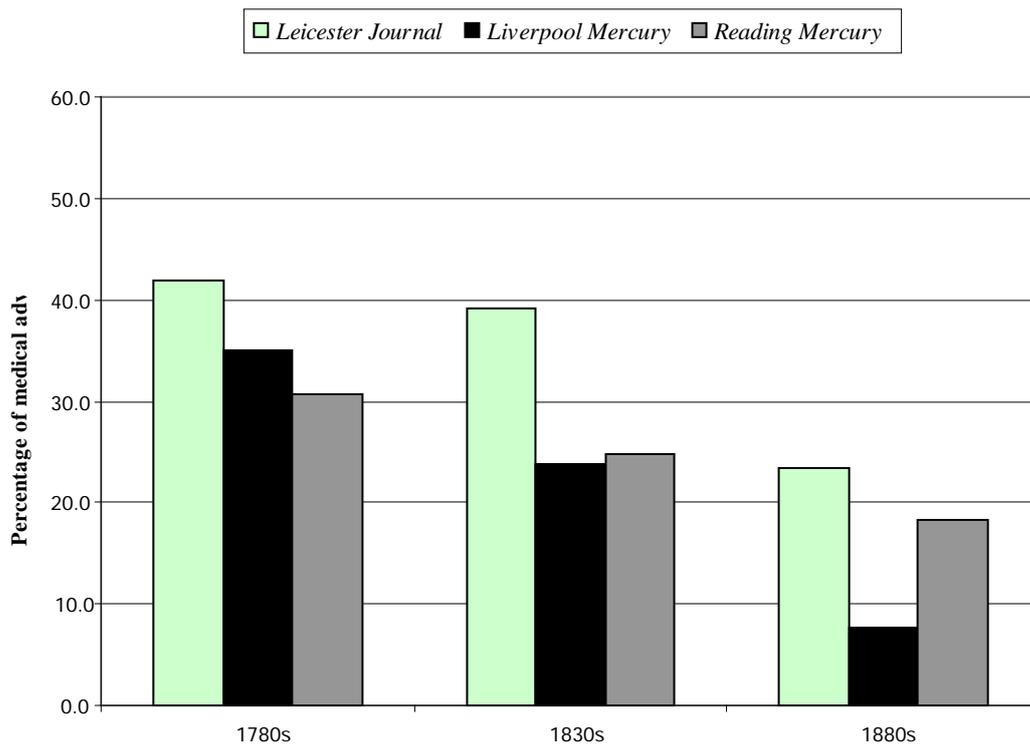
⁶⁹ See N. Morgan, 'Infant mortality, flies and horses in later-nineteenth-century towns: a case study of Preston', *Continuity and Change*, 17 (2002), 97-132.

⁷⁰ The 'germ theory' of infection was new knowledge in the 1870s, and as such, took time to be accepted. See Burnett, *Plenty and Want*, 184 and P. Stanley, *For Fear of Pain: British Surgery, 1790-1850* (New York, 2003), 53.

diarrhoea and dysentery disproportionately attacked young children and babies and thus had the potential to carry away heirs to the family name and fortune, whilst typhoid, unlike typhus, paid no respect to class.⁷¹ Whether it was the Soar, Mersey or Thames, ailments resultant upon the ingestion of contaminated water constantly plagued cities in the late-eighteenth and nineteenth century, due to the practice of disposing waste and refuse in nearby rivers. Despite the importance Morgan ascribes to houseflies, polluted water was a significant cause of stomach complaints. Piped water made a late appearance in nearly all English towns, and Leicester, Liverpool and Reading were no exceptions.⁷² Furthermore, the initial attempts made in this field were often insufficient, and were only fully resolved around the end of the century. It seems, therefore, that in the face of impure food, contaminated water and the propensity to overeat, products designed to alleviate digestive illnesses were a necessary evil of living in the city during the late-Georgian and Victorian period. The consistency of their appearance in medicine adverts over the course of a century also suggests that levels of intolerance towards the stomach remained stable. There was no other option in the conditions of the unregulated city. The potential triggers of diarrhoea, dysentery or gastroenteritis were everywhere. Customers realised that respect and care, rather than annoyance, were to be paid towards managing the health of the stomach.

⁷¹ It is well known that Prince Albert, consort to Queen Victoria, died of typhoid at the end of 1861. See S. Weintraub, Prince Albert, *Oxford Dictionary of National Biography*.

⁷² Although the Reading Union Waterworks Company was established in 1849, Yeo did not believe that the operation was adequate until the early 1870s. See Hinton, *A History of Reading*, 150; S. Yeo, *Religion and Voluntary Organisations in Crisis* (London, 1976), 48. Similarly, although the Rivington waterworks supplied Liverpool with water from 1857, the water flowed with a brownish tinge. The improved waterworks came as late as 1891. See Midwinter, *Old Liverpool*, 105; T. H. Bickerton, *A Medical History of Liverpool from the Earliest Days to the Year 1920* (London, 1936), 172. In Leicester, the first piped water that reached the town came from Thornhill reservoir in 1853. Yet this soon became inadequate. See Simmons, Simmons, *Leicester Past and Present, Volume Two*, 12.

Figure 3.3: Medicine advertisements promising to cure pains of the joints

As stated at the beginning of this chapter, aches and pains associated with rheumatism were another category of illness to which the middle classes had little defence. The author Wilkie Collins developed an opium habit, initially having turned to the drug to ease a rheumatic complaint.⁷³ Furthermore, publications such as *A Manual of Personal and Public Health*, warned their bourgeois readers how ‘rheumatic and other affections are set up’ by a damp house.⁷⁴ Products to ease such nagging aches were, therefore, highly sought after. Collins’s resort to opium demonstrates this.

Rheumatism was often considered a sign of old age, as tendons became less supple and joints grew stiffer. Considering the prejudice held by the middle classes towards grey hairs and balding pates, the affliction was undoubtedly one they sought to hide (see chapter 2). Yet, it was also a malady that plagued the working classes. For instance, the cold and damp associated with heavy outdoor labour were excellent conditions for the disorder to develop.⁷⁵ The dank conditions of many working-class

⁷³ Berridge and Edwards, *Opium and the People*, 57.

⁷⁴ Newsholme, *Hygiene*, 276.

⁷⁵ D. Porter and R. Porter, *Patients’ Progress: Doctors and Doctoring in Eighteenth-century England* (Oxford, 1989), 7; V. Berridge, ‘Popular journalism and working class attitudes 1854-1886: a study of

homes would have further stimulated the onset of rheumatism. If Newsholme thought his middle-class readers were at risk in their homes, he would have been even more pessimistic about the working class home.⁷⁶ Therefore, despite its prevalence among the middle class, rheumatism had connotations of being working-class. With this in mind, we can perhaps begin to understand how popular products designed to ease rheumatic pains were. Whatever their effectiveness, their mere existence offered the possibility for socially-insecure members of the middle classes to find remedies to skeletal aches and pain which would in turn act as a form of social disguise. Products such as Blair's Gout and Rheumatic Pills supposedly offered to assuage customers' suffering and to enable them to walk normally. They were, therefore, marketed under much the same promise as hair dyes and face creams were. They purported to enable the consumer to appear untroubled and leisurely, even if the opposite was in fact the case. Clothes were not the only commodity the bourgeoisie had to care for and be concerned by. The wear and tear inflicted on their bodies could also betray them socially.

As indicated by the sales pitch for Parr's Life Pills, products designed to alleviate ailments such as rheumatism were marketed almost as miracle cures. For example, the advert for Parr's Life Pills implied that *it alone* was all that was needed to effect the 'change of the system', that was so urgently required. Instead of burdening customers with something as inconvenient as a change of diet, remedies for rheumatism sold themselves as quick-fix solutions. Whether it was Parr's Pills, Eade's Gout and Rheumatic Pills or Blair's Gout Pills, adverts assured readers that 'no alteration of diet is required' when taking such medicines.⁷⁷ Judging from the evidence, promises of this kind were largely a feature of the second half of the nineteenth century.

Guarantees in the 1780s and 1830s tended to concern the general functioning of daily life: medicines required 'no restraint or confinement during the use of them'.⁷⁸ Yet

Reynolds' newspaper, *Lloyd's* weekly newspaper and the *Weekly Times*' (Unpublished PhD thesis, University of London, Birkbeck College, 1976), 278.

⁷⁶ For a detailed insight into the working-class home, see M. Daunton, *House and Home in the Victorian City: Working-class Housing 1850-1914* (London, 1983).

⁷⁷ *Liverpool Mercury*, 4/11/1882, 3c.

⁷⁸ *Leicester Journal*, 4/3/1831, 4e. Snook's Aperient Pills in the 1830s did 'not require the least confinement or alteration of diet', yet they were an exception. *Reading Mercury*, 3/2/1834, 2f.

from the 1840s onwards, advertising agents became more specific: there was no need to alter the *diet*. Such claims seem to have encouraged customers to seek gastronomic pleasure without fearing the negative consequences. Were advertisers again seeking to satisfy the middle-class hunger for conspicuous consumption? Food, as we shall see, was very much a social signifier. Due to their cost, luxury items could only be enjoyed by the wealthy. Furthermore, ample portions could only be enjoyed by the wealthy. Armed with health products purporting to counteract the effects of over-indulgence, bourgeois consumers were offered another way to demonstrate their wealth and status. Health management was portrayed as a method of avoiding the costs of extravagance and greed. For every inconvenient side-effect of fine food and alcohol, commercial products became available. It seems, therefore, that the middle classes were not averse to having their cake and eating it. They desired culinary hedonism whilst also avoiding the consequences.

Adverts for remedies for rheumatism were also quick to prey on middle-class fears about cold. Raised on a diet of domestic health manuals, the bourgeoisie were told that in ‘a climate so cold and variable as that of England, it is utterly vain for those who are unfortunately very liable to catarrhal complaints, to hope... to escape them’.⁷⁹ In addition to pneumonia and bronchitis, a cold could also descend into rheumatism. The *Family Physician*, a manual dating from the early-twentieth century, warned that fashionable evening wear ‘often affords very little protection against cold and draught’. In addition ‘the heated impure air in places of public assembly promotes perspiration, and thus renders the body more susceptible to cold when going into the cooler outer air’.⁸⁰ Information of this type undoubtedly raised awareness of rheumatism among middle-class readers, and may have heightened anxiety about the dangers of aching joints and stiffness. Advertising agents took full advantage of such prevalent ideas. An advert for Thorp’s Horehound Pills, for example, stated that the medicine was suited for ‘those who are susceptible of the great and sudden change to which our climate is subject, that it is the principal cause of the prevalence of those

⁷⁹ J. Forbes, A. Tweedie and J. Conolly, *The Cyclopædia of Practical Medicine; comprising Treatises on the Nature and Treatment of Diseases, Materia Medica and Therapeutics, Medical Jurisprudence, etc. etc.*, 4 vols. (London, 1833), 201-2.

⁸⁰ *Family Physician*, 343.

complaints [i.e. rheumatism, coughs and cold]'.⁸¹ Furthermore, over 50 per cent of the medicines for rheumatism advertised in Leicester and Liverpool were also designed to cure colds. Although the prominence of joint complaints in medicine adverts declined throughout the nineteenth century, this reduction was very gradual, particularly in Leicester and Reading. In an age without central heating and in which the cost of heating an entire house was high, aches and pains exacerbated by the cold were long-standing burdens society expected to endure. The availability of patent medicines presented a strategy to overcome, or manage, such inconveniences.

However, advertisers of pain-relief products in the nineteenth century did not just seek to ease the pains of rheumatism. Judging from their sales pitch, they made little effort to distinguish rheumatism from gout. For example, Dr Mercier, proprietor of Velno's Vegetable Pills, claimed his product would rid 'the Rheumatism, Pimples... and all other Impurities [i.e. acidic waste] of the Blood and Juices' from the human system.⁸² At mid-century, the proprietor of Parr's Life Pills went to greater length:

The exciting causes of these complaints [i.e. gout and rheumatism] may be traced to any general derangement of the system; frequent sources of their appearance are Colds, Bruises, Sprains, free indulgence in wine, spirits, and highly-spiced foods; it is, however, an established fact, that, in nine cases out of ten, it is hereditary, thus proving, that before a cure can be effected, a total change of the system must be produced.⁸³

Even in the 1880s, Eade's Gout and Rheumatic Pills, perhaps unsurprisingly given their title, were deemed to treat both gout and rheumatism, despite their quite different causes.⁸⁴ As has already stated, the latter, which revealed itself in tormenting inflammation of the joints,⁸⁵ was commonly thought to be caused by cold and damp conditions.⁸⁶ On the other hand, gout, which by the late-nineteenth century had become something to hide,⁸⁷ was thought to be 'due to excess of food embarrassing vital action'.⁸⁸

⁸¹ *Reading Mercury*, 2/11/1835, 1f.

⁸² *Reading Mercury*, 4/2/1782, 4d.

⁸³ *Leicester Journal*, 3/10/1851, 1c.

⁸⁴ *Liverpool Mercury*, 4/2/1882, 4a.

⁸⁵ Oxford English Dictionary described 'rheuamtism' as 'a disease of which inflammation and pain of the joints are prominent features'.

⁸⁶ According to Newsholme, 'the occurrence of rheumatism is closely connected with a damp condition of the atmosphere and soil'. See Newsholme, *Hygiene*, 356.

⁸⁷ See R. Porter and G. S. Rousseau, *Gout: The Patrician Malady* (London, 1998), 171.

⁸⁸ Gratzner has agreed that an excess of protein and alcohol were the chief causes of gout. See Newsholme, *Hygiene*, 40; W. Gratzner, *Terrors of the Table: The Curious History of Nutrition* (Oxford, 2005), 115.

But before we castigate patent medicine vendors for misunderstanding the two diseases, perhaps this confusion was intended. Gout would have plagued the middle classes due to their protein-rich diets and their relatively high intake of alcohol.⁸⁹ Samuel Taylor Coleridge, Alfred Tennyson and Thomas Carlyle were all wracked by gout.⁹⁰ Meat in the nineteenth century was relatively expensive. The poor could only afford to buy it occasionally and even then, the male head of household received the lion's share.⁹¹ The danger of rheumatism to the thousands of mal-nourished, working-class mothers, therefore, must have been slight. In contrast to such scarcity among the working class, Arthur Newsholme pointed to an abundance of meat in the middle-class home. When speaking of those 'who habitually take an excess of meat food', he added how widespread the tendency was among 'those leading sedentary lives', namely the professional middle classes.⁹² Whereas the diet of the urban poor during the first half of the nineteenth century consisted largely of bread, potatoes and strong tea, the middle classes dined on three- or four-course meals, for breakfast, lunch and dinner.⁹³ Therefore, by claiming their products could cure both rheumatism and gout, advertisers were arguably seeking to broaden their appeal. If sufferers were not rheumatic they may well have been gouty, especially considering the middle-class appetite for luxury and excess. Already in the 1780s, patent medicine vendors realised, or at least guessed at, the negative consequence of such prosperity and comfort.

The presence of advertisements for remedies for female complaints and gonorrhoea demonstrate, however, that pains in the chest, stomach and joints were not the only health concerns for the middle classes in the late-eighteenth and nineteenth century.

⁸⁹ This would certainly have applied to businessmen, as many contracts were sealed with a drink. See Davidoff and Hall, *Family Fortunes*, 400. Furthermore, alcohol consumption would have been a regular by-product of the hectic middle-class social calendar. See Burnett, *Plenty and Want*, 228.

⁹⁰ Porter and Rousseau, *Gout*, 159-161.

⁹¹ J. Humphries, 'Household economy' in R. Floud and P. Johnson (eds.), *The Cambridge Economic History of Modern Britain, Vol. I: Industrialisation, 1700-1860* (Cambridge, 2004), 266; Burnett, *Plenty and Want*, 185.

⁹² Newsholme, *Hygiene*, 22-3.

⁹³ J. C. Drummond, *The Englishman's Food: A History of Five Centuries of English Diet* (London, 1957, Second Edition), 335. Furthermore, Fraser argues that in the third quarter of the nineteenth century, standards of middle-class cuisine improved significantly, and dinner parties became in vogue. See Fraser, *Coming of the Mass Market*, 40.

While not topics of polite conversation, disorders of the genitalia and urinary organs nevertheless aroused great anxiety. This was particularly true for the middle classes, for whom such illnesses reflected lax morals and debauchery, characteristics they chose to associate more with the 'immoral' working classes than with themselves. The presence of such illnesses also highlights how socially accepted the sexual double standard was during the nineteenth century. This double standard is reflected, in many ways, in the passing of the Contagious Diseases Acts during the 1860s. As Sigsworth and Wyke point out, rather than achieving their intended goal of reducing the incidence of venereal disease among the armed forces, the Acts actually attacked prostitutes infected with the disease.⁹⁴ Tosh also argues that the Contagious Diseases Acts reinforced arbitrary treatment of prostitutes, whilst the Criminal Law Amendment Act instituted a heavy clampdown on brothels, yet not on the men frequenting them.⁹⁵ Whilst it is important to bear in mind the feminist 'crusade' that these statements sprung from,⁹⁶ there are strong grounds to interpret the easy availability of products to alleviate sexual diseases as yet another reflection of how society turned a blind eye to middle-class men visiting prostitutes to relieve their sexual needs. Women who committed adultery, on the other hand, were perceived as abnormal and dangerous, as their actions challenged orthodox medical beliefs that 'normal' women should possess little or no libido whatsoever.⁹⁷ Alarm over sexual diseases was also very pertinent in an age when a thick cloud of ignorance surrounded the entire subject of sex. Moral qualms prevented schools from teaching the basics of human reproduction. Sex education for women was deemed to jeopardise female innocence and in turn damage their suitability for motherhood.⁹⁸ The medical profession could not broach such matters due to fear for their professional reputation.⁹⁹ There were no sexual health, or Genito-Urinary, clinics for the middle

⁹⁴ E. M. Sigsworth and T. J. Wyke, "A Study of Victorian Prostitution and Venereal Disease", in M. Vicinus, *Suffer and Be Still: Women in the Victorian Age* (London, 1972), 87-8.

⁹⁵ J. Tosh, *A Man's Place: Masculinity and the Middle-Class Home in Victorian England* (London, 1999), 154.

⁹⁶ Davidoff and Hall, *Family Fortunes*, 103-4.

⁹⁷ J. Oppenheim, "Shattered Nerves": *Doctors, Patients, and Depression in Victorian England* (New York, 1991), 158-9; M. Poovey, 'Speaking of the body: mid-Victorian constructions of female desire', in M. Jacobus, E. F. Keller and S. Shuttleworth (eds), *Body/Politics: Women and the Discourses of Science* (London, 1990), 36.

⁹⁸ M. Beetham, *A Magazine of Her Own? Domesticity and Desire in the Woman's Magazine 1800-1914* (London, 1996), 10.

⁹⁹ A. McLaren, *Birth Control in Nineteenth-Century England* (London, 1978), 83.

classes to go and receive confidential check-ups. Due to the lack of professional help, therefore, the management and cure of sexual diseases was a highly sought-after goal. It was also an extremely private matter. Luckily for middle-class qualms, shop-bought products were available.

The fortunes accumulated by the likes of Samuel Solomon and Dr James Graham are testimony to the public's anxiety over sexual diseases.¹⁰⁰ Solomon arrived in Liverpool during the early-1790s as a young, Jewish doctor. Thanks to his own entrepreneurial flair and the susceptibility of the public, he died having built a mansion, donated land for the construction of a Wesleyan chapel and is now immortalised in his adopted city by three street names associated with his Cordial Balm of Gilead.¹⁰¹ He also left a substantial sum of £30,000 in his will in 1819, which today would be worth £1,257,600.¹⁰² As domestic medical guides largely chose to remain silent on sexual disease, the realm of sexual health was left open to the likes of Solomon's *Guide to Health*.¹⁰³ This volume, which attempted to quench the public's thirst for carnal knowledge with sections on venereal disease, 'impurity of the blood' and 'weaknesses contracted before marriage',¹⁰⁴ went through numerous editions, in a short space of time.¹⁰⁵ Dr Graham took a more practical approach, and offered customers an early form of sexual therapy. Graham's 'Temple of Health' opened in 1780, and soon became exceedingly popular among the fashionable classes,¹⁰⁶ despite the cost of £50 per night for use of the 'celestial bed'.¹⁰⁷ Less notorious but equally fraudulent and opportunistic were the likes of Perry and Co, whose 'Purifying

¹⁰⁰ See Bickerton, *A Medical History of Liverpool*, 57-8; W. Helfand, *Quack, Quack, Quack: The Sellers of Nostrums in Prints, posters, Ephemera & Books: An Exhibition on the Frequently Excessive & Flamboyant Seller of Nostrums as Shown in Prints, Posters, Caricatures, Books, Pamphlets, Advertisements & Other Graphic Arts Over the Last Five Centuries* (New York, 2002), 17-8; P. Sharpe, 'Population and society 1700-1840', in P. Clark (ed.), *The Cambridge Urban History of Britain, Vol. II: 1540-1840* (Cambridge, 2000), 519; P. Otto, 'Performing the resurrection: James Graham and the multiplication of the real', *Cultural and Social History*, 3 (2006), 325-40.

¹⁰¹ Gilead Street, Solomon Square and Balm Street. See R. Whittington-Egan, *Liverpool Colonnade* (Liverpool, 1955), 79-85.

¹⁰² T. A. B. Corley, 'Samuel Solomon', *Oxford Dictionary of National Biography*. For conversion, see: <http://www.nationalarchives.gov.uk/currency/results.asp#mid> accessed on 23rd September 2008.

¹⁰³ Smith, *People's Health*, 295, 302.

¹⁰⁴ S. Solomon, *A Guide to Health* (57th Edition, 1808), 85, 136.

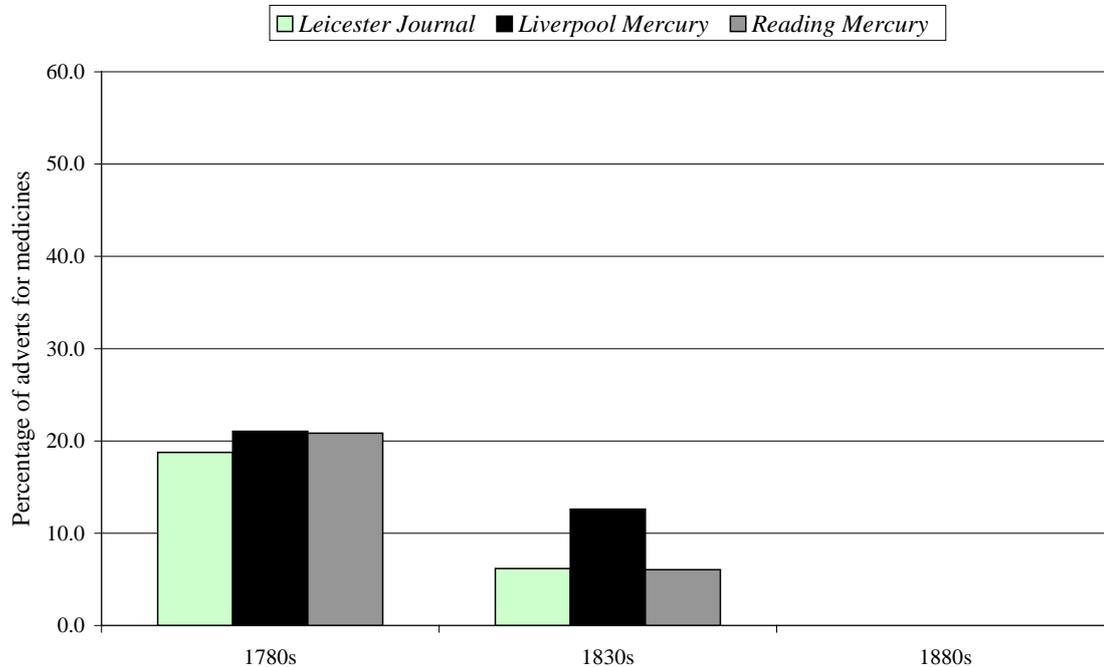
¹⁰⁵ Solomon claimed his publication went through 66 editions during the late eighteenth and early nineteenth century. See Helfand, *Quack, Quack, Quack*, 17-8.

¹⁰⁶ Otto, 'Performing the resurrection', 330.

¹⁰⁷ R. Porter, 'Dr James Graham', *Oxford Dictionary of National Biography*.

Specific Pills’ secured the ‘effectual cure for every stage of Secret complaints in both sexes’.¹⁰⁸

Figure 3.4: Medicine advertisements promising to cure sexual diseases



The strength of public desire for sexual health self-help is reflected by the fact that a fifth of advertisements during the 1780s claimed to address such illnesses (see Figure 3.4). Although this proportion had decreased by the 1830s, this was most probably due more to nineteenth-century sensibilities rather than a drop in actual demand. Berridge states that the number of adverts for sexual diseases was increasingly taken as an index of a newspaper’s respectability.¹⁰⁹ This statement is borne out by the fact that by the 1880s not one advert in Leicester, Liverpool or Reading mentioned this category. Sexual diseases still existed, however. The disappearance of such advertisements cannot be attributed to increased legislation, as the activities of Solomon and Graham were left unregulated until 1889.¹¹⁰

¹⁰⁸ *Leicester Journal*, 4/3/1842, 1d.

¹⁰⁹ Berridge, ‘Popular journalism’, 272/3.

¹¹⁰ T. R. Nevett, *Advertising in Britain: a History* (London, 1982), 128. *Report from the Select Committee on Patent Medicines, together with Proceedings of the Committee, Minutes of Evidence, and Appendices* (London, 1914), 6.

Nor did this type of advertisement vanish because demand evaporated. Contemporaries recognised a trend towards deferring marriage. The increasing gap this practice created between the onset of puberty and morally sanctioned sex in marriage was deemed to have caused a growth in the demand for female prostitutes.¹¹¹ Such circumstances thus enhanced the probability of sexual diseases being transmitted. Furthermore, it was the prevalence of syphilis and gonorrhoea among the armed forces that prompted government to pass the Contagious Diseases Act in the late-1860s.¹¹² The publicity surrounding this would have had particular resonance in towns with nearby garrisons or dockyards, such as Reading and Liverpool.¹¹³ Instead, the absence of advertisements for sexual treatments by the 1880s points to the growing force of ‘respectability’, which banished them to the outermost fringe of the publishing business.¹¹⁴

Whereas approximately 20 per cent of adverts in Leicester, Liverpool and Reading addressed sexual diseases in the 1780s, this consistency between different towns had disappeared by the 1830s. By the decade of Queen Victoria’s accession to the throne, three times the number of adverts for gonorrhoea and syphilis were available in Liverpool compared to Leicester or Reading. It is possible to use these variations to map out the regional development of respectability. The production team of the *Liverpool Mercury*, for example, seem to have deemed ‘obscene adverts’ permissible for longer than its counterpart in Leicester or Reading. The *Leicester Journal* and *Reading Mercury*, in fact, appear to have followed a similar policy in this regard: whilst the former contained 5 adverts for sexual diseases in the first half the 1830s, the latter published just 4. It is possible, therefore, that Liverpool’s status as a port added life to coarser, albeit honest, attitudes towards the body. Due to the high level of employment at sea, husbands were often separated from their wives for significant

¹¹¹ Sigsworth and Wyke, ‘A Study of Victorian Prostitution’, 85.

¹¹² Porter, *Patients’ Progress*, 87-8.

¹¹³ Aldershot, near Reading, became home of the military in the 1850s, at which point Simonds brewery was appointed supplier to the military canteens. See Corley, ‘Reading in the eighteenth century’, 103.

¹¹⁴ On passing the Indecent Advertisements Act in 1889, the Earl of Meath declared that the legislation was directed against vendors of cures for ‘a certain class of disease of a nameless character’. Such language suggests that adverts for cures of venereal disease were still prevalent. See E. S. Turner, *The Shocking History of Advertising* (Middlesex, 1952), 92-3.

periods.¹¹⁵ As mentioned previously, the voracity of male sexual appetites was widely accepted in Victorian society, in sharp contrast to the supposed ‘sexual anaesthesia’ expected from ‘respectable’ women.¹¹⁶ Many men ashore, or on business abroad, would have visited foreign prostitutes and thus increased the likelihood of carrying diseases as exotic as the women they caught them from. The demand for a ready availability of products to help cure such disorders would thus have been strong in port cities. Judging from the data presented in Figure 3.4, this factor made Liverpudlian society more tolerant of discussing the baser topics associated with the body. Sexual health self-help, therefore, was most accessible in a port town.

Despite distancing themselves from adverts for sexual remedies, newspapers persisted in advertising an equally vilified category of concoctions. By the turn of the twentieth century, the medical press had become convinced that products advertised as ‘female pills’ were actually crude abortifacients.¹¹⁷ The *British Medical Journal* led this battle, in the shape of *Secret Remedies: What They Cost and What They Contain*. This publication, along with its sequel *More Secret Remedies*, detailed the results of an investigation into the ingredients of a number of well-known patent medicines.¹¹⁸ Of the 23 products for female complaints analysed, all but two contained iron, while 12 also consisted of aloes. Lead was another dangerous component in these potentially fatal cocktails. Such ingredients were notorious for their deleterious effects on the human foetus.¹¹⁹ Outbreaks of lead poisoning occurred in the midlands in the 1890s, and ten years later were prevalent throughout Sheffield.¹²⁰ The lengths some women thus went to in order to obtain an abortion, and the fact that many were willing to damage their own health, indicates the level of desperation unwanted pregnancies caused. At a time when attitudes towards illegitimacy were anything but sympathetic, ‘female pills’ enabled women to manage their bodies and save social ruin.

¹¹⁵ Jackson, ‘Ports 1700-1840’, 726.

¹¹⁶ Davidoff and Hall, *Family Fortunes*, 401.

¹¹⁷ P. S. Brown, ‘Female pills and the reputation of iron as an abortifacient’, *Medical History*, 21 (1977), 300.

¹¹⁸ For example, Beecham’s Pills were found to contain aloes, powdered ginger and powdered soap. See *Secret Remedies: What They Cost and What They Contain* (London, 1909), 175.

¹¹⁹ H. Marland, ‘The medical activities of mid-nineteenth-century chemists and druggists, with special reference to Wakefield and Huddersfield’, *Medical History*, 31 (1987), 431; P. Knight, ‘Women and abortion in Victorian and Edwardian England’, *History Workshop Journal*, 4 (1977), 60.

¹²⁰ Knight, ‘Women and abortion’, 60.

Considering the stakes involved, many bourgeois women may have pursued this avenue of assistance, although contraception became an increasingly more attractive option.¹²¹ Pregnancy carried many risks. For women unable to withstand the emotional and physical wrench, brands such as Towle's or Beecham's offered salvation.

Due to the illegality of abortion, enacted in 1803, and to the medical profession's aversion to the subject, self-help was again the public's only option.¹²² Contemporaries saw abortion as a working-class phenomenon, and some historians have followed this presumption.¹²³ This may be valid. Fraser has noted how sales of patent medicines between 1850 and 1914 increased by over 400 per cent, and attributes rising working-class living standards as a contributory cause of such excessive growth.¹²⁴ Davidoff has also highlighted that women working in pottery and textile manufacturing towns practised abortion as early as the 1850s.¹²⁵ Yet, the middle classes were not unfamiliar with terminating pregnancies.¹²⁶ As Knight highlights, the extensive sale of the more expensive abortion remedies is more than proof of this.¹²⁷ Whilst some were available in small boxes for 1s. 1 ½d., the majority cost at least 2s. 9d. In the early-1880s, regularly employed, semi-skilled and skilled workers in London were only earning between 20 and 25 shillings a week.¹²⁸ With this in mind, it is unlikely that the working classes would have been able to afford to blow nearly 3 shillings on one patent medicine. Surely they would have found other ways to terminate pregnancies; there was a long tradition of herbal remedies,

¹²¹ Although the medical profession as a whole were strongly opposed to contraception, the birth rate fell from 34.1 births per thousand people in 1870-72 to 24.5 per thousand in 1910-12. This significant drop suggests that some form of contraception was practiced by increasing numbers by the latter end of the nineteenth century. See McLaren, *Birth Control in Nineteenth-Century England*, 116.

¹²² Marland, 'Medical activities of mid-nineteenth-century chemists and druggists', 431.

¹²³ McLaren, *Birth Control in Nineteenth-Century England*, 14.

¹²⁴ Fraser, *Coming of the Mass Market*, 139.

¹²⁵ L. Davidoff, 'The family in Britain', in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 2: People and their Environment* (Cambridge, 1990), 93.

¹²⁶ F. M. L. Thompson, *The Rise of Respectable Society: A Social History of Victorian Britain, 1830-1900* (London, 1988), 308.

¹²⁷ Knight, 'Women and abortion', 58.

¹²⁸ According to Wohl, regularly employed building labourers earned 25 shillings a week, coach-builders earned between 21-26 shillings, paper-makers, 21 shillings and candle-makers, 22 shillings. See A. S. Wohl, *The Eternal Slum: Housing and Social Policy in Victorian London* (London, 1977), 155-6.

concocted from wild flowers picked in local meadows.¹²⁹ It is also widely recognised that the middle classes were among the first group in society to limit their family size.¹³⁰

Due to the unreliability of contemporary forms of contraception, termination played its part in the trend towards smaller families. For health considerations, let alone financial ones, the option to limit the number of pregnancies one had to endure would have been extremely appealing. Giving birth in the nineteenth century was a perilous business. Babies were often brought into the world by a male doctor, who did not wash his hands or lab coat as fastidiously as he should have.¹³¹ Furthermore, although the use of chloroform to ease pain during birth became more widespread after it was administered to Queen Victoria during the birth of her seventh child in 1853,¹³² the use of such analgesia still met religious opposition.¹³³ Patent medicines designed to remove 'any obstruction or irregularity of the system'¹³⁴ thus represented a tool of empowerment for middle-class women in the late-eighteenth and nineteenth century.

¹²⁹ A wide variety of herbs and drugs were used to procure of abortions, including tansy, penny-royal, gin and salts, iron and aloes, turpentine, quinine and later in the century lead. See H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987), 241.

¹³⁰ S. Gunn & R. Bell, *Middle Classes: Their Rise and Sprawl* (London, 2002), 47; Knight, 'Women and abortion', 62; Davidoff, 'The family in Britain', 102.

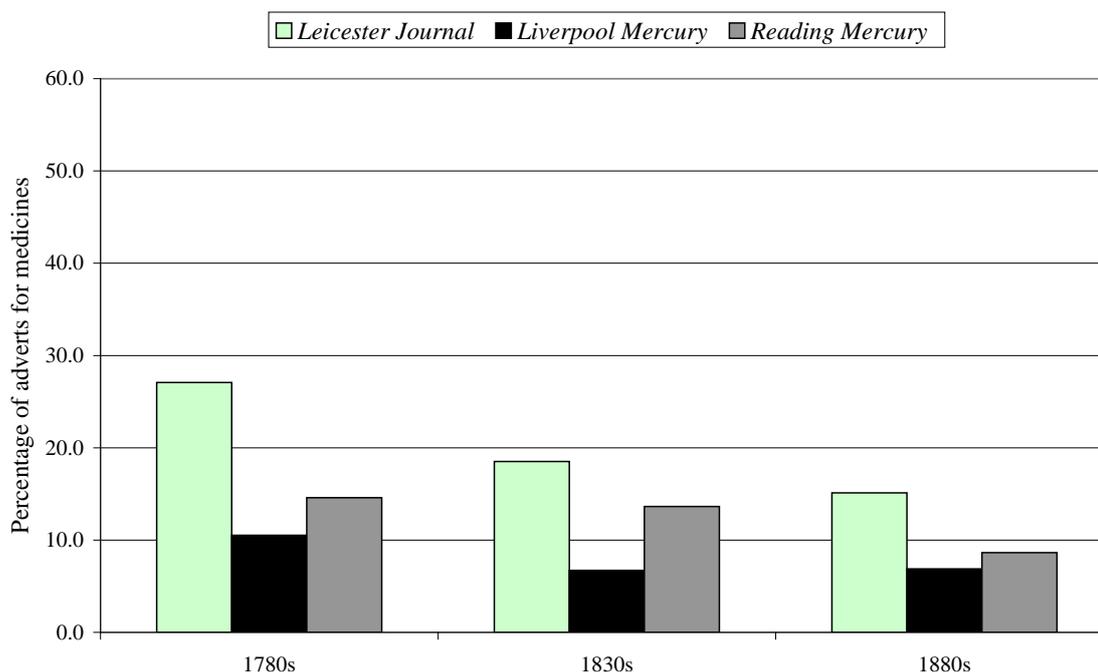
¹³¹ Whilst Lister championed the use of antiseptics, he continued to operate upon patients wearing his street clothes, and often failed to scrub his hands. See R. Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London, 1997), 373.

¹³² Bickerton, *Medical History of Liverpool*, 138; Porter, *Greatest Benefit to Mankind*, 367.

¹³³ Hempel, *Medical Detective*, 104.

¹³⁴ *Liverpool Mercury*, Advertisement for Beecham's Pills, 7/11/1885, 8b.

Figure 3.5: Medicine advertisements promising to cure female complaints



Over the course of the nineteenth century, the prominence of medicines designed to treat ‘female complaints’ declined from the advertising pages of provincial newspapers (see Figure 3.5). However, the fact that these products continued to be mentioned in such a public place as the local provincial newspaper reflected society’s passive acceptance of abortion. Despite the taboo surrounding termination, patent medicine vendors still found a market for their abortifacients due to society’s desire to maintain greater control over their bodies. It is strange that the proportion of adverts for female complaints was consistently lower in Liverpool, considering the more liberal approach to sexual diseases highlighted earlier. The percentage for Leicester is also the highest at each fifty-year interval, which suggests that the move towards family limitation developed fastest in the midlands during the nineteenth century. Further research would be fruitful to test such conclusions.

The term ‘female complaint’ was also applied to menstruation, a process that the medical (male) world perceived with extreme gravity. Rather than a natural occurrence, menstruation was perceived as a ‘disorder’, a problem to be managed. Women were pleaded with by self-help guides and medics alike to avoid all emotional and physical strain during their monthly period, as menstruation was perceived to

affect female mental health.¹³⁵ With this in mind, products such as Holloway's Pills, 'particularly for females of all ages and periods of life' which 'quickly eject all impurities from the system, and regulate every function of the body', can be seen as another way in which commercial medicine appeared to give individuals the means by which to control their bodies.

The enduring appearance of medicines designed to 'rectify' inconveniences of the female system suggests that the tide of the 'threshold of repugnance' towards the body was not strong enough to prevent the public's desire to manage the body. The distribution of such medicines was, in fact, made increasingly effortless via the postal service.¹³⁶ The impersonal nature of this form of delivery guaranteed the customer anonymity and prevented any uncomfortable embarrassment. Advertisements for products such as Widow Welch's Female Pills illustrate that it was still possible to broach delicate subjects in public. In marketing their wares, quacks successfully took over the language and rhetoric of contemporary medicine and manipulated it for their own purposes.¹³⁷ By using the innocuous language employed by physicians, advertisers were still able to offer customers goods for goals that were, after all, illegal.

In recognising society's increasing desire to exercise greater control over their bodies, patent medicine vendors sought to reinforce the complexity of the human system. This strategy was most effectively achieved by purveyors of products designed to alleviate 'nervous complaints'. Until the 1880s, British medical literature on nervous exhaustion lacked coherence.¹³⁸ Much was, therefore, left to the wonders of health self-help. Some authorities claimed that diet and disordered digestion were the root cause of mental fatigue;¹³⁹ others blamed sexual indulgence,¹⁴⁰ whilst another school

¹³⁵ Oppenheim, "Shattered Nerves", 181, 254; S. Shuttleworth, 'Female circulation: medical discourse and popular advertising in the mid-Victorian era', in M. Jacobus, E. F. Keller and S. Shuttleworth (eds), *Body/Politics: Women and the Discourses of Science* (London, 1990), 51.

¹³⁶ Helfand, *Quack, Quack, Quack*, 44.

¹³⁷ Shuttleworth, 'Female circulation', 50.

¹³⁸ Oppenheim, "Shattered Nerves", 32, 92.

¹³⁹ The likes of Thomas Carlyle and Charles Dickens put mental strain down to these causes. See Porter and G. S. Rousseau, *Gout*, 161-3.

¹⁴⁰ A. Comfort, *The Anxiety Makers: Some Curious Preoccupations of the Medical Profession* (London, 1967), 29.

held the female reproductive system responsible.¹⁴¹ The resulting confusion gave patent medicine vendors the upper hand. A popular strategy was to associate sexual excess with mental deterioration or ‘nervous debility’. As late as the 1840s, advertisements often used inflammatory headlines such as ‘Errors of Youth! Sufferers from Nervous Debility! Youthful Indiscretions!’.¹⁴² The public were not only warned of its causes; they were also counselled of its potentially disastrous effects. Samuel Solomon included ‘Headache, Langour [sic], and Debility’ among ‘the common precursors of formidable Disease...’.¹⁴³

Table 3.1: Percentage of advertisements connecting nervous with other ailments

		1780s	1830s	1880s
<i>Leicester Journal</i>	Digestive	60	71	64
	Female	60	62	8
	Sexual	20	10	
<i>Liverpool Mercury</i>	Digestive	67	79	70
	Female	22	21	21
	Sexual	11	14	
<i>Reading Mercury</i>	Digestive	54	95	82
	Female	15	35	12
	Sexual	23	5	

Disorders of the stomach were the complaint most consistently paired with nervous maladies. This association became stronger as time passed in Leicester, Liverpool and Reading (see Table 3.1). Although the 1830s marked the peak of this trend, the relationship between digestive and nervous disorders was more pronounced in the 1880s than it had been a century earlier. Differences did emerge over time, however. Due to the growing wave of feeling against ‘obscene advertisements’, which eventually led to the Indecent Advertisements Act, 1889,¹⁴⁴ the association between sexual excess and nervous debility fell away. Whereas 20 per cent of remedies for nervous diseases also cured sexual complaints in the 1780s in Leicester and Reading,

¹⁴¹ Mitchinson, *Nature of Their Bodies*, 95; Shuttleworth, ‘Female circulation’, 51.

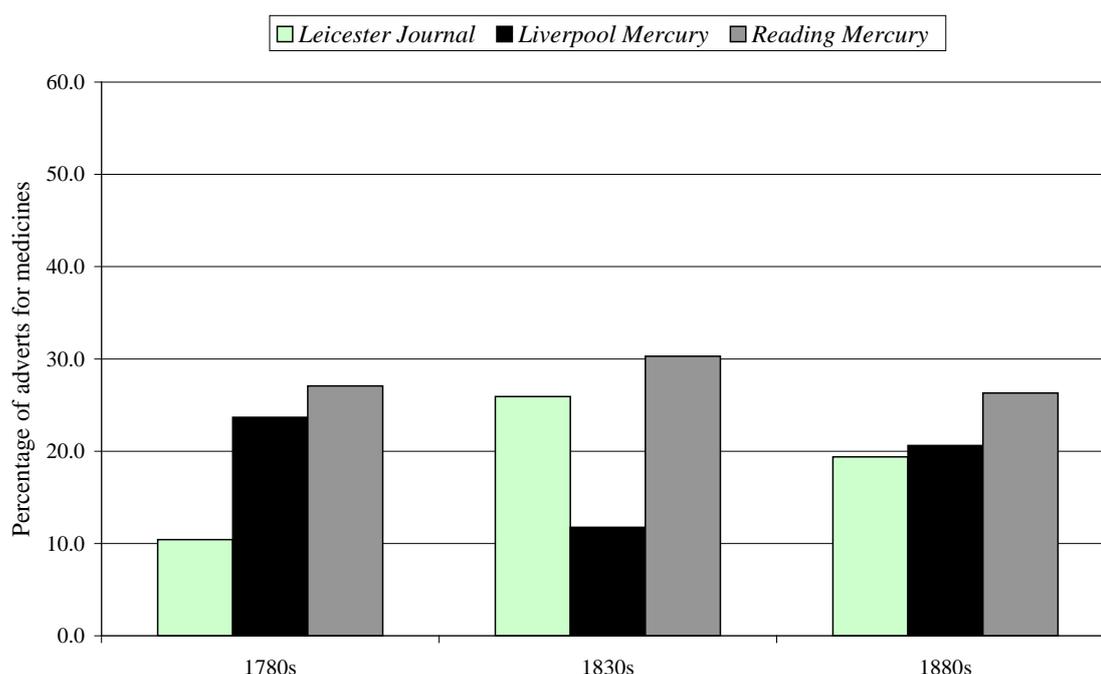
¹⁴² Mitchinson, *Nature of Their Bodies*, 105-6.

¹⁴³ *Reading Mercury*, 3/2/1834, 1f.

¹⁴⁴ Adverts were deemed ‘indecent’ if it related to syphilis, gonorrhoea, nervous debility, or any other complaint or infirmity arising from or relating to sexual intercourse...’. See Nevett, *Advertising in Britain*, 128.

barely 9 per cent did in the 1830s. The connection between nervous and female complaints also diminished, in spite of the medical ‘establishment’ continuing to relate the two.¹⁴⁵ In the 1830s, more than 60 per cent of nervous antidotes appearing in the *Leicester Journal* also treated female complaints, yet only 8 per cent did so by the 1880s. The corresponding figures for the *Reading Mercury* were 35 and 12 per cent respectively.

Figure 3.6: Medicine advertisements promising to cure nervous complaints



The supply of remedies for nervous disorders remained relatively consistent over the course of the nineteenth century (see Figure 3.6). It appears, therefore, that the consuming classes continued to suffer great anxiety about being perceived as a ‘nervous type’. Much of this concern was bound up in middle-class concerns about identity, especially middle-class men’s concerns. Among the nineteenth-century middle class, male identity became indelibly bound up with occupation and public activity.¹⁴⁶ Yet the cause of the pervasive sense of unease about mental deterioration

¹⁴⁵ The medical profession increasingly associated frailty with the female sex. Women were also deemed to be physically and mentally at the mercy of their body, whilst men were able to exercise self-control and rationality. By aligning women with irrationality and men with logic, doctors propagated greater credence to their suspicions about the imperfections in the nature of the female brain. See Beetham, *A Magazine of Her Own?*, 41, 145; Shuttleworth, ‘Female circulation’, 64; Oppenheim, ‘*Shattered Nerves*’, 181.

¹⁴⁶ Davidoff and Hall, *Family Fortunes*, 410.

was also undoubtedly related to some degree with the poor status of the psychiatric profession in the nineteenth century. Psychiatrists, or ‘alienists’ as they were then known, remained unsure of both their goals and functions. Furthermore, unlike other branches of medicine, ‘mad doctors’ did not gain much more knowledge about their patients’ illnesses than the patients themselves.¹⁴⁷ Alienists thus had a real challenge in gaining the public’s confidence and their compliance. Consultation with a ‘brain doctor’ was the last thing the middle classes wanted; self-help through patent medicines was a much more appealing line of treatment.

The diminishing role given by adverts to feminine and sexual complaints in agitating the mental state left a gap for new triggers to be invented. One readily at hand in the pages of domestic medical guides, was the increasing pressure of life in the urban sphere. Arthur Newsholme, for example, wrote in 1881 how modern life ‘with its nervous strain, keen competition, and constant hurry and worry’ made it ‘necessary to have a larger amount of sleep than our forefathers required.’¹⁴⁸ In a paper written in 1884, Dr Crichton-Browne credited Sir Richard Quain, a pre-eminent London physician, with recognising the connection between increased heart disease and “the hurry and strain of the age”, and the “nervous agitations” of modern life.¹⁴⁹ The damage wrought to the nerves by the struggle to win the economic race also became a recurrent lamentation in Victorian and Edwardian medical literature.¹⁵⁰ It is little surprise, therefore, to find that this phenomenon was welcomed with open arms by purveyors of health products in the second half of the nineteenth century. Whilst promoting his *Guide to Health*, Dr Henry Smith of Jena University, offered to provide customers with the power to overcome ‘the effect of Over-taxed Energies’.¹⁵¹ Furthermore, Page Woodcock’s Pills, Du Barry’s Revalenta Arabica Food and Sir James Murray’s Cordial Fluid Camphor all claimed to prevent sleeplessness. The emergence of new health concerns, therefore, provided ample opportunity for proprietors of health products to branch out and offer new remedies for new disorders.

¹⁴⁷ Oppenheim, “*Shattered Nerves*”, 16, 38.

¹⁴⁸ Newsholme, *Hygiene*, 330.

¹⁴⁹ Oppenheim, “*Shattered Nerves*”, 33.

¹⁵⁰ Oppenheim, “*Shattered Nerves*”, 101.

¹⁵¹ *Liverpool Mercury*, 6/11/1880, 4a.

Medicines to calm the nerves and fend off mental weakness remained in such high demand throughout the nineteenth century due to the social approbation that resulted from mental breakdown, touched upon earlier. Considering the value placed upon self-control, soberness and self-reliance, spasmodic reactions and nervous tics were an anathema to the middle classes. Due to the prevalence of *laissez faire* philosophy among nineteenth-century society and the emphasis placed upon productivity in a rapidly industrialising nation, exhaustion and incapacitation were major social disasters.¹⁵² Struck by a nervous affliction, the successful businessman could immediately be brought crashing to his knees. Not only would he then become a burden upon society, but he would also fail in his role as the male breadwinner and thus endanger the well-being of his wife and children,¹⁵³ as well as the continuation of the family name and assets. Indeed, nervous disorders were particularly troubling for men, as mental exhaustion was deemed in medical circles to bring men perilously close to the female condition.¹⁵⁴ Considering the developing cult of masculinity, engendered by the country's top public schools, such emasculation would have been calamitous.¹⁵⁵ The strength of prejudice towards lethargy increased the necessity to manage and eradicate nervous disorders all the more. Such intense negativity towards cerebral exhaustion may also help explain why the middle classes were so eager to disguise the visual effects of ageing, as highlighted in chapter 2. The obsolescence associated with age and nervous breakdown was particularly unwelcome at a time when industrial productivity was celebrated so triumphantly. Patent medicine dealers continued to administer this line of health self-help admirably (see Figure 3.6).

Threats to health, thus, seemed omnipresent in the late-eighteenth- and nineteenth-century urban environment. Smoke-laden skies, fetid piles of filth, contaminated food and infected water were permanent reminders of the many perils for town dwellers. Compounding these dangers was the lack of effective town management. For the first fifty years of the nineteenth century, public health was run on a very ad hoc and unsatisfactory manner. Although it became possible for local authorities to obtain the

¹⁵² Oppenheim, "*Shattered Nerves*", 14.

¹⁵³ Responsible breadwinners legitimated their manhood through meeting the needs of his dependent. See Davidoff and Hall, *Family Fortunes*, 17.

¹⁵⁴ Oppenheim, "*Shattered Nerves*", 85, 141.

¹⁵⁵ Public schools were so popular partly because they were perceived to give boys a crash course in manliness. See Tosh, *A Man's Place*, 118.

power to take remedial action, many declined to do so due to sustained opposition for many middle-class taxpayers.¹⁵⁶ The middle classes appear to have preferred to spend their money on themselves in the form of commercial health products rather than on public facilities and refuse systems. City life also wrought psychological damage; the pace of competition in Britain, ‘the workshop of the world’, reduced many to enfeeblement. To counter such dangers, the middle classes again demonstrated the strength of their faith in self-help. Just as Smiles’s philosophy encouraged men to be masters of their own destiny, it also inspired them to manage their health. Self-management was, after all, often perceived as the most reliable, cost-effective and pain-free method of staying healthy. Throughout the period between the late-eighteenth and nineteenth century, families continued to lament the expense of doctors’ fees,¹⁵⁷ and despite advances in medical knowledge, undergoing medical care even at the end of the nineteenth century was still a painful experience. Public hunger for patent medicine became so strong, that by the 1880s, the vast majority of advertisements were clear and concise. Many advertisers took barely a few sentences to convey their message. Norton’s Camomile Pills, for example, were sold in just three sentences.

It is evident that Camomile is Nature's own simple and safe remedy for Indigestion and all Stomach complaints, for during the last fifty year [sic].
 NORTON'S CAMOMILE PILLS
 Have afforded relief to thousands.
 Sold in Bottles at 1s. 1 ½d., 2s. 9d., and 11s.¹⁵⁸

In this example, there are none of the traditional modes of persuasion. There is no testimonial, no superlatives, and hardly any description of the product’s history. By spending just a few sentences in promoting a product, advertisers demonstrated how easy it had become to sell health self-help to the public by the end of the nineteenth century.

¹⁵⁶ For example, for the 1848 Public Health Act to be adopted by a particular authority, a preliminary enquiry had to be carried out and before that could happen, at least 10 per cent of those rated for poor relief had to petition to have it. See Wohl, *Endangered Lives*, 149.

¹⁵⁷ J. F. C. Harrison, ‘Early Victorian radicals and the medical fringe’, in W. F. Bynum and R. Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 202.

¹⁵⁸ *Reading Mercury*, 5/11/1881, 7g.

Chapter 4: Advertising Strategies of Health Entrepreneurs

The first issue of the *Liverpool Mercury* for February 1835 carried an advertisement of nearly two thousand words lauding the virtues of Cheddon's 'Famed Herbal Tonic Pills'.¹ It was a product designed to counter scurvy, scrofula and other skin complaints. The advert used scare tactics to arouse consumer interest: readers were urged to 'look around... and see how many individuals in the prime of life are daily falling victims'. Superlatives such as 'extraordinary' and 'wonderful' were used to describe the pills and no fewer than nine testimonial letters were employed, one of which came from a 'Dr Thompson of Leeds', to convince the public of the product's worth. Compare this to an advert for Keating's Cough Lozenges from November 1883. Measuring a mere sixty-one words, and repeating the product's name four times, this advert included no letters from satisfied customers. Instead, it is succinctly explained how the product was 'convenient to use', 'universally recommended by the Faculty' and had enjoyed an ever-increasing sale for sixty years. The only adjective used to describe the product was a conservative 'best'.

The nature of advertisements appearing in the press changed dramatically over the course of the nineteenth century. Adverts became shorter, snappier, more artistic and stylistic. Ultimately their design improved. This shift in the sophistication of advertising can be explained by the fact that the industry was growing, developing and becoming more adept. Advertising agencies emerged, the first in 1841, as the field of marketing became more than a part-time concern, previously filled by a product's proprietor.² Eventually, specialist institutions were also established to teach students and thereby made advertising a science. A branch of the Page Davis School of Advertising Methods, with its headquarters in Chicago, was founded in

¹ *Liverpool Mercury*, 6/2/1835, 3e.

² R. Church, 'Advertising consumer goods in nineteenth-century Britain: reinterpretations', *Economic History Review*, 53, No. 2 (2000), 632; William H. Helfand, 'Advertising Health to the People', <http://www.librarycompany.org/doctor/helfand.html>, accessed 22nd May 2006; D. and G. Hindley, *Advertising in Victorian England 1837-1901* (London, 1972), 30.

London during the 1890s to teach copy-writing.³ Developments were also being made in the field of market research, as travelling salesmen working for firms, such as Colman's and Reckitt's, relayed the latest consumer preferences to their company's headquarters.⁴ By the close of the nineteenth century, advertising had gained many of the key attributes necessary for being regarded as a profession.⁵

It is generally accepted by historians of marketing that by the late-nineteenth and early-twentieth century, modern advertising was only in its embryonic state.⁶ Advertising prior to this date, it is argued, was pedestrian, clumsy and regional, rather than national.⁷ Nevett, after all, labelled the period 1855 to 1914 'the Great Expansion' in advertising.⁸ Church noted that well into the nineteenth century, advertising was conducted informally through networks of manufacturers, freelance writers and newspaper proprietors.⁹ Furthermore, the Hindleys' argument that by the 1880s, advertising was becoming too specialized for manufacturers to survive alone in the field, carries the implication that previously advertising was far less sophisticated and thus easier for an amateur to participate in.¹⁰ Myers similarly saw 1880 as a turning point.¹¹ However, this point of view has recently been challenged. Concentrating on the alcohol trade, Duguid highlighted how branding, one of the key components of modern marketing, was practised long before the late-nineteenth century.¹² Furthermore, as mentioned in chapter 1, John Styles has demonstrated

³ W. H. Fraser, *The Coming of the Mass Market, 1850-1914* (London, 1981), 138.

⁴ R. Church and C. Clark, 'Product development of branded, packaged household goods in Britain, 1870-1914: Colman's, Reckitt's, and Lever Brothers', *Enterprise & Society*, 2 (2001), 539.

⁵ The key characteristics deemed necessary for an occupation to be regarded a profession included the establishment of an organised body to defend the interests of the profession, the creation of specialist training and education and entry limited by examinations. For example, the Pharmaceutical Society of Great Britain launched a school in 1842. Incorporated the following year, the Society gained the title 'Royal'. See P. J. Corfield, *Power and the Professions in Britain 1700-1850* (London, 1995), 157, 181; H. Perkin, *Origins of Modern English Society* (London, 1969, Reprint 1991), 255.

⁶ T. Richards, *The Commodity Culture of Victorian England: Advertising and Spectacle 1851-1914* (Stanford, Cal. 1990), 6.

⁷ According to Lurito, prior to the nineteenth century, advertisements were little more than announcements. See P. W. Lurito, 'The early history of advertising and popular ideas of technology', in *Marketing in the Long Run: Proceedings of the Second Workshop on Historical Research in Marketing*, Michigan State University (April, 1985), 30.

⁸ T. R. Nevett, *Advertising in Britain: a History* (London, 1982).

⁹ Church, 'Advertising consumer goods', 627.

¹⁰ Hindley, *Advertising in Victorian England*, 30.

¹¹ K. Myers, *Understains: the Sense and Seduction of Advertising* (London, 1986), 21.

¹² P. Duguid, 'Developing the brand: the case of alcohol, 1800-1880', *Enterprise and Society*, 4 (2003), 405-441.

that branding became an increasingly employed marketing technique as the eighteenth century progressed; examples of branding can even be found in the seventeenth century.¹³ With such conflicting arguments, therefore, it is important to analyse the tactics employed by medical advertisers in the nineteenth century, in order ascertain the pedigree of certain marketing strategies. In the remaining three chapters empirical research will be used to demonstrate that although the appearance of advertisements changed dramatically over the course of the nineteenth century, their techniques and strategies did not. It is concluded, therefore, that the marketing of health and beauty products provides convincing evidence that the birth date of so-called ‘modern marketing’ can actually be pushed much further back than the late-nineteenth century.

Between 1780 and 1900, Britain became an industrial and urban nation, and democracy spread as the growing middle classes clamoured for greater political representation.¹⁴ Furthermore, with increasing prosperity in the second half of the century and increasing real incomes, a growing number of Britons were able to indulge in consumerism, spending their surplus income on luxuries deemed to improve their lifestyle. With the growth of bureaucracy and administrative jobs, the size of the middle class burgeoned.¹⁵ Amid such social change, therefore, advertisers and pill manufacturers were under pressure to keep in touch with both consumers’ desires and prejudices and the size of their market. As Lurito noted, advertisements are highly reflective of the values and ideas that businessmen and printers perceived were important to communicate to their intended audiences.¹⁶ As the nature of society changed, therefore, advertisers had to respond. The shift to shorter, snappier messages is just one example of the efforts to make a bolder impact on consumers and to attract their curiosity.

¹³ J. Styles, ‘Product innovation in early modern London’, *Past and Present*, 168 (2000), 148.

¹⁴ M. J. Winstanley, *The Shopkeeper’s World 1830-1914* (Manchester, 1983), 19. L. Davidoff and C. Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London, 1987), 19. Gunn and Bell argue that the Reform Act of 1832 drove a wedge between the middle- and working-classes, due to the fact that the Act benefitted the former and not the latter. See S. Gunn and R. Bell, *Middle Classes: Their Rise and Sprawl* (London, 2002), 18.

¹⁵ H. Perkin, *Origins of Modern English Society* (London, 1969, Repr. 1991), 255; L. A. Loeb, *Consuming Angels: Advertising and Victorian Women* (Oxford, 1994), 8; Davidoff and Hall, *Family Fortunes*, 23.

¹⁶ Lurito, ‘The early history of advertising’ , 34.

Press advertisements were also forced to change by developments within the industry. Not only did the number of products vying for space increase, new advertising media became available, the most significant of which was the poster. According to the Hindleys, the history of the English poster dates from 1871, when Fred Walker's poster for the first stage adaptation of Wilkie Collin's novel, the *Woman in White*, made a considerable impact.¹⁷ After this time, commercial exploitation of the poster was ubiquitous, as the names Beecham's Pills, Pear's Soap and Cadbury's Cocoa were projected from factory and warehouse walls, from passing trams and from sandwich-board men trudging up and down the streets of the city centre.¹⁸ With the use of an image and a strap line, posters were able to project their message much more directly than their textual counterparts in a newspaper. Attempts by advertisers to draw greater attention to their notices in the press were resisted by publishers, firm in the belief that more eye-catching adverts would ruin the appearance of their printed page. These restrictions forbade the use of large text, the use of more than one column, and the inclusion of illustrations.¹⁹ Under these circumstances, advertisers had to think innovatively and mould their notices to grab attention in a subtle but seductive way. This explains in part why the majority of advertisements by the 1880s were more concise than their counterparts fifty years previously. Although the Hindleys infer that 1875 marked a watershed when the *Illustrated London News* devoted an entire page to Pulvermacher's Galvanic Chain Bands and Belts,²⁰ such concessions were not made by provincial newspapers. Advertisers in these publications, therefore, had to make use of whatever stylistic variation they could muster.

The need to promote products visually was intensified by the development of photography during the nineteenth century. Introduced in 1839, photography soon had an increasing impact on the life of ordinary citizens.²¹ Whether it was by having

¹⁷ Hindley, *Advertising in Victorian England*, 74-5; E. S. Turner, *The Shocking History of Advertising* (Middlesex, 1952), 98.

¹⁸ S. Chapman, *Jesse Boot of Boots the Chemists: A Study in Business History* (London, 1974), 77; Nevett, *Advertising in Britain*, 56-7.

¹⁹ T. Nevett, 'Media planning criteria in nineteenth century Britain', in *Marketing in the Long Run: Proceedings of the Second Workshop on Historical Research in Marketing*, Michigan State University (April, 1985), 24; Hindley, *Advertising in Victorian England*, 66-7.

²⁰ Hindley, *Advertising in Victorian England*, 66.

²¹ J. Burant, 'The visual world in the Victorian age', *Archivaria*, 19 (1984), 110-121.

family portrait photographs taken, or by seeing images of news in the press,²² the public grew increasingly accustomed to the new art. To project messages pictorially was to portray them immediately, and as society grew accustomed to the visual age, advertisements needed to make similar instantaneous impacts.

Visual representation was also easy to interpret. It was not a necessity to be literate in order to interpret an image.²³ Image-driven advertisements, therefore, were ideal for promoting goods during the late-nineteenth century, at a time when the market for consumer products was expanding.²⁴ Increasing real incomes from the late-1860s coupled with falling prices from the 1870s meant that a greater number of families during the late-Victorian period enjoyed much higher disposable incomes.²⁵ As wealth became more widely dispersed and new sections of society were able to purchase health products, advertisers had to be innovative in order to attract new 'health consumers'. Before the second half of the nineteenth century, health products were largely the preserve of the rich and well-off: people who had the time, money and upbringing to manage their health and appearance. Yet the economic climate of the late-nineteenth century enabled the lower middle class, as well as many working-class families, to gain greater control over their bodies through the exploitation and manipulation of health products. Patent medicines, it seems, along with furniture and ready-made clothing, were among the most highly demanded goods. Sales increased almost eightfold between 1850 and 1913.²⁶

²² In the mid-1850s, the harsh reality of the Crimean War was brought to the attention of the Victorian public through the photography of the first ever war photographer, Roger Fenton. See R. Taylor, 'Roger Fenton (1819-1869)', *Oxford Dictionary of National Biography*.

²³ Although literacy rates were rising during the nineteenth century, Barker urged caution in overstating this fact, arguing that in the 1850s, half the population could not write. See H. Barker, *Newspapers, Politics and English Society, 1695-1855* (London, 2000), 52.

²⁴ M. Winstanley, 'Concentration and competition in the retail sector c.1800-1990', in M. W. Kirby and M. B. Rose (eds), *Business Enterprise in Modern Britain: From the Eighteenth to the Twentieth Century* (London, 1994), 242.

²⁵ G. R. Boyer, 'Living standards, 1860-1939' in R. Floud and P. Johnson (eds.), *The Cambridge Economic History of Modern Britain, Vol. II: Economic Maturity, 1860-1939* (Cambridge, 2004), 280, 284-5; V. Berridge, 'Health and medicine', in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 3: Social Agencies and Institutions* (Cambridge, 1990), 191; W. H. Fraser, *The Coming of the Mass Market, 1850-1914* (London, 1981), 16; H. Voth, 'Living standards and the urban environment', in R. Floud and P. Johnson (eds.), *The Cambridge Economic History of Modern Britain, Vol. I: Industrialisation, 1700-1860* (Cambridge, 2004), 293.

²⁶ T. A. B. Corley, 'Competition and growth of advertising in the U. S. and Britain, 1800-1914', *Business and Economic History*, 17 (1988), 162.

The *influence* of the pictorial poster on the textual advertisement is the principal focus of this chapter, rather than poster advertising *per se*. Advertising bills and posters were mainly displayed in the poorer parts of the city due to the omnipresence of factory and warehouse walls in those areas.²⁷ But the middle classes are the main concern of this thesis, considering that they were able to purchase and consume health products for a much longer period. As highlighted above, the market only really expanded at the end of the nineteenth century, at the close of this study. Therefore, by concentrating on textual advertisements on the printed pages of provincial regional newspapers, it is possible to ascertain how the bourgeoisie's interest in health and body management developed.

To describe nineteenth-century advertising as sophisticated might seem an overstatement, but the aim of the following two chapters is to explore the range, complexity and subtlety of advertising, and thus to offer a revisionist dimension to the character of nineteenth-century advertising. From an analysis in chapter 5 of the modes of justification used by advertisements for health products between 1780 and 1885, the familiarity of such tactics is striking. It will be shown that testimonials, scientific language and evidence of a prolonged existence, all strategies used in marketing today, were in fact in use even before the nineteenth century. Using advertisements as a means to gauge consumer beliefs and desires, this analysis will also be used to gain a deeper understanding of the mindset of the bourgeoisie between the late-eighteenth and nineteenth century.²⁸ Entrepreneurs selling 'Widow Welch's Pills' or 'Dr Anderson's Scots Pills' attempted to lure consumers by employing certain tactics. By measuring the frequency with which different claims and modes of justification appeared, it is possible to ascertain the promises that the Georgian and Victorian middle classes most readily believed and to which they responded.

Meanwhile, this present chapter explores the more technical and stylistic aspects of adverts that appeared in the provincial press. As hinted at earlier in this thesis, the

²⁷ Nevett, 'Media planning criteria', 23.

²⁸ In this approach I am following Church and Clark's argument that 'if we accept that entrepreneurs' assessments of investment risk required some initial notion of consumers' responses, then the relationships among entrepreneurs, products and consumers become central to an understanding of the competitive process'. See Church and Clark, 'Product development', 504.

style of advertisements was influenced by the technology available at the time. Printing went through a veritable revolution during the nineteenth century as new processes were invented and improved technology sped up newspaper production. Before 1800 much printing was produced using the engraved copperplate (intaglio) process.²⁹ Woodcuts were also in use, but produced cruder, less accurate copies.³⁰ Due to the delicate nature of the copperplate, only a limited number of prints could be made before it was worn out. Thomas Bewick improved upon this system by perfecting the method of wood-engraving. Using the hardwood boxwood, Bewick created a process capable of producing thousands of copies due to its higher durability. This greatly reduced the cost of printing. The technique became extremely successful, and became adopted by all major illustrated newspapers in Britain, including the *Illustrated London News*.³¹ The invention of steam-presses also enabled faster, mechanical, printing, the first of which was used by *The Times* in 1814.³² Stereotyping, available in 1805, became more efficient once papier mâché moulds were used instead of plaster ones.³³ However, the major breakthrough in the printing industry was the application of lithography. Although invented in the 1790s by actor and playwright Alois Senefelder, it was not until the 1870s that the process became practicable for large-scale commercial use.³⁴ This process of printing was superior to the intaglio technique since it required less pressure in order to create a print and thus lasted much longer. Yet it was the efforts of Jules Chéret in stretching lithography's illustrative potential, which laid the basis for the new advertising medium of the pictorial poster.³⁵ Between 1866 and 1884, Chéret produced more than 1,000 posters for commercial companies such as La Diaphone Face Powder and Cosmydor Soap.³⁶

²⁹ Burant, 'The visual world', 111.

³⁰ Nevett, *Advertising in Britain*, 40.

³¹ Burant, 'The visual world', 111-2.

³² Nevett, *Advertising in Britain*, 38; A. P. Wadsworth, 'Newspaper circulations, 1800-1954', *Transactions of the Manchester Statistical Society* (1954/55), 8.

³³ Nevett, *Advertising in Britain*, 40-1.

³⁴ Nevett, *Advertising in Britain*, 86-7; Church, 'Advertising consumer goods', 636; Nevett, 'Media planning criteria', 24.

³⁵ S. V. Ward, *Selling Places: The Marketing and Promotion of Towns and Cities 1850-2000* (London, 1998), 35; Turner, *Shocking History of Advertising*, 98-9.

³⁶ Hindley, *Advertising in Victorian England*, 70-1.

Advertisers working in the 1780s and 1830s, therefore, did not have the resources of their counterparts fifty years later. Yet, as highlighted above, technological constraints were nothing compared to the limitations placed upon advertisers by newspaper proprietors and publishers. The *Times* newspaper was particularly highhanded in its treatment of advertisers. The paper held out until as late as 1893, at which date it succumbed and tolerated illustrated, gaudier advertisements.³⁷ Previously the *Times* had squashed five to six columns to a page.³⁸ Furthermore, taxes on newspapers, paper and advertisements also hindered advertisers' efforts to produce eye-catching, attention-grabbing promotional material. Newspapers all over the country banned any type larger than the minimum size.³⁹ If the use of large print had been permitted, newspapers would have filled more sheets of paper, been liable to more tax and thus cost more to purchase. As this chapter will highlight, there were substantial differences in the visual appearance of advertisements for health products from the 1830s compared with those from the 1880s. However, despite the limitations of early advertisers and the changes in advertising that were to come later, it is still possible to show that the birth of modern advertising came earlier than the second half of the nineteenth century.⁴⁰ Claire Walsh has argued that it dates from the second half of the *eighteenth* century.⁴¹ Although the findings of this thesis cannot push the date that far back, it can be shown that the content of advertisements from as early as the 1830s displays a complexity and sophistication that scholars such as Richards have neglected.

Due to their ubiquity, it is justifiable to use advertisements for patent medicines and other health-related products to discuss the trends in advertising in general. Along with property notices and adverts for books, those for pseudo-medical products were among the largest category of advertisements placed in the nineteenth-century

³⁷ Nevett, *Advertising in Britain*, 80-2.

³⁸ Barker, *Newspapers, Politics*, 44.

³⁹ Turner, *Shocking History of Advertising*, 80.

⁴⁰ T. Richards is the strongest advocate of the view that modern advertising only appeared at the occasion of the Great Exhibition of 1851. For Richards, 'in 1851, advertising was in a primitive state...'. See Richards, *The Commodity Culture of Victorian England*, 6.

⁴¹ C. Wischermann, 'Placing advertising in the modern cultural history of the city', in C. Wischermann and E. Shore (eds), *Advertising and the European City: Historical Perspectives* (Aldershot, 2000), 3. See also C. Walsh's article in this volume, 'The advertising and marketing of consumer goods in eighteenth century London', 79-95

press.⁴² Medicine vendors were also at the forefront of marketing through the press. Nevett summed up the view of many scholars of advertising, by labelling patent medicine proprietors as ‘pioneers of modern marketing’, branding their products, advertising them widely and distributing them around the country.⁴³ The industry also contained men such as Samuel Solomon, Thomas Holloway and Thomas Beecham, each of whose vast fortunes owed much to the power of advertising. Sales of Solomon’s Balm of Gilead generated enough money for the Jewish immigrant to build a mansion, with its own mausoleum. Thomas Holloway, whom Corley acclaimed as ‘the pioneer of nineteenth-century mass advertising’ is perhaps the most cited example of a major spender in advertising. His annual outlay grew from a considerable £5,000 in 1842 (£220,500 in 2007 prices) to an astonishing £50,000 at his death in 1883 (£2,415,500 today).⁴⁴ Considering their innovative role in the development of marketing, therefore, advertisements for health-related products represent a rich resource for business historians.

Analysing the content of advertisements between the 1780s and the 1880s is also of great interest considering that, as highlighted above, the industry was still very much a developing science at this time. The second half of the nineteenth century is widely held as the period in which advertising really took off.⁴⁵ It grew in scale, influence and utility. In the space of eight years, three taxes were abolished which had previously hampered press advertising: 1853 witnessed the end of tax paid on advertisements, 1855 saw the end of the newspaper stamp and in 1861 the duty paid

⁴² J. J. Looney, ‘Advertising and society in England, 1720-1820: a statistical analysis of Yorkshire newspaper advertisements (Unpublished PhD thesis, Princeton University, 1983, 220; D. Pope, *The Making of Modern Advertising* (New York, 1983), 186. From analysing the sums of money spent on advertising, Nevett also argues that patent medicine vendors were the heaviest advertisers of this period. See Nevett, *Advertising in Britain*, 71.

⁴³ Nevett, *Advertising in Britain*, 24; Myers, *Understains*, 20; J. H. Young, ‘Patent medicines: an early example of competitive marketing’, *Journal of Economic History*, 20 (1960), 656; Duguid, ‘Developing the brand’, 415; W. Helfand, *Quack, Quack, Quack: The Sellers of Nostrums in Prints, posters, Ephemera & Books: An Exhibition on the Frequently Excessive & Flamboyant Seller of Nostrums as Shown in Prints, Posters, Caricatures, Books, Pamphlets, Advertisements & Other Graphic Arts Over the Last Five Centuries* (New York, 2002), 33-4.

⁴⁴ <http://www.nationalarchives.gov.uk/currency/results.asp#mid> accessed on 16th July 2007; K. T. Hoppen, *The Mid-Victorian Generation 1846-1886* (Oxford, 1998), 327; Corley, ‘Competition and growth’, 161; Loeb, *Consuming Angels*, 9.

⁴⁵ For example, in Nevett’s, *Advertising in Britain*, chapter 5 is entitled ‘The great expansion 1855-1914’.

on paper was quashed.⁴⁶ Newspaper production remained expensive, however. With the development of improved machinery and the growing costs of newsgathering, which involved the employment of greater numbers of workers, newspapers became all the more dependent upon advertisements for revenue.⁴⁷ As Helfand succinctly put it, newspapers needed advertisements and advertisements needed newspapers.⁴⁸

How did the character of advertisements change in the nineteenth century? Perhaps most dramatically, the length of advertisements dropped substantially.⁴⁹ This decrease was as steady as it was certain. At the close of the eighteenth century advertisements averaged over 360 words. Fifty years later, they averaged 250 words, yet by the 1880s advert lengths rarely ventured over the 150 word limit.⁵⁰ The shrinking size of adverts is interesting considering that the duty levied upon them, charged by the line, was abolished in 1853.⁵¹ It appears that despite the new opportunity to write *ad nauseam* about their products, vendors chose to forego this luxury. Instead they did the opposite and used punchier and shorter advertising slogans, such as ‘worth a guinea a bottle’, ‘health for all!’ and ‘For the blood is the life’.⁵²

⁴⁶ Turner, *Shocking History of Advertising*, 77-8; Myers, *Understains*, 21; Nevett, *Advertising in Britain*, 67; Corley, ‘Competition and growth’, 162.

⁴⁷ Nevett, *Advertising in Britain*, 75-6; Asquith has suggested that the growth of advertising revenue was the most important factor in enabling the press to become the fourth estate of the realm. See I. Asquith, ‘Advertising and the press in the late eighteenth and early nineteenth centuries: James Perry and the *Morning Chronicle* 1790-1821’, *Historical Journal*, 18 (1975), 721.

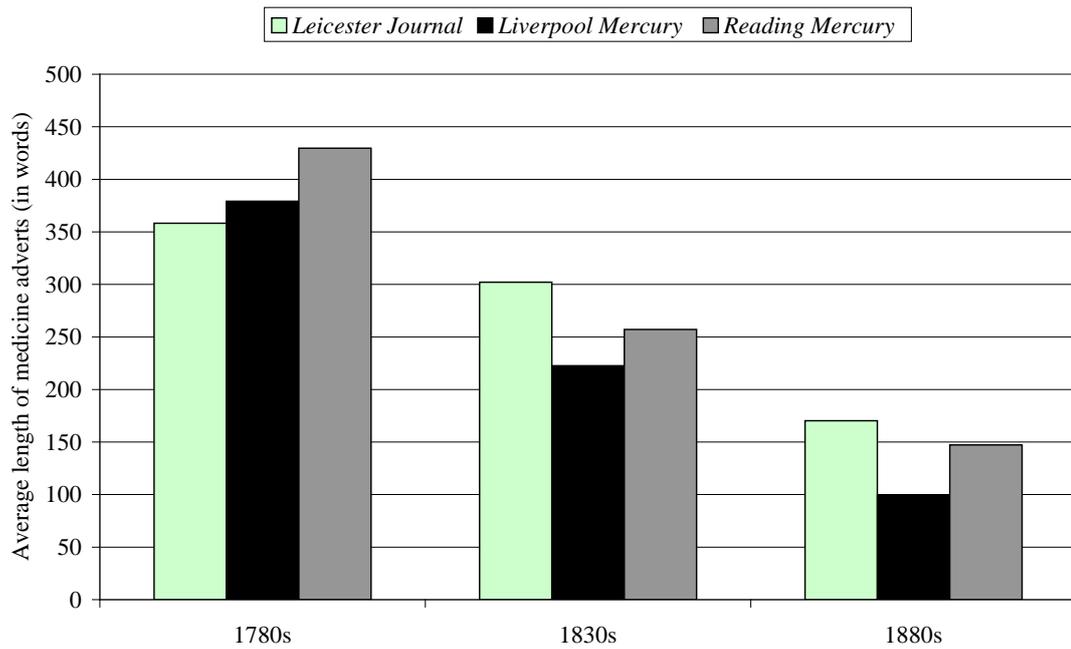
⁴⁸ Helfand, *Quack, Quack, Quack*, 39; P. Vaughan, ‘Secret remedies’ in the late nineteenth and early twentieth centuries’, in M. Saks (ed.), *Alternative Medicine in Britain* (Oxford, 1992), 102-3.

⁴⁹ These findings contradict Nevett’s view that medical advertisements tended to grow longer and more detailed as the century advanced. See Nevett, *Advertising in Britain*, 33.

⁵⁰ There were exceptions, of course. Advertisements for Mother Seigel’s Syrup ran to between 700 and 800 words in the 1880s. For example, see *Leicester Journal*, 7/3/1884, 2f.

⁵¹ Fraser, *Coming of the Mass Market*, 137.

⁵² Advertisement for Beecham’s Pills, *Liverpool Mercury*, 7/2/1885, 3c; advertisement for Holloway’s Pills, *Leicester Journal*, 3/10/1884, 2b; *Reading Mercury*, 4/2/1882, 7f.

Figure 4.1: Average length of advertisements, 1780s-1880s

At the same time that advertisements for health-related products became briefer, more thought and precision also appears to have gone into their textual layout. In general, adverts went from being long-winded and rambling to crisp and direct. An example of this style of presentation can be seen in Figure 4.2.

Figure 4.2: Advertisement for Cockle's Antibilious Pills

COCKLE'S ANTIBILIOUS PILLS,
 FREE FROM MERCURY.
 COCKLE'S ANTIBILIOUS PILLS,
 THE OLDEST PATENT MEDICINE.
 COCKLE'S ANTIBILIOUS PILLS,
 THE SAFEST PATENT MEDICINE
 COCKLE'S ANTIBILIOUS PILLS,
 THE BEST FAMILY APERIENT
 COCKLE'S ANTIBILIOUS PILLS,
 FOR LIVER.
 COCKLE'S ANTIBILIOUS PILLS,
 FOR BILE.
 COCKLE'S ANTIBILIOUS PILLS,
 FOR INDIGESTION.
 COCKLE'S ANTIBILIOUS PILLS,
 FOR HEARTBURN.
 COCKLE'S ANTIBILIOUS PILLS,
 FOR SICK HEADACHE.
 COCKLE'S ANTIBILIOUS PILLS,
 IN USE AMONGST ALL CLASSES.
 COCKLE'S ANTIBILIOUS PILLS,
 IN USE EIGHTY-FOUR YEARS
 COCKLE'S ANTIBILIOUS PILLS,
 In Boxes at 1s. 1 ½ d., 2 4s. 6d., 11s., and 22s.
 18, NEW ORMOND STREET, LONDON.

Source: *Leicester Journal*, 6/3/1885, 2e

This style of advertising made the message difficult to avoid. Relatively little was said (the advert contains only eight-nine words), yet the advert occupied a box approximately ten centimetres by four. The paucity of words created a larger white background for the advert, which in turn helped to emphasise the impact of the notice. Furthermore, in one glance, readers could not fail to catch one line, such as 'for indigestion' and thereby understand the product's purpose. When competing with tens, if not hundreds, of other products on a page, messages had to be conveyed quickly, cleanly and crisply. By the 1880s the style of advert illustrated in Figure 4.2 was popular: approximately 15 per cent of health products adopted it. Yet just twenty years earlier, this type of layout was non-existent.

The changing style of advertisements appearing in the press was influenced by the evolution of advertising in general, highlighted above. As printing technology improved, most notably with the development of chromolithography, advertisers were able to market products with pictures and images rather than with words

alone.⁵³ Probably the most famous example is Pear's Soap usurpation of Sir John Millais's painting 'Bubbles', much to the disgust of the artist.⁵⁴ By positioning words in a deliberate layout, similar to Figure 4.4, newspaper advertisements appear to have adopted the techniques of their poster and pictorial cousins. In using different forms of textual spacing, press advertising attempted to be more aesthetically pleasing, in the hope of catching the attention of the unsuspecting reader. There are indications, therefore, that developments in pictorial representation prompted press advertisers to think more about the visual impact of their message.

Figure 4.3: Excerpt of Advertisement for Wand's Drug Store, Leicester

WAND'S.
 EVERY ARTICLE AT
 A REDUCED PRICE.
 WAND'S
 ENEMAS,
 RUPTURE TRUSSES.
 WAND'S
 ELASTIC STOCKINGS,
 KNEE CAPS,
 ANKLETS.
 WAND'S
 FIRST QUALITY PERFUMES.
 BEST MAKERS ONLY.

Source: *Leicester Journal*, 7/3/1884, 4e.

It is important to make clear that this is not a discussion about the use of different fonts and varying sizes of text to entice a reader towards a particular product. This technique had existed for decades if not centuries, to emphasise some aspect of a product: its name, its inventor or its properties. As early as 1782, Dr Anderson's Scots Pills were advertised 'prepared by the sole Proprietor JAMES INGLISH, at the Unicorn, No. 165, opposite the New Church in the Strand, London'.⁵⁵ Drawing attention to the inventor was surely an attempt to differentiate them apart from any number of imitative, or 'spurious', competitors. Fifty years later, Evan's Aperient Antibilious Pills were advertised to provide relief 'For INDIGESTION, and those Complaints arising from the State of the Stomach and Bowels, generally termed

⁵³ Nevett, *Advertising in Britain*, 87; Church, 'Advertising consumer goods', 636.

⁵⁴ Turner, *Shocking History of Advertising*, 100; Hindley, *Advertising in Victorian England*, 43.

⁵⁵ *Reading Mercury*, 4/2/1782, 4a.

BILIOUS OR NERVOUS'.⁵⁶ In this way the advertiser made sure that certain words leapt out at the reader, as their eye crossed the page. Capital letters or italic script added a sense of urgency to messages, implying that the selected part of a sentence or paragraph was of particular importance. However, by the 1880s, thought was being given to the actual *positioning* of text, rather than just the text size or type font. Instead of long flowing sentences and blocks of text, advertisements were beginning to make almost pattern-like shapes on a page (see Figures 4.2, 4.3 and 4.4). Advertisers in the 1830s may have made the effort to use fancy letter types, yet they paid little regard to the lay-out of their message. Therefore, John Snook wished that,

*The public will please to take notice, that I have sold the whole and sole right and interest in my Pills, &c. called or known by the name of Snook's Aperient Family Pills, Snook's Pectoral or Cough Pills, and Snook's Dentifrice, unto Messrs. Barclay and Sons, 95, Farringdon-street, London; by whom the above-names articles will in future be faithfully prepared; and as a further security to the Public, the Government Stamp, with their Names engraved thereon, will be affixed on each Box, without which none can be genuine.*⁵⁷

Here the effect of using italics is somewhat lost. No particular passage or phrases jump out at the reader, as the text is all the same format. No doubt his counterpart fifty years later would have found a punchier, less verbose method of expressing this message.

⁵⁶ *Liverpool Mercury*, 1/2/1833, 1b.

⁵⁷ *Leicester Journal*, 1/3/1833, 1c.

Figure 4.4: Advertisement for Dr Rooke's Oriental Pills

DR. ROOKE'S	FAMILY	MEDICINES.	1
DR. ROOKE'S	FAMILY	MEDICINES.	
DR. ROOKE'S	FAMILY	MEDICINES.	
DR. ROOKE'S	SOLAR ELIXIR	ORIENTAL	
	AND		5
DR. ROOKE'S	ORIENTAL PILLS.	PILLS.	
DR. ROOKE'S	These CELEBRATED PRE-	ORIENTAL	
	PARATIONS have been before		
DR. ROOKE'S	the Public for nearly HALF	PILLS.	10
	A CENTURY, and have proved		
DR. ROOKE'S	invaluable in thousand of	ORIENTAL	
	Cases.		
DR. ROOKE'S		PILLS.	15
	For a full description of		
DR. ROOKE'S	those medicines and their	ORIENTAL	
	use in the Treatment and		
DR. ROOKE'S	Cure of Disease, with	PILLS.	
	scores of genuine Testi-		
DR. ROOKE'S	monials, see Anti-Lancet.	ORIENTAL	20

[Lines 21-45 omitted for reasons of space]

DR. ROOKE'S	This book may be obtained	PILLS.	
	from all Patent Medicine		
DR. ROOKE'S	Vendors', or post free from	ORIENTAL	
DR. ROOKE,	Scarborough,		
DR. ROOKE'S	England.	PILLS.	50
DR. ROOKE'S	FAMILY	MEDICINES.	
DR. ROOKE'S	FAMILY	MEDICINES.	

Source: *Reading Mercury*, 2/11/1884, 7c

In a similar way to the use of short and snappy selling points, this style of advertising made avoidance impossible. The border, created by the positioning of the product's name (see Figure 4.4) catches the reader's attention, drawing them to the descriptive and persuasive language at the centre. It is clear to see that by the 1880s textual advertising was being affected by artistic and stylistic considerations,

and by doing so, was attempting to catch readers unaware and make itself visually unavoidable. Such developments strongly suggest that advertisers were growing in confidence whilst at the same time becoming more sophisticated in the methods by which they manipulated consumers.

Advertisers also exercised increasing manipulation of their audience through changes in their promotional spiel. As advertisers gained knowledge about the type of assurance that would encourage consumer confidence and whet customers' appetites, promotional messages became more targeted. In the late-eighteenth and early-nineteenth century, patent medicine adverts earned themselves a reputation for exaggerated, long-winded self-promotion that became known as 'puffs'. This is reflected in Table 4.1, which shows how use of superlative language in the 1780s and 1830s was common compared to the 1880s. Words such as 'excellent' often required further reinforcement in the shape of an 'extraordinary' or 'unsurpassed', and as such, adverts using them became verbose and tedious. However, by the latter period words such as 'certain', 'invaluable' and 'strengthen' had become more popular selling points. Victorian society had apparently grown tired and left unconvinced by strings of fancy promises and by the turn of the century welcomed more direct and concise promises. The declining utilisation of superlative language mirrored the reduction in the overall length of the adverts.

Table 4.1: Superlatives used in advertisements for health products, 1780s-1880s

	1780s	1830s	1880s
Excellen...	31.7	16.9	3.1
Virtue	23.0	8.9	0.9
Superior	21.6	12.6	1.7
Extraordinary	20.1	11.3	3.2
Certain	16.5	19.2	13.5
Celebrated	15.8	16.6	5.3
Greatest	12.2	5.0	2.5
Qualit...	10.8	11.3	2.4
Infallible	6.5	7.9	1.9
Strengthen	6.5	5.6	7.2
Invaluable	3.6	17.9	9.1
Wonderful	2.2	3.3	7.3

Source: Analysis of advertisements in *Leicester and Nottingham Journal*, *Leicester Journal*, *Liverpool Mercury* and *Reading Mercury*, 1780-1785, 1830-1835 and 1880-1885.

By the 1880s, repetition had emerged as another device in the advertiser's toolbox. Although McKendrick found repetition a central strategy in George Packwood's campaign to promote his razor strops in the 1790s,⁵⁸ there is little evidence of its use before the 1880s in the provincial press of Leicester, Liverpool or Reading. By the 1880s, however, this technique was used widely to drum the names of certain products into the minds of readers, as can be seen from Figures 4.2, 4.3 and 4.4. Keating's Cough Lozenges, Liebig Company's Meat Extract and Zoedone, an exhilarating beverage, 'prescribed to many patients', are just some of the products that utilised this method. Beecham's ran a campaign in the north-west where the phrase 'Beecham's Pills' appeared no less than forty-four times in a single advert.⁵⁹ The aim here was to accustom consumers with the name of the product, the brand, and to get it into everyday vocabulary. Familiarity bred trust and trust stimulated sales. Readers, seeing advertisements week in and week out, repeating the label 'Cockle's Pills' over and over again, would soon have developed recognition for the product. By the 1880s, 20 per cent of products in Leicester, Liverpool and Reading adopted this strategy of raising product awareness. Yet, just like the use of crisp, concise statements represented in Figure 4.2, none had twenty years earlier. The years between 1860 and 1880, therefore, represented a period of great change in the sophistication of advertising health and beauty products in England.

Such findings indicate that branding entered a new dimension during the late-nineteenth century. Brand names were quick to appear in the patent medicine business⁶⁰. As Nevett argued, branding was a logical development for patent medicines. Producers both wanted to distinguish their product from competitors, and as they had to carry a government stamp before the duty was abolished,⁶¹ this provided the perfect opportunity for creating a distinctive identity. As early as the

⁵⁸ N. McKendrick, 'George Packwood and the commercialization of shaving: the art of eighteenth-century advertising or "the way to get money and be happy"', in N. McKendrick, J. Brewer and J. H. Plumb, *The Birth of a Consumer Society: The Commercialization of Eighteenth-century England* (London, 1982), 152.

⁵⁹ *Liverpool Mercury*, 1/11/1884, 8c.

⁶⁰ Product names such as Dr Anderson's Scots Pills or Holloway's Pills became synonymous with being the function they performed (i.e. curing digestive and joint pains). Today, the term 'Aspirin' is often used to refer to any number of headache pills. N. Mason, 'Building brand Byron: early-nineteenth-century advertising and the marketing of Childe Harold's Pilgrimage', *Modern Language Quarterly*, 63 (2002), 417.

⁶¹ Nevett, *Advertising in Britain*, 24.

mid-eighteenth century, titles such as ‘Dr James’s Fever Powder’ or ‘Leake’s Genuine Pills’ were used to distinguish different products. These labels were also designed to make consumers demand a particular type of medicine rather than just the generic ingredients from a local chemist. Robert Turlington had so much trouble with piracy in the 1740s and 1750s, that he devised a uniquely shaped bottle for his Balsam of Health.⁶² Similarly, by ascribing his Balm of Gilead with supposedly unique and unsurpassed virtues, Samuel Solomon was attempting to persuade consumers to buy nothing but the best.

By the 1880s, however, use of the brand was bolder and much more deliberate. Over the course of the nineteenth century the prominence of the brand name increased. Advertisements in the 1780s and 1830s attempted to engender confidence in medicines by quoting satisfied customers, explaining how diseases occurred or by claiming great success in the past. Typically adverts of this era were long-winded and the name of a product was rarely mentioned more than twice. Some adverts were even hesitant to mention the product’s name, perhaps through fear that by doing so they would inadvertently lower the tone of their message, by commercialising medical advice. Some advertisers even apologised for using the medium of an advert. Product names in the 1780s and 1830s were also largely descriptive with the result that the names given to many early products were very generic. For example, the proprietor of the ‘Attenuating [sic] Tincture for every species of the Rheumatism’ was merely described as, and in brackets, ‘a Surgeon in practice in London’.⁶³ Similarly, advertising in the *Liverpool Mercury* in the 1830s, Messrs. Johnson purveyed a ‘brown eye salve’. Yet, instead of calling it ‘Johnson and Johnson’s Brown Eye Salve’, they simply titled their product, ‘The Brown Eye Salve’.⁶⁴ Yet by the 1880s, brand names were repeated to the point that consumers could not miss or forget them. No longer did readers have to wade through swathes of dense text. Instead brands, ‘Holloway’s Pills’, ‘Clarke’s Blood Mixture’, leapt to their attention, promising immediate cures and claiming medical endorsement. Such

⁶² According to Looney, Turlington designed a pear-shaped bottle, in an attempt to make forgery harder to perfect. See Styles, ‘Product innovation’, 156; Looney, ‘Advertising and society’, 110-1.

⁶³ *Leicester and Nottingham Journal*, 4/3/1780, 4d.

⁶⁴ *Liverpool Mercury*, 4/11/1831, 4e.

shifts in the layout of adverts for health products reflect how important the stylistic element of advertising had become.

However, it was not only product names that advertisements of the late-nineteenth century reiterated. The same selling point, 'mild but efficacious', for example, could be reiterated over and over again in an attempt to convince the reader of a product's value and utility (see Figure 4.4). This strategy was less common than the repetition of brand names, yet it was still employed by the likes of Powell's Balsam of Aniseed and Nurse Edda's Baby Soother. Although repetitive, this technique nevertheless projected the message. Advertisements similar in style to those in Figure 4.4 told customers clearly and concisely what products did, how safe they were, and that they were undoubtedly the best of their kind. But ultimately, just like the new, more deliberate layouts of advertisements, repetitive selling points were a strategy designed to prevent the reader from avoiding them. Just as bright and colourful posters invaded the life of middle-class citizens from the facades of buildings and the sides of trams during their journeys into the inner city,⁶⁵ stark notices sprang to their attention from the papers of their local newspaper. It is interesting to note that not everyone thought highly of this style of advertising. John Morgan Richards, an American living in England, criticised British advertising copy for being over-repetitive.⁶⁶ Despite this, however, the strategy was perceived to work. The expansion in the sales of patent medicines during the second half of the nineteenth century was more than enough encouragement to contemporary advertisers. By continually reiterating their product names, nineteenth-century advertisers indulged in subliminal advertising, making their goods known to the consumer whether they liked it or not. Such tactics were outlawed in the twentieth century, but in the nineteenth century, this technique had not been identified as problematic. Legislators were unaware of how sophisticated advertisers were.

⁶⁵ Advertising was part of the modern city. See S. Haas, 'Visual discourse and the metropolis: mental models of cities and the emergence of commercial advertising', in C. Wischermann and E. Shore (eds), *Advertising and the European City: Historical Perspectives* (Aldershot, 2000), 54-5.

⁶⁶ Corley, 'Competition and growth', 163. Richards was also an owner of several health products, some of which he released in England and advertised in newspapers such as 'Himrod's Cure' and 'Advice to Dyspeptics', a pamphlet with helpful advice on dietary matters. See *Reading Mercury*, 2/2/1884, 7e.

Figure 4.5: Advert for Dr Scott's Bilious and Liver Pills

DR. SCOTT'S PILLS.
 THE MOST RELIABLE MEDICINE.
 THE MOST RELIABLE MEDICINE.
 THE MOST RELIABLE MEDICINE.
 DR. SCOTT'S PILLS.
 MILD but EFFICACIOUS, WITHOUT MERCURY.
 MILD but EFFICACIOUS, WITHOUT MERCURY.
 MILD but EFFICACIOUS, WITHOUT MERCURY.
 DR. SCOTT'S PILLS.
 CURE ALL DISORDERS OF THE BLOOD.
 CURE ALL DISORDERS OF THE BLOOD.
 CURE ALL DISORDERS OF THE BLOOD.
 D R . S C O T T ' S P I L L S
 CURE DEPRESSION AND LOSS OF APPETITE.
 CURE DEPRESSION AND LOSS OF APPETITE.
 CURE DEPRESSION AND LOSS OF APPETITE.
 DR. SCOTT'S BILIOUS AND LIVER
 PILLS.-Some unscrupulous persons, for the sake of
 making a larger profit, may try to persuade you to buy
 some preparation of their own. Do not do so, but insist
 on having Dr. Scott's Bilious and Liver Pills, which are
 wrapped in a square green package, bearing the name
 of the Proprietor, W. LAMBERT, 173, Seymour-place,
 London, W., by post for 14 or 34 stamps.

Source: *Liverpool Mercury*, 1/11/1884, 5a.

At the same time that the messages of advertisements for health products became more repetitive, so did their appearance. In the 1830s, many products had temporary existences. Pritchett's Vegetable Vermifuge, a remedy for worms, made just one solitary appearance in March 1834. This is perhaps unsurprising when we consider the competitive nature of the pseudo-health market. People wanted health products that worked. The fleeting appearance of advertisements in the 1830s suggests that many products simply were not good enough. However, by the 1880s, many products, such as Dinneford's Magnesia, Mrs Winslow's Soothing Syrup and Clarke's Blood Mixture, appeared regularly and had much longer existences compared to their counterparts in the 1830s (see Table 4.2).

Table 4.2: Percentage of health products that reappeared, 1830s – 1880s

	1830s		1880s	
	Health products that...		Health products that...	
	Reappear	Appear Once	Reappear	Appear Once
<i>Leicester Journal</i>	36.4	63.6	60.0	40.0
<i>Liverpool Mercury</i>	35.7	64.3	46.6	53.4
<i>Reading Mercury</i>	29.8	70.2	71.4	28.6

Whereas just over a third of health products reappeared in the six-year sample of local newspapers in the 1830s, this figure had nearly doubled fifty years later. But this was not all. In the latter period, products not only reappeared; they continually appeared. For example, by the 1880s, sixteen products appearing in the *Reading Mercury* were advertised eight or more times, suggesting that in reality they featured week after week and year after year (see Table 4.3).⁶⁷ By comparison, advertisements that reappeared in the 1830s rarely featured on more than six occasions (Table 4.4).

Table 4.3: Frequency of health products appearing in the local press, 1880s

Products appearing...	1880s		
	<i>Leicester Journal</i>	<i>Liverpool Mercury</i>	<i>Reading Mercury</i>
Once	24	39	20
Twice	7	8	18
Three times	8	5	4
Four times	5	6	5
Five times	4	4	5
Six times	3	2	2
Seven times	6	2	5
Eight times	3	0	3
Nine times	2	0	2
Ten times	3	1	3
Eleven times	0	1	0
Twelve times	7	5	6
Thirteen times	0	0	2

Table 4.4: Frequency of health products appearing in the local press, 1830s

Products appearing...	1830s		
	<i>Leicester Journal</i>	<i>Liverpool Mercury</i>	<i>Reading Mercury</i>
Once	27	31	27
Twice	9	8	6
Three times	3	3	5
Four times	0	1	0
Five times	1	5	1
Six times	2	1	2
Seven times	0	0	0
Eight times	2	1	0

⁶⁷ The sample was based on two weeks of each year for six years. Thus the maximum number of appearances adverts could make was 12. 8 and above indicate products featured consistently.

The regularity with which products appeared in the pages of the provincial press by the 1880s is revealed in Table 4.5. The fact that products such as Clarke's Blood Mixture and Taraxacum and Podophyllin appeared consistently in the sample taken for this study, suggests that they were appearing every week. The sample used for this thesis contained all advertisements for health-related products in the first week of February and November over a period of six years. Some products appeared consistently throughout the period, yet others such as Dr de Jongh's Cod Liver Oil emerged in the middle of it, only to then become fully established, appearing on a regular basis.

Table 4.5: Top 10 most advertised products in the Liverpool Mercury, 1880s

	Feb-80	Nov-80	Feb-81	Nov-81	Feb-82	Nov-82	Feb-83	Nov-83	Feb-84	Nov-84	Feb-85	Nov-85
Clarke's B14	A	A	A	A	A	A	A	A	A	A	A	A
Pepper's Quinine & Iron Tonic	A	A	A	A	A	A	A	A	A	A	A	A
Clarke's Blood Mixture	A	A	A	A	A	A	A	A	A	A	A	A
Taraxacum and Podophyllin	A	A	A	A	A	A	A	A	A	A	A	A
Mrs Wimslow's Syrup	A	A	A	A	A	A	A	A	A	A	A	A
Keating's Cough Lozenges	A	A	A	A	A	A	A	A	A		A	A
Pamphlet on Nervousness	A	A	A			A		A	A	A	A	A
Powell's Balsam of Aniseed	A	A		A	A		A	A	A			
Du Barry's Revalenta Food		A	A	A			A	A	A	A		
Dr. de Jongh's Cod Liver Oil							A	A	A	A	A	A

A= Appeared

Health products by the late-nineteenth century were thus much more resilient than their predecessors. Their extended longevity can be taken as a sign that they were increasingly successful in curing or at least appeasing aches and pains. It is condescending to assume that all patent medicines and other pseudo-health products were lethal at worst and useless at best. Victorian consumers would not have continued to buy Dr Jacob Townsend's Sarsaparilla if it did not provide some sort of customer satisfaction.

Yet the continual appearance of the same advert was also due to changes in printing technology. Hand-casting of moveable type was common until the mid-nineteenth century.⁶⁸ The scope for human error explains why on occasion, letters in some

⁶⁸ Nevett, *Advertising in Britain*, 79.

earlier advertisements were printed back to front or upside down. Each time an advert appeared, therefore, a fresh composition had to be made. This also accounts for subtle changes in the layout of adverts for the same product during the 1830s. By the 1880s, however, the papier-mâché process of stereotyping made it necessary to make only a single impression of an advert, which could then be recast and used on any printing machine.⁶⁹ Advertisers now only had to send one message to the press office promoting their product and simply specify how often they wanted it to appear. However, this did not always lead to identical adverts appearing nationally. In Reading the campaign for Cockle's Pills was military in tone, and led with a testimonial from 'Captain Fred Burnaby', yet the *Leicester Journal* retained the advert depicted earlier, in Figure 4.2. Health products may have been mass-produced by this period, yet adverts promoting them were not.

The increasing density of advertising for the same products was also a reflection of the growing confidence and influence of a new profession, the advertising agency. Agencies were expanding and becoming more experienced. Between 1888 and 1903, the annual turnover of Mather and Crowther, the advertising agency used by products such as Mother Siegel's Syrup and Fry's Pure Concentrated Cocoa, grew from £20,000 to £201,000, a tenfold increase. Whilst this company also had a staff of 100 in 1894, competitors in the business, such as Smith's and S. H. Benson's employed a workforce of between 40 and 60 people. It is unsurprising, therefore, that by the 1880s 'the air was thick with advice to English advertisers on how to succeed.'⁷⁰ At the crux of this tuition was the straightforward message, *advertise*. Simple though this was, agencies were counselling manufacturers against the habit, popular in the past, of releasing products in a blaze of publicity, only to stop all advertising once they felt their products were well-known enough. As the successors of Thomas Holloway found to their cost, such tactics did not work.⁷¹ The short lifespan of many advertisements in the 1830s, therefore, is indicative of the lack of advertising expertise, which by the 1880s was more than fulfilled by the

⁶⁹ A. E. Musson, 'Newspaper printing in the industrial revolution', *Economic History Review*, 10 (1958), 416-7.

⁷⁰ Hindley, *Advertising in Victorian England*, 31.

⁷¹ After Holloway's death in 1883, successors to his business cut down on press advertising, only to find that by 1887, the company had suffered a loss of 60 per cent in its net profit. See Corley, 'Competition and growth', 163.

emergence of the advertising agent. Furthermore, by this time agents were able to negotiate long-run campaigns at special rates.⁷² Such sophisticated marketing strategies were undreamt of fifty years earlier.

As well as being shorter, snappier and more artistically presented, newspaper advertisements by the late-nineteenth century also lacked elements that had previously been of utmost importance. A characteristic component of advertisements from the 1780s and 1830s was the list of available outlets for the product on offer. In general, health products before the 1830s were available from the proprietors of the local newspaper, by virtue that they were often involved in the medicine trade, and from local chemists, grocers and stationers. All but three of the fifteen retailers in Liverpool listed in Figure 4.6, were described as ‘druggists and chemists’ in Gore’s *Directory of Liverpool* for 1827.⁷³ Such information was critical for consumer, retailer and medicine proprietor alike. Customers gladly learned where they could secure an ‘infallible’ remedy. The named retailers profited from both the business sent their way and the added publicity. And the manufacturer benefited from the fact that local retailers, familiar to their regular customers, engendered a sense of trust, and thus increased the chance of making a sale.

Figure 4.6: Distribution list for an advert for Pectoral Balsam of Horehound

Sold by Thompson, Maynard, Simon and Co. Phillips, Clay, Withers, Ryland, Ellison, Johnson, Bradford, Parker, Lloyd and Co. Clay [sic], Ashburner, Buddicom, Harrison, Liverpool; Sharp, Hibbert, Greenhall, St. Helen's; Walls, Scotson, Ashton, Wigan; Scowcroft, Sigley, Chorley; Scowcroft, Reynolds, Cooper, Bolton; Hartley, Bury; Bullman and Co. Copeland, Gosnall, Preston.⁷⁴

However, despite their utility for the consumer, retailer and medicine manufacturer, lists of this type had largely disappeared by the 1880s. By this date, just 17 out of 235 (7 per cent) of health-related advertisements specifically stated where products could be obtained locally. Yet, these lists were mere shadows of their counterparts fifty years earlier. Du Barry’s Revalenta Arabica Food was simply sold ‘in Liverpool by Raimés; J. Thompson, 31, Hanover-street’, by just two people. Usurping the place of the old distribution list, a new and increasingly widespread phrase had emerged: ‘by all Grocers and Chemists everywhere’. If adverts made any

⁷² Hindley, *Advertising in Victorian England*, 35.

⁷³ Gores’ *Directory of Liverpool*, 1827, 363.

⁷⁴ *Liverpool Mercury*, 4/2/1831, 1d.

mention of distribution, this was it. Health products were no longer just available from specified retailers; they were ubiquitous. Consumers were led to expect them everywhere and anywhere. Convenience had become a new and persuasive selling point.

Several factors help explain this transformation, not least the expansion of the transport network and the emergence of a national postal service.⁷⁵ With the emergence of the rail network from the late-1830s onwards, travel became quicker, smoother and more certain. Such advances in transport systems enabled pill manufacturers to expand their reservoir of demand. For example, it became feasible to transport goods produced, for example, in Lincoln,⁷⁶ for sale in Leicester, Liverpool and Reading or any number of provincial towns. Improved international transport, most notably the unveiling of the steam ship in the 1850s,⁷⁷ also played a part and accounted for the widespread appearance in England of American products such as Mrs Winslow's Soothing Syrup and Brown's Bronchial Troches. It also helps explain Holloway's boast that his 'Pills and Ointment are sold by Medicine Vendors throughout the Civilised World'. Pharmaceutical products were delicate products. Whereas journeys by road and sailing ship were precarious and prolonged,⁷⁸ the rail network and steam ship were more forgiving to the glass pill bottles and fragile boxes of powder that soon came to cover the British Isles.

However, the disappearance of the distribution list in advertisements promoting health products should be seen as an indication that the business was maturing. As has been mentioned earlier, by using local retailers as outlets for their product, pill manufacturers attempted to exploit the trust bred by familiarity. Some testimonials in the adverts of the 1780s came from local chemists. A Mr. T. Sparkes, described

⁷⁵ According to Thompson, postal deliveries were available in most large towns by the 1860s. See F. M. L. Thompson, *The Rise of Respectable Society: A Social History of Victorian Britain, 1830-1900* (London, 1988), 358; R. Porter, *Quacks: Fakers & Charlatans in Medicine* (Stroud, 2000), 75; Davidoff and Hall, *Family Fortunes*, 321.

⁷⁶ F. Clarke's Blood Mixture was manufactured in Lincoln.

⁷⁷ M. J. Winstanley, *The Shopkeeper's World 1830-1914* (Manchester, 1983), 33.

⁷⁸ Haycock, Wallis and the Porters discuss the risks associated with exporting glass bottles and medicine boxes overseas. One particularly pressing problem was the length of time it took to receive payment. Thomas Corbyn gave customers a year's credit before chivvying them along for payment. See P. Wallis and D. Haycock, *Quackery and commerce in seventeenth-century London: the proprietary medicine business of Anthony Daffy* (London, 2005), 19-21; R. Porter and D. Porter, 'The rise of the English industry: the role of Thomas Corbyn', *Medical History*, 33 (1989), 277-295.

as a ‘surgeon and apothecary in Exeter’, related the case of Susanaah Skinner, cured of a leg ulcer of fifteen years’ standing by Spilsbury’s Drops.⁷⁹ Such methods of persuasion were necessary as the names of products were not yet familiar enough to engender trust on their own. Scepticism of ‘irregular’ medicine, especially among the emerging professional classes, was also strong at this time. The medical journal *The Lancet*, vilified patent medicines from its inception in 1823.⁸⁰ However by the 1880s, whilst criticism of patent medicines continued, the brevity and succinct nature of adverts demonstrated greater confidence in gaining attention. Less text was spent explaining the utility of ‘Keating’s Cough Lozenges’ as it was no longer necessary. Brand names went much further in conveying the message of good health by the late-nineteenth century. Brand recognition had become so strong that reiteration became a popular marketing strategy. The loss of the retail distribution list is a reflection of the increasing dominance of the brand. ‘Epps Glycerine Jujubes’ or ‘Holloway’s Pills’ rather than the name of a particular vendor was what sold health products now. By the 1880s the patent medicine business was benefiting from the power of the brand.

Considering the substantial wealth generated by many health products during this era, it is unsurprising to find that many proprietors had obtained trademarks by the late-nineteenth century. By doing so, manufacturers secured a means of distinguishing their product and thereby making counterfeits easier to identify. Table 4.6 is a cross-section of products found in the provincial press of Leicester, Liverpool and Reading, and it includes the date companies applied for trademarks for their product. However, trademarks in all but name had been used from the early-eighteenth century.⁸¹ James English, manufacturer of Dr Anderson’s Scots Pills, always finished his advertisements with the warning, ‘To prevent these shameful Impositions Mr. English signs all his Directions with his Name, and no other are [sic] genuine’.⁸² A similar strategy existed in the 1830s. Robert Ford, owner of the Pectoral Balsam of Horehound, stated:

⁷⁹ *Reading Mercury*, 7/11/1785, 4d.

⁸⁰ This culminated in the *British Medical Journal*’s investigation into the composition of a range of patent medicines. See chapter 3 and *Secret Remedies: What They Cost and What They Contain* (London, 1909).

⁸¹ Styles, ‘Product innovation’, 148.

⁸² *Reading Mercury*, 7/2/1780, 4b.

The Public will please to observe, that each bottle is enclosed in wrappers printed in Red Ink, and signed in the hand-writing of the Patentee, without which it cannot be genuine.⁸³

The habit of cautioning against ‘spurious imitations’ was deeply embedded in the health product market. Despite the emergence of official trademarks, advertisers appear to have been reticent about mentioning them. Adverts in the 1880s still simply used warnings such as ‘Genuine ONLY with fac-simile of Baron Liebig’s Signature, in Blue Ink, across Label.’⁸⁴ Little if any mention was made of trademarks. This is all the more bizarre, considering that most products acquired trademarks in the mid- to late-1870s, and so advertisers in the 1880s had had significant time to adjust (see Table 4.6). It is true that Powell’s Balsam of Aniseed urged purchasers to ‘see that the TRADE MARK, "LION, NET and MOUSE," appears upon the Wrapper’, as did Clarke’s Blood Mixture, Epp’s Homeopathic Medicines and Stedman’s Teething Powders. Yet, these advertisements stand out as they constitute a very small minority. If they drew customers’ attention to obtaining the genuine product, advertisers followed Beecham’s and Liebig’s example of issuing a warning similar to those employed more than fifty years earlier. In this respect, advertising methods in the 1830s should be seen as relatively modern and sophisticated. After all, some products, namely Clarke’s Blood Mixture, Dinneford’s Magnesia and Mrs Wimslow’s Soothing Syrup even obtained official trademarks in the 1820s and 1830s (see Table 4.6).

Table 4.7: Dates that medical advertisers applied for trademarks

Name of product	Used since	Application for trade mark
Allan's Anti-Fat	Not known	20 March 1879
B41	c1862	04 March 1876
Clarke's Blood Mixture	c1826	04 March 1876
Dr. Collis Browne's Chlorodyne	c1864	04 March 1876
Dinneford's Pure Fluid Magnesia	c1836	30 November 1876
Du Barry's Arabica Food	c1846	10 May 1876
Eade's Gout & Rheumatic Pills	c1875	11 March 1876
Elliman's Universal Embrocation	c1855	12 March 1878
Holloway's Ointment	c1866	29 February 1876
Holloway's Pills	c1866	29 February 1876
Perry Davis' Pain Killer	c1851	01 April 1876
Powell's Balsam of Aniseed	c1868	07 June 1876
Dr. Rooke's Oriental Pills	c1836	15 January 1876
Dr Scott's Bilious & Liver Pills	c1873	17 January 1876

⁸³ *Leicester Journal*, 5/3/1830, 1f.

⁸⁴ Advertisement for Liebig’s Extract of Meat, *Leicester Journal*, 7/10/1881, 2c.

Stedman's Teething Powders	c1871	11 March 1876
Towle's Chlorodyne	c1862	01 July 1876
Mrs Wimslow's Soothing Syrup	c1836	28 February 1876

Source: R. Price and F. Swift, *Medical Trade Marks 1800-1880* (London, 1988)

If health products in the 1880s underutilised the trademark in their advertising copy, they made full use of another modern advertising facet: the catchphrase. By this time over 20 per cent of advertisements for medicines in the *Liverpool Mercury* used this technique. The catchphrase complemented the short and snappy nature of the advert itself, as it was also concise and direct. Clarke's Blood Mixture was sold under the headline, 'FOR THE BLOOD IS THE LIFE',⁸⁵ Page Woodcock's Wind Pills told readers that it was 'NEVER TOO LATE TO ACT',⁸⁶ whilst Du Barry's Revelenta Arabica Food promised 'HEALTH WITHOUT MEDICINE'.⁸⁷ In the 1780s and 1830s, the first line of most health products simply stated the product's name or indicated what type of malady products addressed. Headlines such as 'Rheumatism, Gout, Coughs, and Colds' or 'For the Head and Eyes' may have been succinct and helpful, yet lacked anything other than a functional use. With the appearance of the catchphrase, products were being sold more directly and more persuasively. Sales of Clarke's Blood Mixture were dependent on convincing consumers that cleansing 'the blood from all impurities' was the key to healthy living. Similarly, Page Woodcock's catchphrase aimed to encourage readers to invest in hope, in order that they bought his pills.

It is widely agreed that as time passed, competition within the commercial health market grew ever more intense.⁸⁸ There were very few barriers preventing entry by budding young entrepreneurs wishing to purvey pills and potions. No educational qualifications were necessary, and production costs, initially at least, were low.⁸⁹

⁸⁵ *Reading Mercury*, 2/2/1884, 7b.

⁸⁶ *Liverpool Mercury*, 7/2/1880, 2h.

⁸⁷ *Leicester Journal*, 7/10/1881, 2f.

⁸⁸ Pope argues that this situation forced medicine manufacturers to be energetic advertisers. See Pope, *Making of Modern Advertising*, 232; H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987), 243; R. Church, 'The British market for medicine in the late nineteenth century: the innovative impact of S M Burroughs & Co', *Medical History*, Vol. 49 (2005), 283.

⁸⁹ T. H. Bickerton, *A Medical History of Liverpool from the Earliest Days to the Year 1920* (London, 1936), 35; S. Hempel, *The Medical Detective: John Snow and the Mystery of Cholera* (London, 2006), 85; I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986), 132-3;

Pill and potion manufacturers were notorious for using cheap ingredients and charging exorbitant prices. Samuel Solomon's Balm of Gilead retailed at half a guinea a bottle, yet supposedly only contained brandy and rich spices.⁹⁰ Therefore, by the 1880s the market was extremely congested. Advertisers thus had to work harder at making their product more interesting and appealing than the many competitors. So, whilst the trademark was a method of making the name of a product or its owner unique, advertisers strove to make their promotional copy more distinctive and thus more noticeable than the next. A common strategy was to associate products with science and learning, in an effort to appeal to the Victorian middle-class love of all things scientific.⁹¹ The rise in the number of literary and philosophical societies in towns and cities around England is evidence enough of this tendency,⁹² yet travelling lectures and exhibitions also reflect it.⁹³ In his diary covering the years 1841 to 1843, John Young, a chemist of Sunderland, noted the 'excitement in the town caused by lectures and experiments on the science of mesmerism'.⁹⁴ Products such as 'Taraxacum and Podophyllin' and 'Betheda Anti-Diabetic Water' emerged, aiming to exploit, with their mysterious and rarely heard names, this popularity of science as a hobby. Such products may also have appealed to those keen to display their cultural capital. Having used 'Betheda' and then be able to recommend it to an ailing friend may well have been seen as a way of earning respect within learned circles. As Mitchinson has noted, medicine always

Chapman, *Jesse Boot*, 18; S.W.F. Holloway, 'The regulation of the supply of drugs in Britain before 1868' in Roy Porter and Mikuláš Teich, *Drugs and Narcotics in History* (Cambridge, 1995), 86.

⁹⁰ Bickerton, *Medical History of Liverpool*, 57.

⁹¹ Davidoff and Hall argue that part of the need for more segregated living space came from the popularity of new activities such as reading, needlework and scientific hobbies. See Davidoff and Hall, *Family Fortunes*, 362; W. Mitchinson, *The Nature of Their Bodies: Women and their doctors in Victorian Canada* (Toronto, 1991), 42.

⁹² The first literary and philosophical societies were established in the 1790s, and by the 1820s they had been established in many towns. See R. J. Morris, *Men, Women and Property in England, 1780-1870: A Social and Economic History of Family Strategies amongst the Leeds Middle Classes* (Cambridge, 2005), 31; J. Tosh, *A Man's Place: Masculinity and the Middle-Class Home in Victorian England* (London, 1999), 133. Gunn includes literary and philosophical societies among his list of 'institutions characteristic of the early nineteenth-century town'. See S. Gunn, 'Translating Bourdieu: cultural capital and the English middle class in historical perspective', *Journal of British Sociology*, 56 (2005), 51.

⁹³ In Liverpool, frequent scientific lectures were held at the city's Royal Institution during the early years of its foundation, from 1817. Many were, in fact, medically-related. See A. Wilson, "'The Florence of the North'?: The civic culture of Liverpool in the early nineteenth century', in Alan Kidd and David Nicholls (eds.), *Gender, Civic Culture and Consumerism: Middle-class Identity in Britain 1800-1940* (Manchester, 1999), 42.

⁹⁴ C. E. Milburn (ed.), *The Diary of John Young: Sunderland Chemist and Methodist Lay Preacher Covering the Years 1841-1843* (Leamington Spa, 1983), 96-7.

tried to align itself with science in an attempt to improve public confidence.⁹⁵ There is no reason why patent medicine vendors did not attempt to achieve the same goal.

Another new advertising technique was to state the main ingredients of the product on show. For example, medicines such as ‘Powell’s Quinine and Iron Tonic’ and ‘Cobden’s Quinine and Phosphorous Pills’ appeared. According to the tradition of patent medicines, or ‘secret remedies’ as the *British Medical Journal* coined them, any frankness about what products contained was unusual. However, just as names like ‘Taraxacum’ were designed to appeal to the scientific bent of Victorian society, so were terms such as ‘phosphorous’ and ‘quinine’. Boldness about the content of patent remedies was exercised in order to instil greater trust in brand-name and shop-bought health products. For a medicine proprietor to openly state the main contents of his product, consumers were naturally led to believe that they must be safe. No right-minded manufacturer would associate his name with poisonous or dangerous substances. Furthermore, by stating what products contained, advertisers may also have been responding to everyday public fears about food and drink adulteration. As chapter 3 noted, food tampering was commonplace throughout the nineteenth century. Yet by the 1860s and 1870s, public awareness of its scale was growing. In large part, this was due to the efforts of individuals such as Dr Arthur Hassall and the promotion of scientific knowledge by physicians, such as Edwin Lankester, as described in chapter 3. The publicity given to the topic of food adulteration no doubt heightened public awareness and thus made assurances of purity all the more welcome.

Literary features, such as lines of poetry and Latin verse, were also used to differentiate health products in the pages of the provincial press. Less common than appealing to the scientific tendencies of the Victorian public, this technique was nonetheless eye-catching and unique. In some respects, it mirrored the exploitation of scientific sounding products names, by attempting to infuse the consumer with confidence and trust. By using the phrase ‘Vide. Lege. Crede. See. Read. Believe’ to catch attention, the advertisers of Lambert’s Balsam were attempting to associate

⁹⁵ Mitchinson, *Nature of Their Bodies*, 42.

the product with high learning and the prestige and success consequent upon that.⁹⁶ Advertisers could also use Latin to imbue their products with extra status. This would certainly have appealed to customers concerned by how other people perceived them, by how they dressed, how they smelt and by what products they consumed. By using products associated with Latin, or indeed with learning in general, consumers could demonstrate their cultured ways.⁹⁷ Yet on the other hand, literary advertising tools also came in more humorous styles. For example, Allcock's Shields and Corn Plasters were promoted using the following little ditty:

"There was a young man in the city,
Whose feet were an object of pity,
For corns he had got, NOT ONE, but a lot;
Allcock's Shields had them out in a giffy."⁹⁸

In a similar way to the catchphrase, this strategy of rhyming verse was an attempt at getting a product lodged in the memory of the reading public. Again, although Packwood used this technique in the 1790s,⁹⁹ it was not a common strategy and was almost non-existent during the 1780s and 1830s.

The most extravagant strategy of gaining the reader's attention was undoubtedly the offer of money-back guarantees, emerging in the provincial press only at the end of the nineteenth century. This method of advertising could also be highly attractive to the consumer, as the usual result of a failed medicine was just prolonged pain and greater discomfort. Money-back would have been welcome compensation. The Carbolic Smoke Ball was by far the most famous, or perhaps infamous, health product to promise money-back guarantees. Advertisements for this miraculous preventive of influenza had promised to pay £100,¹⁰⁰ a substantial sum in the early 1890s, to any person who had used a Carbolic Smoke Ball and then subsequently developed the illness. However, when this happened to a Mrs Carhill, owners of the Ball refused to honour their promise. The whole matter ended up in court with the

⁹⁶ Advertisement for Lambert's Balsam, *Reading Mercury*, 5/2/1881, 7g.

⁹⁷ Greek and Latin were core constituents of a cultured education. See C. Newman, *The Evolution of Medical Education in the Nineteenth Century* (London, 1957), 5; W. J. Reader, *Professional Men: The Rise of the Professional Classes in Nineteenth-Century England* (London, 1966), 10.

⁹⁸ Advertisement for Allcock's Shields and Corn Plasters, *Leicester Journal*, 7/10/1881, 2c.

⁹⁹ McKendrick, 'George Packwood', 152.

¹⁰⁰ £100 in 1890 is the equivalent of £5,989 today. See <http://www.nationalarchives.gov.uk/currency/results.asp#mid> accessed on 13/10/08.

plaintiff, Mrs Carhill, winning the case.¹⁰¹ This ruling certainly acted as a warning to other health product companies, as it established that an offer made in an advertisement could constitute part of a contract.¹⁰² However, ten years before the Carbolic Smoke Ball fiasco, adverts for Bell's Patent Life Pills and Ointment happily offered:

£25 REWARD will be given to any person or persons who can prove that BELL'S PATENT LIFE PILLS AND OINTMENT will not cure the worst forms of liver complaints, nervousness, general debility, indigestion, costiveness, skin diseases, disordered stomach, ulcers, abscesses, cancers, boils, burn, cuts, bruises, piles, pimples, sores, and eruptions.¹⁰³

This type of advertising stunt was both novel for its time, 1882, and also demonstrates that imaginative promotional strategies were mobilised in the provincial press as well as in the London dailies and weekly illustrated magazines. The need to catch attention on the crowded page forced advertisers in the late-nineteenth century to be innovative and bold.

The main aim of an advertisement is to grab readers' attention.¹⁰⁴ As the nineteenth century progressed, competition mounted, reflected by the proliferation in the number of advertisements in the pages of local newspapers. The shift to shorter, snappier messages reflects that the advertising teams of health entrepreneurs were responding to the social changes that England was undergoing. By reiterating the claims promised by their products, advertisers demonstrated a greater awareness of consumer psychology and how to get product names to stick in people's minds.

Advertisers also demonstrate an appreciation of how best to generate interest. They knew they had to be brief as readers simply did not have the time to peruse at leisure. Yet with brevity came boldness and confidence. Adverts earlier in the century that used a multitude of superlatives, scare tactics and testimonials were hedging their bets. If the description of the 'extraordinary success attending the general use' of a product did not tempt the reader, then perhaps a letter from a satisfied customer would. Yet the fact that by the 1880s, concise phrases such as

¹⁰¹ Turner, *Shocking History of Advertising*, 96-7.

¹⁰² Nevett, *Advertising in Britain*, 134.

¹⁰³ Advertisement for Bell's Patent Life Pills and Ointment, *Reading Mercury*, 4/11/1882, 7f.

¹⁰⁴ T. Vestergaard and K. Schrøder, *The Language of Advertising* (Oxford, 1985), 49.

'Cures Sick Headaches' and 'Are unequalled as a Blood Purifier' were deemed satisfactory, we can conclude that advertisers were confident they knew what consumers demanded and to what promises they would respond. It can also be argued that advertisers had grown in confidence in utilising increasingly complex advertising techniques. The use of catchy phrases, scientific sounding product names and rhyming verse all suggest that more thought and expertise went into the marketing of health products at the end of the nineteenth century compared to the beginning.

Having outlined the general trends that were emerging in advertisements for health products by the end of the nineteenth century, it is important to turn now and look in more detail at the shift in advertising strategies. By investigating the ways in which health products were sold, such as the claims made of them and testimonials added to convince consumers they were buying something of value and use, we can get closer to the consumer. Communication-centred models of advertising history, popular since the late-1970s, analyse how advertising messages were received and interpreted by the purchaser.¹⁰⁵ Using the methods of persuasion as a guide, the following chapter aims to secure a deeper insight into Victorian bourgeois beliefs and desires relating to personal health.

¹⁰⁵ C. Wischermann, 'Placing advertising in the modern cultural history of the city', in C. Wischermann and E. Shore (eds), *Advertising and the European City: Historical Perspectives* (Aldershot, 2000), 18.

Chapter 5: The Language of Advertisements for Health Products

Advertisements for health products offer rich pickings to historians interested in the public's understanding and perception of health and medicine. It is true that chemists' cashbooks and physicians' appointment diaries can be used to bring to light the drugs prescribed and the treatments sought, and thus provide some insight into the public's experience of medicine. However, the preservation of such sources is frustratingly poor. Furthermore, the records of medical private practice provide a skewed portrayal of the public's interaction with medicine and illness. Only the wealthy and well-to-do members of society could afford the fees charged to consult a doctor in the nineteenth century, and even then many bourgeois members of society were dissuaded by the perceived exorbitance of such cost.¹ The considerations of household economy meant that multiple alternatives were often tried before visiting the local doctor. Among these alternatives were shop-bought pills, potions and ointments and the language promoting them has been maintained in abundance in the newspaper repositories up and down the country.² It also reached a much wider proportion of the contemporary population than the healing hands of a general practitioner. But most importantly the theories, claims and modes of justification contained in these adverts were designed to resonate with ordinary members of society and thus offer us an insight into popular beliefs about health and illness.

¹ In the 1860s, medical assistance cost between 2s. 6d. and 7s. 6d. per visit. In today's prices, these rates were equivalent to £5 and £16. See <http://www.nationalarchives.gov.uk/currency/results.asp#mid> accessed on 30th August 2007; A. Hardy, *Health and Medicine in Britain since 1860* (Basingstoke, 2001), 17; I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986), 134; R. Porter, 'The patient's view: doing medical history from below', *Theory and Society*, 14 (1985), 182.

² The smallest size that shop-bought remedies came in typically cost 1s. 9d., significantly cheaper than medical advice, the price of which excluded medicine.

Roy Porter was the first to realise this in article published in the late-1980s.³ Through an investigation of the language employed by quacks, Porter sought to highlight what he called ‘the language of salesmanship and the culture of health’ in early modern England. Both topics deserve considerable discussion in the social and economic history of England. The ‘language of salesmanship’ is linked directly to the growth of a consumer society, a concept which for McKendrick, Brewer and Plumb originated from the eighteenth century,⁴ and still lives with us today. On the other hand, the ‘culture of health’, or to put it another way, the public perception and consideration of health, provides a ‘bottom-up’ perspective of the history of medicine. Such work is necessary to counter the conventional top-down approach, which has tended to focus on major scientific breakthroughs and medical champions.⁵ The more mundane, everyday and arguably more representative experience of health and medicine needs writing.

This chapter thus adopts Porter’s approach but extends it through the late-eighteenth and nineteenth century, a period when health as an issue grew in significance substantially. Health has always been, and probably always will be, a concern for human beings. Individuals have, for centuries, devised an array of systems to monitor and assess their health and hygiene, from recording body weights in a diary⁶ to using magazine columns to correspond symptoms and treatments.⁷ However, under the immense population pressure resulting from rapid urbanisation, and amid the consequent uncontrolled environmental conditions during the early decades of the nineteenth century, towns and cities by the beginning of Queen Victoria’s reign were potential killing fields. Contaminated rivers and streams and the piles of filth and refuse that accumulated by the side of the street could not fail

³ R. Porter, ‘The language of quackery in England, 1660-1800’, in P. Burke and R. Porter (eds.), *The Social History of Language* (Cambridge, 1987), 78-9.

⁴ N. McKendrick, J. Brewer and J. H. Plumb, *The Birth of a Consumer Society: The Commercialization of Eighteenth-century England* (London, 1982).

⁵ R. Porter, ‘The patient’s view: doing medical history from below’, *Theory and Society*, 14 (1985), 175; F. Huisman, ‘Shaping the medical market: on the construction of quackery and folk medicine in Dutch historiography’, *Medical History*, 43 (1999), 359.

⁶ D. Porter and R. Porter, *Patients’ Progress: Doctors and Doctoring in Eighteenth-century England* (Oxford, 1989), 34; M. Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), 34-5.

⁷ R. Porter, ‘Lay medical knowledge in the eighteenth century: the evidence of the *Gentleman’s Magazine*’, *Medical History*, 29 (1985), 138-168.

to endanger bodily health. Social thought was also changing. As secularisation gradually spread, individuals grew increasingly concerned with protecting their physical wellbeing rather than their spiritual health.⁸ Furthermore, the nineteenth century witnessed the efforts of medics to professionalise their occupation, in order to gain the respect, status and remuneration they felt they deserved. How such moves affected public attitudes towards their bodies and illness is of great importance.

Claims for convenience: Self-preservation, self-control and self-help

In the midst of nineteenth-century philosophical thought, which centred on *laissez faire* attitudes,⁹ shop-bought health products were extremely seductive. First and foremost they enabled self-respecting individuals to retain control over their bodies instead of submitting themselves to the prying hands of a physician or general practitioner. Not only were such consultations expensive; they were also often feared. Allegations were made that doctors first fleeced their customers and then killed them.¹⁰ However melodramatic or fictitious such claims were, they nevertheless had some grounds in reality. For one thing, doctors were no strangers to self-promotion.¹¹ Many, especially in the early period, advertised as flamboyantly as James Morison or Dr James, inventor of the infamous Fever Powder.¹² Medical treatment from trained doctors was also often ineffective, making numerous medics appear useless at best and murderous at worst. For much of the period between the

⁸ Corfield points out how the poem *The Hospital* (1810) dubbed doctors as ‘ministers of health’. See P. J. Corfield, *Power and the Professions in Britain 1700-1850* (London, 1995), 164. M. J. Peterson, *The Medical Profession in Mid-Victorian London* (London, 1978), 4; A. Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720 – 1911* (Cambridge, 1994), 26. Religion, of course, remained extremely significant in Victorian culture. The rise of nonconformity more than testifies to this.

⁹ In the intellectual climate of laissez-faire politics, voluntarism came to dominate welfare provision. See M. Dupree, ‘The provision of social services’, in M. Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 355; M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (London, 1978), 32; A. S. Wohl, ‘Unfit for human habitation’, in H. J. Dyos and Michael Wolff (eds.), *The Victorian City: Images and Realities*, Vol. 2 (London, 1973), 607; B. Luckin, ‘Pollution in the city’, in Martin Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 211; D. and G. Hindley, *Advertising in Victorian England 1837-1901* (London, 1972), 213.

¹⁰ Porter, *Patients’ Progress*, 54.

¹¹ Porter, *Patients’ Progress*, 56.

¹² The poet, Oliver Goldsmith, supposedly died after an overdose of Dr James’s Fever Powder. See R. Porter, *Quacks: Fakers & Charlatans in Medicine* (Stroud, 2000), 26. If true, this is rich in irony, as Goldsmith is reputed to have been the author of the contemporary popular children’s story, ‘Little Goody Two Shoes’, which contained much blatant puffing of the aforementioned Fever Powder. See Porter and R. Porter, *Patients’ Progress*, 110.

late-eighteenth and the late-nineteenth century, traditional medicine had no effect on the major diseases,¹³ which made it difficult for the public to detect any difference between a medical entrepreneur and a trained physician. Therefore, it is not surprising that the public shopped around in the medical marketplace.¹⁴

In the eyes of the bourgeoisie, admission to hospital was even more disastrous and treacherous than a visit to the local doctor. A spell at the local infirmary endangered both social standing and physical wellbeing. The profession of nursing was slow in attracting suitable candidates. Their subsequent reputation for rudeness and unkind treatment left many patients reluctant to set foot in a hospital.¹⁵ Cleanliness in most nineteenth-century hospitals was also sadly lacking.¹⁶ The miasmatic theory of disease transmission meant that attention was directed at preventing bad smells. Such steps doubtless went some way towards preventing the spread of infection; indeed, as Hempel states, the miasma theory endured for so long largely because of the compelling circumstantial evidence: disease was more rampant in stinking hovels than in fragrant palaces.¹⁷ Nevertheless, as anti-septic sprays were not invented until the 1840s and then appeared only gradually, germs roamed far and wide.¹⁸ Hospitals were also sites of medical education, irrevocably intertwined with bodily experimentation and mutilation. The strength of the public's anxiety over the issue of human dissection is signified by the fact that Parliament was moved in 1832 to pass an Anatomy Act, which stipulated that only unclaimed corpses from the workhouse could be used in medical education.¹⁹ Previously, there was a substantial

¹³ It was only after 1880 that the general scientific advances of the nineteenth century began to be assimilated into clinical practice. See L. Doyal and I. Pennell, *The Political Economy of Health* (London, 1979), 167; Corfield, *Power and the Professions*, 140. Furthermore, before 1860, surgery was an emergency measure, rather than a usual medical procedure. See Hardy, *Health and Medicine*, 28.

¹⁴ R. Porter, 'The language of quackery', 78.

¹⁵ T. Ferguson, 'Public health in Britain in the climate of the nineteenth century', *Population Studies*, 17 (1964), 214.

¹⁶ Peterson, *Medical Profession*, 13.

¹⁷ S. Hempel, *The Medical Detective: John Snow and the Mystery of Cholera* (London, 2006), 36.

¹⁸ G. Kitson Clark, *The Making of Victorian England* (London, 1962), 70; T. H. Bickerton, *A Medical History of Liverpool from the Earliest Days to the Year 1920* (London, 1936), 138; A. S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London, 1983), 14;

¹⁹ C. Newman, *The Evolution of Medical Education in the Nineteenth Century* (London, 1957), 40-1; W. J. Reader, *Professional Men: The Rise of the Professional Classes in Nineteenth-Century England* (London, 1966), 39; R. Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London, 1997), 318.

trade in corpse-smuggling, leaving the public in constant fear of their dead body being mutilated in the interest of medical science.²⁰ Furthermore, as the training ground of young medics, hospitals were increasingly populated by bodies of young men with a reputation for hard drinking, bad language and ungentlemanly conduct.²¹ Their notoriety, combined with the public hysteria about experimentation on human bodies, did little to ease the bourgeoisie's sense of trepidation on entering hospital.

Yet the social stigma associated with entering a hospital probably caused more heartache to middle-class patients than the potential dangers to health and hygiene. Hospitals were, after all, primarily places for the deserving poor, individuals with nothing.²² Thus, the act of entering a hospital was also a declaration of one's financial situation. The need to accept the patronage of others was humiliating for someone with social pretensions. The middle classes were often reluctant to have recourse to a doctor, let alone resort to entering a hospital. Patent medicines, however, provided a strategy for avoiding the dreaded infirmary, side-stepping both insanitary conditions and social embarrassment.

Nineteenth-century health products were the obvious antidote to these varied anxieties and advertisers were not slow to recognise this. Sympathetic to the prejudices of their bourgeois audience, adverts contained in the pages of the local press went to great lengths to underline how suitable their goods were for self-administration. Adverts attempted to convince consumers that doctors were superfluous to the management of bodily health. For example, concerns about strong or poisonous ingredients were assuaged by promises that pills and medicines were 'perfectly harmless'²³ and instruments were 'perfectly safe in [their] performance'.²⁴ According to these adverts, commercially available health products were 100 per cent foolproof. As indicated by the above quotations, taken from

²⁰ B. Hilton, *A Mad, Bad, and Dangerous People? England 1783-1846* (Oxford, 2006), 146; Hempel, *Medical Detective*, 77.

²¹ C. Newman, *The Evolution of Medical Education in the Nineteenth Century* (London, 1957), 41-4; Hempel, *Medical Detective*, 87.

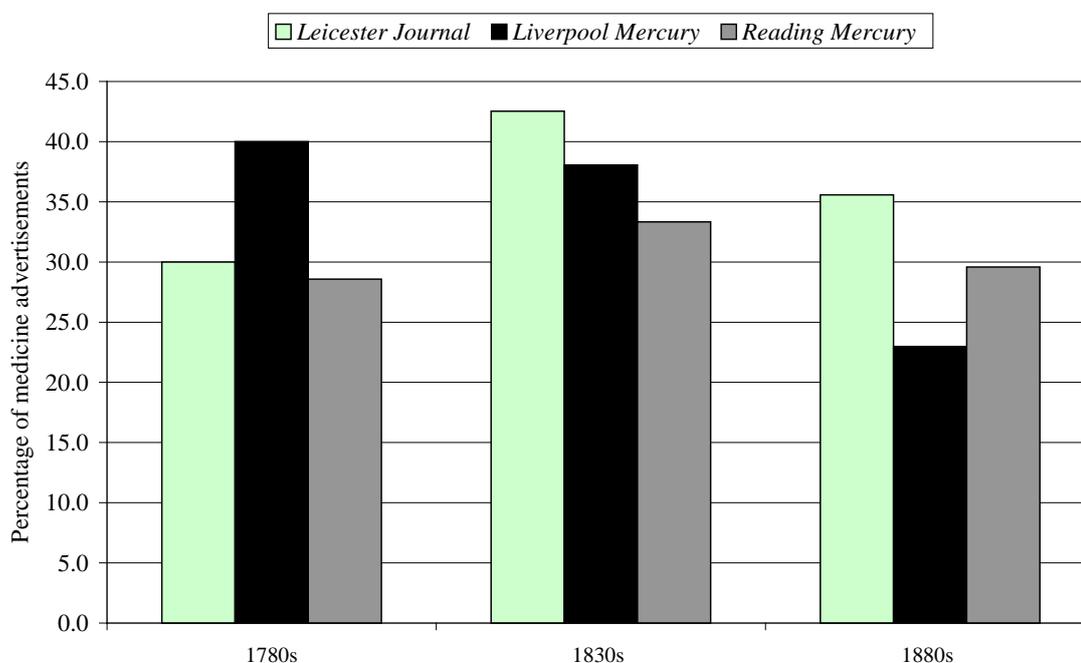
²² G. Best, *Mid-Victorian Britain 1851-70* (Glasgow, 1971), 153-4.

²³ Advertisement for Mrs Winslow's Soothing Syrup, *Liverpool Mercury*, 1/11/1884, 3a.

²⁴ Advertisement for Wright's Improved Domestic Instrument, *Liverpool Mercury*, 1/11/1833, 5b.

advertises fifty years apart, the promise that products were harmless was constant throughout the nineteenth century. This is also reflected in Figure 5.1. Despite some variation between Liverpool and Reading, on average, 30 per cent of advertisements made a point of assuring consumers that products were completely harmless, in all three time periods. The claim was, and is, timeless, though products today, thanks to health and safety regulations, tend to take it as read that the consumer is aware of the fact.²⁵ But during the reign of Queen Victoria, legislation of this variety was unimaginable. Considering that the public harboured suspicions about the medicines respected doctors prescribed, we can only imagine the wall of scepticism commercially health products had to overcome.

Figure 5.1: Medicine advertisements claiming harmlessness, 1780s-1880s



Yet, product adulteration was a reality in the nineteenth century. As mentioned in chapter 3, the likelihood that food was contaminated in some form was extremely high, in both the eighteenth and nineteenth century.²⁶ In order to make their produce appear more appetising, and for the sake of their profit margins, manufacturers often

²⁵ Advertisements for Nurofen, for example, emphasise the speed at which the product works rather than the safety with which it can be used.

²⁶ For comments on food adulteration in the eighteenth century, see D. George, *London Life in the Eighteenth Century* (London, 1951); E. Cockayne, *Hubbub: Filth, Noise and Stench in England, 1600-1770* (London, 2007).

added additional ingredients to their goods. Chalk was added to loaves to satisfy the demand for white bread and beer was adulterated with an array of additives to enhance its colour. Food preservation was also much harder to achieve, due to the lack of refrigeration for much of the nineteenth century.²⁷ Furthermore, piped water made only a gradual impact on the lives of families who, for water to drink and cook with, remained reliant on contaminated sources such as rivers and wells.²⁸ Residents in Reading drank water from cesspools as late as the 1840s and 1850s.²⁹ These issues slowly came to light, and thereby fuelled the public's anxiety, through investigations by bodies such as the Health of Towns Committee and by individuals like Arthur Hassall. At a time when the corruption of comestibles was rampant, assurances to the contrary were essential for success in the health market.

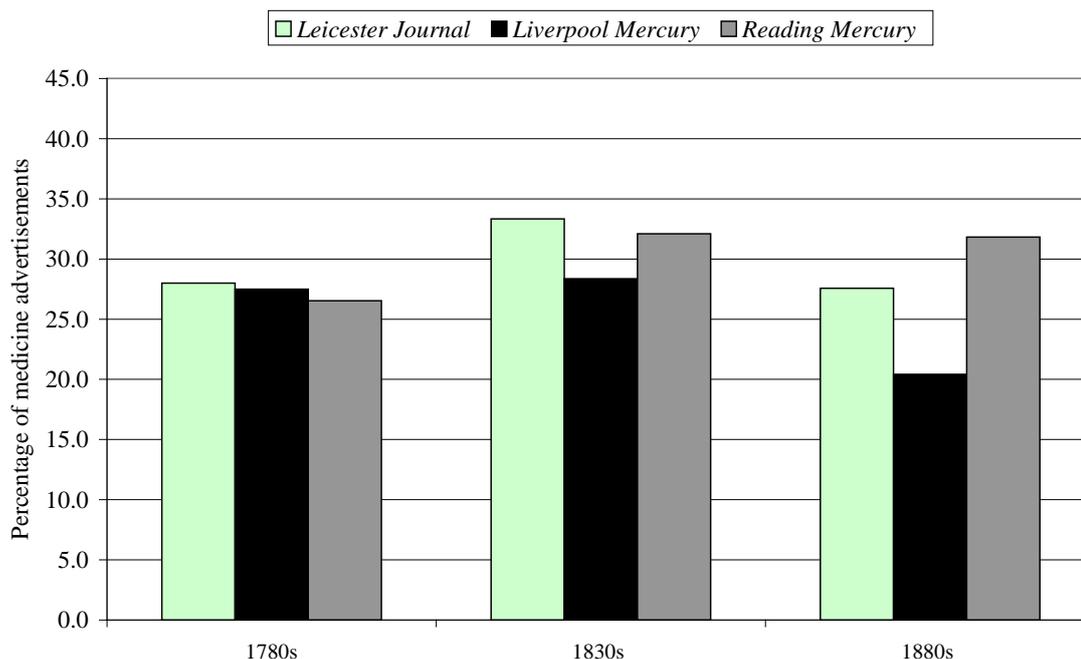
The ease and convenience of commercially available health products was another selling point that persisted throughout the nineteenth century. In response to the natural desire for a speedy recovery, advertisers continued to promise that 'pain is instantaneously relieved'³⁰ and that cures were achieved in no time at all. In all three periods, speed was another much vaunted virtue (see Figure 5.2). On average, more than one-quarter of medicine advertisements boasted about the speed in which cures were achieved.

²⁷ It took until 2nd February 1880 for refrigerated meat to arrive in England in good condition. See J. C. Drummond, *The Englishman's Food: A History of Five Centuries of English Diet* (London, 1957), 325.

²⁸ J. Simmons, *Leicester Past and Present, Volume Two: Modern City 1860-1974* (London, 1974), 11; Luckin, 'Pollution in the city', 210. It is worth bearing in mind that even once water companies had been established, contaminated water supplies were still a reality. Whilst searching for the cause of the 1867/8 cholera outbreak, William Farr found the East London Water Company guilty of supplying water contaminated by the West Ham sewage system. See S. Szreter, 'The importance of social intervention in Britain's mortality decline c. 1850-1914: a re-interpretation of the role of public health', *Social History of Medicine*, Vol. 1 (1988), 21.

²⁹ D. Phillips, *The Story of Reading* (Newbury, 1980), 129.

³⁰ Advertisement for Perry's Essence, *Liverpool Mercury*, 7/11/1834, 5a.

Figure 5.2: Medicine advertisements claiming speedy result, 1780s-1880s

Products that worked immediately were extremely useful for ‘health self-help’; the consumer was empowered to remain in control of their body, and this reinforced the view that consultation with a doctor was unnecessary. As Harrison explained, self-help was often posed as an alternative to professionalism.³¹ Yet fast, effective products were also popular because they appeared to save the consumer money. Pills and ointments that cured promptly precluded extra expense on follow-up remedies. This quality was particularly appealing at a time when the cost of treatments under a trained doctor could soon mount to a formidable sum. Furthermore, the relief that these products purported to offer would also have prevented the loss of earning through incapacity to work. Such a benefit was essential in an age of with no system of universal state health care.

Advertisers did not maximise the market opportunities that promises of speed implied, however. Some advertisements highlighted the economy their product could achieve. Du Barry’s Revalenta saved ‘fifty times its cost in medicine’,³² whilst Epps’s Cocoa reputed to ‘save us many heavy doctors’ bills’,³³ yet neither of

³¹ J.F.C. Harrison, ‘Early Victorian radicals and the medical fringe’, in W. F. Bynum and R. Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 201.

³² *Leicester Journal*, 6/3/1885, 2d.

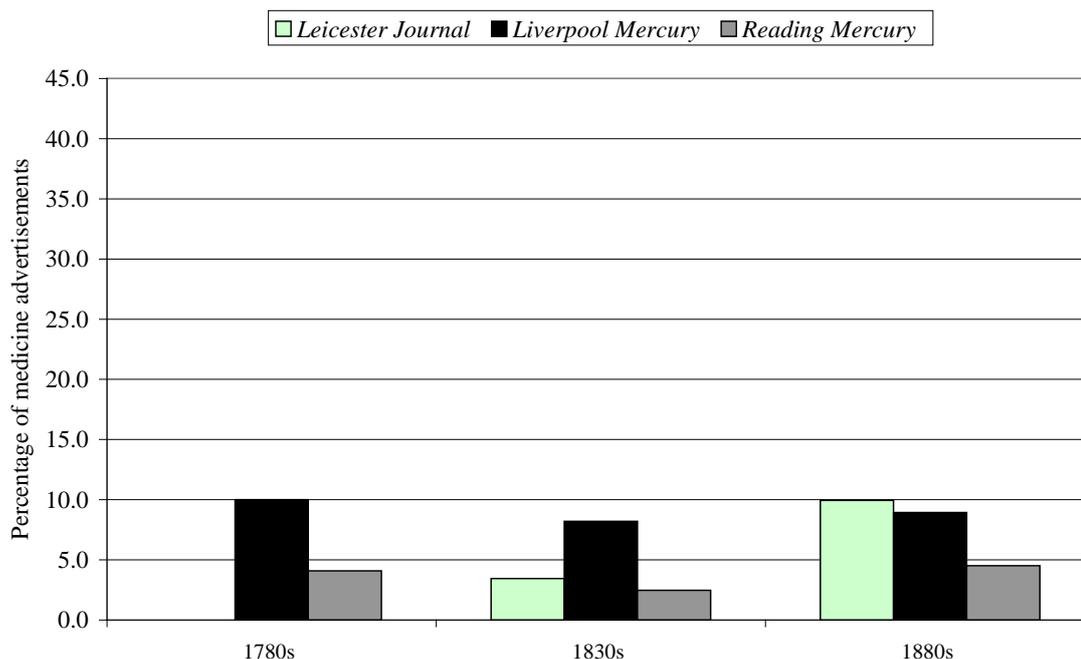
³³ *Leicester Journal*, 6/10/1882, 2e.

these claimed to achieve speedy cures. The claim of economy was kept separate, and though less significant than the speed and purity of remedies, it was nonetheless a popular selling point. As time passed, products that alleged to be the 'Cheapest Preparation' available became more widespread (see Figure 5.3).³⁴ Not one advert mentioned the low cost of a product in Leicester in the 1780s, but one hundred years later, 10 per cent of advertisements used this strategy to tempt the reader. The growing proportion of advertisements using this strategy reflected changes in society. As the market for health grew, as an increasing proportion of society felt they had the necessary disposable income with which to indulge in health self-help, advertising companies perceived it all the more necessary to champion the affordability of their products. As Chapman stated, economic historians now see the 1870s as a turning point in the history of working-class living standards.³⁵ With the general decline in food prices towards the end of the nineteenth century and the buoyancy of real wages, an increasing number of households benefited from higher disposable incomes. One perceived way of attracting this new custom was to emphasise how economical health products were, 'thus bringing [them] in the reach of all classes'.³⁶

³⁴ Advertisement for Sir James Murray's Fluid Magnesia, *Reading Mercury*, 3/2/1883, 7g.

³⁵ S. Chapman, *Jesse Boot of Boots the Chemists: A Study in Business History* (London, 1974), 21-3.

³⁶ Advertisement for Pepper's Quinine and Iron Tonic, *Leicester Journal*, 6/3/1885, 2b.

Figure 5.3: Medicine advertisements claiming to be cheap, 1780s-1880s

The cost of a product was not as pivotal as might be assumed in making health products so attractive, however (see Figure 5.3). Even by the 1880s, only one-tenth of adverts in Leicester emphasised low-cost, and less than one-fifth did so in Reading. A much more persuasive selling point was the freedom and independence products provided the consumer. In particular, many products were keen to point out that they ‘may be administered without the least inconvenience or hindrance of business’³⁷ or that they ‘require no particular regimen, or hindrance from business’.³⁸ Such claims appear to responding to the public’s dislike of traditional medicine, with its rigorous purging and sweating associated with ‘balancing the humours’. Despite some scientific breakthroughs in nineteenth-century medicine, change in medicine was still relatively gradual at this time.³⁹ As a result doctrines such as the ‘humoral system’ retained much power until well into the nineteenth

³⁷ Advertisement for Velno’s Vegetable Syrup, *Liverpool Mercury*, 7/11/1782, 1d.

³⁸ Advertisement for Dr Henry’s Herb Pills, *Liverpool Mercury*, 5/2/1830, 1a.

³⁹ They were major breakthroughs: for example anaesthetics were first used in Britain in 1846, antiseptics were pioneered by Joseph Lister in 1867; and the microbiology of Louis Pasteur and Robert Koch made great steps forward in the field of immunology. However, these developments took years to enter common practice, and as the Porters have said, the state of medicine remained such a ‘hotch-potch... because its therapeutic efficacy remained hit-and-miss’. See Porter, *Patients’ Progress*, 27.

century.⁴⁰ By offering something different, by offering remedies that required no change in diet and no inconvenience to daily routines, the purveyors of shop-bought medicines appear to have encouraged the public to expect relief without the suffering associated with traditional medicine. The emphasis that adverts attached to the efficacy of their products also suggests that the public sought instant gratification with regard to their health. Such attitudes were far removed from earlier theories that ill-health was a form of punishment from God.⁴¹ Thus, rapacious consumption of commercial health products during the nineteenth century was consistent with the gradual progression of secularisation throughout English society.

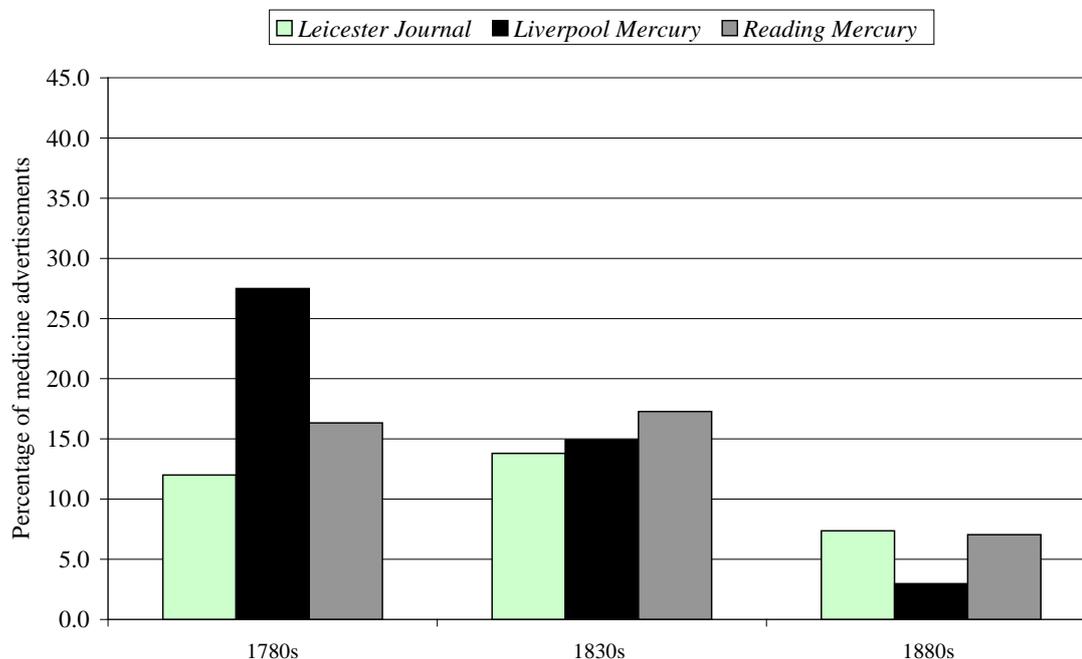
Promises that health products caused no inconvenience to the user often went further. They proclaimed how the consumer was able to carry on his business affairs. As indicated by the two quotations above, adverts sought to assure readers that their product caused no 'hindrance to business'. In the *Liverpool Mercury*, 40 per cent of advertisements for health-related products using this claim also included the word 'business' between 1780 and 1880. The fact that advertisers felt this worthwhile emphasises the centrality of continuity in business to the Victorian middle class. Many bourgeois families depended upon the fruits of commercial prosperity. However, at a time when each man had to fend for himself and his dependents, when there was no universal unemployment or ill-health financial support systems, businessmen, no matter how rich, always feared the time when their bodies or their businesses failed. Ill-health could potentially be as disastrous as a severe trade depression in the eyes of the incapacitated businessman, who, laid up in bed under the watchful gaze of the local doctor, was prevented from running his affairs. Therefore, pills and remedies that claimed to cure without any inconvenience were perceived to be invaluable. They were a form of self-help that enabled businessmen to maintain their role in society as successful, productive

⁴⁰ The humoral model of body and disease, where health involved keeping mind and body in balance by purging and blood-letting, retained much popularity, up to and beyond the mid-nineteenth century. See M. Sigsworth and M. Worboys, 'The public's view of public health in mid-Victorian Britain', *Urban History*, vol. 21 (1994), 245. Furthermore, medical men continued to believe that certain types of personality, recognisable by its physical appearance, were prone to specific morbid afflictions. See J. Oppenheim, "*Shattered Nerves*": *Doctors, Patients, and Depression in Victorian England* (New York, 1991), 88.

⁴¹ People maintained 'spiritual autobiographies' as a way to track signs of God's displeasure. See Fissell, *Patients, Power, and the Poor*, 34-5.

breadwinners. Again, advertisers presented pills and ointments as an alternative to the time-consuming and tedious treatments, typical of regular medicine.

Figure 5.4: Medicine advertisements offering no restraint, 1780s-1880s



Selling health products on the basis that they required ‘no restraint’ was most popular in the 1780s and 1830s (see Figure 5.4). By the 1880s, barely 5 per cent of advertisements included this as an attribute of their product. This is perhaps strange considering what has previously been said about adverts for health products reflecting the all-consuming nature of business in the lives of the late-eighteenth- and nineteenth-century middle class. However, as stated in chapter 4, advertisements were much shorter in length by the 1880s, and as such there was simply not room for verbose explanations to persuade the consumer in that way. Furthermore, the habit of consuming shop-bought health products was so deeply embedded in the culture of Victorian society by this time, that such claims were probably deemed unnecessary. Commercial medicines were bought largely due to the independence they offered and the convenience they facilitated. Stating this fact was no longer necessary.

An uneasy relationship: health products and the medical profession

Advertisements for commercially available health products also offer historians a valuable insight into the public's perception of the regular medical profession. These adverts were produced in order to resonate with popular beliefs and perceptions, and in order to tap into the public's psyche to tempt them to part with their money. They can, therefore, offer an indication of how much status the general practitioner or physician held in the eyes of the public. Much has been written about how the profession itself sought to improve its public image, by attempting to bar 'quacks' by instituting programmes of training and examination.⁴² Yet it is difficult to gain an idea of how effective such efforts were. By looking at the publicity for goods with a health-conscious audience in mind, it is possible to assess how attitudes changed.

However, before looking at the portrayal of the medical profession in health adverts, it is important to understand that commercial health products were anathema to members of the regular medical profession.⁴³ Physicians, for example, objected to the association of money with medicine, claiming that it lowered the art of physic to the level of a common trade.⁴⁴ However, the antagonism towards products such as Dr James's Fever Powder or Holloway's Pills was stronger among members lower down the medical hierarchy, such as surgeons and apothecaries, and later general practitioners. After all, compounding and selling medicine was as much a part of their job as any other branch of medicine. For the apothecary it was his occupation, yet even for the general practitioner, it was often how he made ends meet.⁴⁵ The

⁴² Examples of this type of literature include Peterson, *Medical Profession*; V. Nutton and R. Porter (eds.), *The History of Medical Education in Britain* (Amsterdam, 1995); I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986); A. Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720 – 1911* (Cambridge, 1994).

⁴³ The term 'regular' medical profession included physicians, surgeons and apothecaries, or chemists. General practitioners, who combined physic with apothecary, also belonged in this bracket. All other medical men, whether they were medical botanists, medicine manufacturers or sheer comen, belonged to 'irregular' medicine.

⁴⁴ In practice such attitudes were ridiculous since physicians did not work for free. In an age of rampant consumerism and unrestrained market forces, commercial priorities characterised all medical practice, and not just that of so-called quacks. But for appearance's sake, physicians were often paid in the form of a token of gratitude from their clients. See B. Hilton, *A Mad, Bad, and Dangerous People? England 1783-1846* (Oxford, 2006), 150; P. S. Brown, 'Social Context and medical theory in the demarcation of nineteenth-century boundaries', in W. F. Bynum and Roy Porter, *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 217-8.

⁴⁵ In some cases, medicine selling made up nearly three-quarters of a general practitioner's income. See I. Loudon, 'The vile race of quacks with which this country is infested', in W. F. Bynum and R.

animosity of such practitioners towards shop-bought medicines, therefore, stemmed from the fact they siphoned custom away from them by encouraging 'health self-help'. As a result, the incomes of the medical profession were adversely affected. General practitioners were equally disdainful towards alternative health remedies practised by fringe movements such as herbalism and medical botany, which sought to demystify medicine and make it a democratic art.⁴⁶ Both represented unwanted competition for doctors. An oversupply of doctors, especially during the mid nineteenth century,⁴⁷ forced many of the less prosperous medics to live in modest conditions on a shoe-string budget.⁴⁸ In providing evidence to the body investigating for the Report for the Select Committee on the Pharmacy Bill (1852), one physician revealed that poverty compelled some medical men to 'sell quack medicines'.⁴⁹ All unorthodox medicine, therefore, was intensely despised by trained practitioners and castigated 'irregular', and it is unsurprising that criticism towards them became customary whenever times were hard for members of the regular profession.⁵⁰

To suppress commercial medicine, orthodox practitioners had to unite and fight a common cause. Their animosity and disdain for 'irregular' medicine should have been the issue around which they gathered. However, the internal wrangling between surgeons and general practitioners or between apothecaries and druggists

Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 122; I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986), 65.

⁴⁶ Alfred Coffin, an American who introduced medical botany to Britain, was vehement in his criticism of regular medicine. He sought to 'deprofessionalise' and 'demystify' medicine, to make it more accessible to the public. He established the aptly named *Botanical Journal and Medical Reformer*, which as its central aim 'sought to expose... and reform the abuses of the profession. See Harrison, 'Early Victorian radicals', 220-1; S.W.F. Holloway, 'The regulation of the supply of drugs in Britain before 1868' in R. Porter and M. Teich (eds.), *Drugs and Narcotics in History* (Cambridge, 1995), 83-4. For more information on the rationale of herbalism, see P. S. Brown, 'The vicissitudes of herbalism in late nineteenth- and early twentieth-century Britain', *Medical History*, 29 (1985), 71-92; H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987), 226-8.

⁴⁷ Digby, *Making a Medical Living*, 7; V. Berridge, 'Health and medicine', in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 3: Social Agencies and Institutions* (Cambridge, 1990), 180; Loudon, *Medical Care*, 207, 214.

⁴⁸ Sir Arthur Conan Doyle created the character Sherlock Holmes in the many lonely hours spent waiting for patients to treat. See H. Markel, 'The medical detectives', *New England Journal of Medicine*, 353 (2005), 2426-2428.

⁴⁹ P. S. Brown, 'Social Context and medical theory in the demarcation of nineteenth-century boundaries', in W. F. Bynum and Roy Porter, *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 216.

⁵⁰ Loudon, 'The vile race of quacks', 108.

prevented progress in this direction. These conflicts were borne out of medical tradition, which for centuries had dictated the hierarchy of the profession. Physicians sat at the apex of the pyramid and as a result were condescending to all those below. Yet even within every level of the occupational structure, internal jealousy and disquiet was rife. In the uppermost tier, the most prestigious physicians belonged to the Royal College, a privilege barred to all but graduates of Oxford or Cambridge. The select nature of this clique can be inferred from the fact that even by 1847, the body only possessed 683 members, 76 per cent of whom resided in London.⁵¹ This disproportionate group used their elevated position to regulate the medical occupation, but in effect only sought to protect and reinforce its superiority over the rest of the growing body of general practitioners and apothecaries. The outcome was a widening gulf between a ruling elite minority and the rest of the medical world.

Surgeons occupied the next level on the professional pyramid, the elite of whom again belonged to a Royal College based in, and dominated by, London.⁵² Surgeons were viewed by their superiors as mere craftsmen, since in England their education consisted of an apprenticeship, rather than a university education. The latter, which exercised the intellectual faculties, was perceived to be far superior to the practical tuition provided by an apprenticeship. In reality, physicians would have benefited from following a more practical syllabus since much of their university education was based on the classics, a curriculum better suited for making a young 'gentleman' rather than a medic.⁵³ Nevertheless, this educational distinction meant that not only did surgeons wield less status than physicians, but they were also unable to charge as much for their services. Selling patent medicines remained a common strategy to supplement their income throughout this period, and illustrates how intertwined commercial medicine and regular practice were. The differing status of their custom also highlighted the differences between surgeons and physicians. While only the wealthy could afford the service of the latter, surgeons

⁵¹ Peterson, *Medical Profession*, 8.

⁵² The Royal College of Surgeons replaced the Company of Surgeons in 1800. See Reader, *Professional Men*, 34.

⁵³ Newman, *Evolution of Medical Education*, 28

and apothecaries serviced the needs of the poorer sections of society.⁵⁴ Such distinctions only reinforced the division between the two spheres of medicine.

The third, and numerically largest, segment of the recognised medical hierarchy consisted of apothecaries. In order to train, apothecaries carried out a seven-year apprenticeship, acting in their initial years as little more than a general dogsbody.⁵⁵ Despite the similarity of their training with surgeons, distinctions were perceived. The hierarchical nature of the medical infighting is reflected by the fact that apothecaries were considered by surgeons and physicians to be nothing more than shopkeepers, inevitably tainted by their dealings in the world of commerce.⁵⁶ Diminishing their status further, apothecaries were denied the right to charge for giving medical advice. Before the beginning of the eighteenth century, they were even barred from *providing* advice.⁵⁷ Penalties for ignoring this stipulation were abolished after the House of Lords ruled in favour of the latter in the Royal College of Physicians v. Rose case of 1704.⁵⁸

Internal jealousies and back-biting thus prevented the development of common goals and a sense of identity among the medical profession. As a result, unorthodox practitioners benefited enormously. Yet the biggest hindrance preventing the regular medical profession from shaking off such unwelcome competition was the lack of a system to distinguish a quack from a physician or a druggist from an apothecary. Before the mid-nineteenth century, there were few restrictions to regulate who could or could not practise medicine or sell drugs.⁵⁹ Whilst apothecaries were required to serve a seven-year apprenticeship, druggists could set up shop with no training whatsoever⁶⁰ (chapter 4). There was no medical register, no licensing system, and

⁵⁴ Berridge, 'Health and medicine', 181.

⁵⁵ Loudon stated that the most common complaint against the system of apprenticeship was its deadening effect on the mind and spirit of a youth starting out on their career. See Loudon, *Medical Care*, 179.

⁵⁶ Loudon, *Medical Care*, 69.

⁵⁷ Loudon, *Medical Care*, 21.

⁵⁸ Corfield, *Power and Professions*, 155.

⁵⁹ Corfield, *Power and Professions*, 147, 156.

⁶⁰ S.W.F. Holloway, 'The regulation of the supply of drugs in Britain before 1868' in R. Porter and M. Teich (eds.), *Drugs and Narcotics in History* (Cambridge, 1995), 86.

no structure of penalties for irregulars.⁶¹ Furthermore, controls to regulate who could sell drugs were only instituted in 1868, and even then enforcement was lax.⁶² As a result, competition within the medical marketplace was intense. Medical reformers such as Thomas Wakley, a university-trained medic and editor of the *Lancet*, toiled alongside the likes of James Morison and Samuel Solomon for custom. Furthermore, a number of ‘quacks’, such as James Graham⁶³ and John ‘Chevalier’ Taylor⁶⁴, had received some form of medical training, whilst others had obtained medical degrees.⁶⁵

To rub salt in the wounds of the medical profession, shop-bought health products, publicised widely in local newspapers, often appeared much more inviting to the public than a medical consultation. As mentioned above in the previous section, commercial products were not only cheaper than an average doctor’s fee,⁶⁶ but they also enabled the consumer to stay in control and not have to submit to the intrusive nature of medical inspection. But the distinction between orthodox and unorthodox medicine was blurred further by the fact that many patent medicines shared the same recipe as formal medications prescribed by doctors: Daffy’s Elixir and Dover’s Pills both found their way in the official *Pharmacopoeia*.⁶⁷ Even if members of the public were not swayed by the attraction of ‘Beecham’s Pills’ or

⁶¹ R. Porter, ‘Before the fringe: quack medicine in Georgian England’, *History Today*, 36 (1986), 16-22; Corfield, *Power and Professions*, 147; M. P. English, *Victorian Values: The Life and Times of Dr Edwin Lankester M.D., F.R.S.* (Bristol, 1990), 7, 76.

⁶² Corfield, *Power and Professions*, 157.

⁶³ Porter, ‘The language of quackery’, 77-8.

⁶⁴ R. Porter, ‘John Taylor (1703-1772)’, *Oxford Dictionary of National Biography*.

⁶⁵ William Brodum gained his M. D. from Marischal College, Aberdeen, purely on the recommendation of two doctors, with no examination whatsoever. See E. Samuel, ‘William Brodum (1767-1824)’, *Oxford Dictionary of National Biography*. Ebenezer Sibly is purported to have purchased his medical degree from the University of Aberdeen. See W. Helfand, *Quack, Quack, Quack: The Sellers of Nostrums in Prints, posters, Ephemera & Books: An Exhibition on the Frequently Excessive & Flamboyant Seller of Nostrums as Shown in Prints, Posters, Caricatures, Books, Pamphlets, Advertisements & Other Graphic Arts Over the Last Five Centuries* (New York, 2002), 19.

⁶⁶ By the mid-nineteenth century, general practitioners charged patients a minimum of 5 shillings, and that excluded the additional cost of medicine. See H. Marland, ‘The medical activities of mid-nineteenth-century chemists and druggists, with special reference to Wakefield and Huddersfield’, *Medical History*, 31 (1987), 439; Digby, *Making a Medical Living*, 65.

⁶⁷ W. H. Fraser, *The Coming of the Mass Market, 1850-1914* (London, 1981), 180; V. Berridge and G. Edwards, *Opium and the People: Opiate Use in Nineteenth-Century England* (London, 1981), xix; T. Richards, *The Commodity Culture of Victorian England: Advertising and Spectacle 1851-1914* (Stanford, Cal. 1990), 180; R. Porter, *Quacks: Fakers & Charlatans in Medicine* (Stroud, 2000), 46.

'Dinneford's Magnesia', they would have found it hard to distinguish regular practitioners from medical charlatans.

Commercialised medicine thus posed a serious threat to members of the so-called 'regular' medical profession and the most pressing task on the latter's agenda was to distance and distinguish themselves from the hordes of so-called 'quacks'.⁶⁸ However, between the late-eighteenth and early-nineteenth century the medical profession was in a state of disarray, incapable of mounting an unified effort. According to Corfield, the development of a professional culture depended upon three factors: forging a group identity, deciding upon mutual aims and establishing shared standards of conduct.⁶⁹ However, as has been illustrated, internal suspicion and fierce rivalry among medical practitioners prevented any of these attributes being achieved. Furthermore, the multiplicity of separate licensing bodies in England prevented any possibility of creating a common code of ethics or an agreed culture of professionalism.⁷⁰

However, the portents of change came with the emergence of the general practitioner. Since the work of Holloway, historians now see the process of medical reform wholly in terms of the struggle of the general practitioner to achieve professional status.⁷¹ In part it was their vulnerability, and their subsequent response, that made general practitioners such a force in medical reform. As mentioned previously, and as their title suggests, general practitioners multi-tasked. They prescribed and dispensed medicine, performed surgery, and delivered babies.⁷² Several historians locate the emergence of the general practitioner in the passage of the Apothecaries Act, 1815.⁷³ This Act specified that in order to pursue pharmacy, candidates had to possess a licence issued by the Society of

⁶⁸ Corfield, *Power and Professions*, 143.

⁶⁹ Corfield, *Power and Professions*, 204-06.

⁷⁰ I. Inkster, 'Marginal men: aspects of the social role of the medical community in Sheffield 1790-1850', in J. Woodward and D. Richards (eds.), *Health Care and Popular Medicine in Nineteenth Century England: Essays in the Social History of Medicine* (London, 1977), 131.

⁷¹ I. Loudon, 'The vile race of quacks', 123.

⁷² Delivering babies had become one of the staples of general practice by the 1820s. See Corfield, *Power and Professions*, 146; Inkster, 'Marginal men', 131.

⁷³ Reader, *Professional Men*, 41; R. Porter, *Health for Sale: Quackery in England 1650-1850* (Manchester, 1989), 30.

Apothecaries.⁷⁴ For individuals wishing to pursue reputable general practice, it became customary to gain both this licence and the diploma of membership to the Royal College of Surgeons. The appearance of such an all-rounder signifies how medicine had outgrown its traditional institutions by the early-nineteenth century. The number of provincial doctors grew substantially during the early-nineteenth century, yet the London corporations, the Royal Colleges, failed to provide national leadership for the profession.⁷⁵ Provincial practitioners thus faced a battle to earn a living. General practice offered a route out of such dire straits. A significant portion of a general practitioner's income, therefore, rested upon the sale of medicines. For some, such business constituted three-quarters of their income.⁷⁶ Hence the eagerness of general practitioners to see restrictions placed on the practice of the unqualified, partly to reduce competition and partly to improve the reputation of dispensing medicine.⁷⁷

Changes in the organisation of medicine emerged during the nineteenth century, as bodies such as the Provincial Medical and Surgical Association (PMSA), founded in 1832, (later the British Medical Association) and journals like the *Lancet*, established in 1823, gave doctors outlets through which to voice their concerns.⁷⁸ These outlets fostered the development of the attributes characteristic of a profession mentioned above: a common identity, common aspirations and regulated standards of conduct. More formally, efforts were made in Parliament to reorganise medical education and licensing. Seventeen bills were introduced between 1840 and 1858.⁷⁹ These initiatives finally bore fruit, when under the Medical Reform Act of 1858 the first medical register was created. For the first time untrained 'quacks'

⁷⁴ R. Porter, *Bodies Politic: Disease, Death and Doctors in Britain, 1650-1900* (London, 2001), 254; Peterson, *Medical Profession*, 11; Porter, *Greatest Benefit* (London, 1997), 316-7.

⁷⁵ Peterson, *Medical Profession*, 24.

⁷⁶ I. Loudon, 'The vile race of quacks', 122.

⁷⁷ Peterson, *Medical Profession*, 31.

⁷⁸ The PMSA was essentially an organisation for general practitioners, hostile to the rigid separation of the 'orders', and to the undue dominance of London over the provinces. See Reader, *Professional Men*, 64; J. and I. Loudon, 'Medicine, politics and the medical periodical 1800-50' in W. F. Bynum and Roy Porter (eds), *Medical Journals and Medical Knowledge: Historical Essays* (London, 1992), 64; Corfield, *Power and Professions*, 160.

⁷⁹ Peterson, *Medical Profession*, 30.

were made illegal.⁸⁰ Despite such a landmark in medical history, however, 1858 did not represent a radical break with previous medical traditions. For example, the General Medical Council, the body which oversaw the licensing and education of medics, was dominated by members of the two Royal Colleges and the Society of Apothecaries. There were no general practitioner representatives until 1886.⁸¹ Nevertheless, the creation of a specific medical education syllabus heightened the social standing of the regular medical profession.

Similar changes occurred in the field of pharmacy. The Pharmaceutical Society of Great Britain, established in 1841, was in large part due to the energy and diligence of Jacob Bell, a London chemist. Bell came from a family of chemists, his father and maternal grandfather having both practised the trade.⁸² From its foundation, the primary aim of the Society was to become the regulatory body for pharmacy in Britain.⁸³ A School of Pharmacy was launched in 1842 and the Society was incorporated by charter the following year.⁸⁴ On introducing his Pharmacy Bill in the House of Commons in 1851, Bell stated his aim to make it necessary for candidates for the profession of pharmacy to pass an examination,⁸⁵ thereby barring the untrained. Despite professing their aim to protect the public, the Society initially enjoyed limited success, as many of the rank-and-file chemists and druggists declined to join. They were uninterested in achieving professional status, but more particularly they did not welcome the prospect of being inspected and supervised that membership would entail.⁸⁶ Nevertheless, these moves to control admission and improve the status of practitioners dealing in medicine signify how the medical climate had changed by the mid-nineteenth century. By this time, all spheres of 'regular' medicine were seeking to distance themselves from quacks and pill merchants by submitting themselves to greater regulation and control.

⁸⁰ Porter, *Bodies Politic*, 255; Porter, *Greatest Benefit to Mankind*, 355-6; Reader, *Professional Men*, 66.

⁸¹ Oppenheim, "Shattered Nerves", 20; V. Berridge, 'Health and medicine', 179.

⁸² S.W. F. Holloway, *Royal Pharmaceutical Society of Great Britain, 1841-1991: A Political and Social History* (London, 1991), 1.

⁸³ Holloway, 'The regulation of the supply of drugs', 86.

⁸⁴ S.W. F. Holloway, 'Producing experts, constructing expertise: the school of pharmacy of the Pharmaceutical Society of Great Britain, 1842-1896', in V. Nutton and R. Porter (eds.), *The History of Medical Education in Britain* (Amsterdam, 1995), 117; Corfield, *Power and Professions*, 157.

⁸⁵ Holloway, 'Producing experts', 117; Holloway, 'The regulation of the supply of drugs', 89.

⁸⁶ Holloway, 'The regulation of the supply of drugs', 88.

What impact did such moves have upon the portrayal of doctors in advertisements for health products? In general, the findings are favourable. The percentage of advertisements boasting that their product had been ‘recommended by the faculty’ remained stable, falling slightly from 22 to 18 per cent. However, the percentage using written testimonials from medics increased over time (see Figure 5.5). Medical testimonies were always popular because they responded to pervasive fears about food adulteration and industrial atmospheres. The expert’s testimony also seemed free from emotional manipulation, being purely objective.⁸⁷ Despite their dubious nature, not all letters of medical approval were fabricated. If they had been, life would have been much more plain-sailing for Edwin Lankester, the public health reformer.⁸⁸ Having given his support to Dr de Jongh’s Cod-Liver Oil, in 1861 the *British Medical Journal* came down heavily upon him, naming him in an article with the heading ‘Professional testimonial mongers’.⁸⁹ Such action was particularly severe, considering that the testimonies of both Arthur Hassall, the eminent physician and microscopist,⁹⁰ and Jonathan Pereira, the pharmacologist,⁹¹ also featured in an advertisement for the same product in the 1850s, yet no reprisal was taken in their cases.⁹²

⁸⁷ L. A. Loeb, *Consuming Angels: Advertising and Victorian Women* (Oxford, 1994), 76.

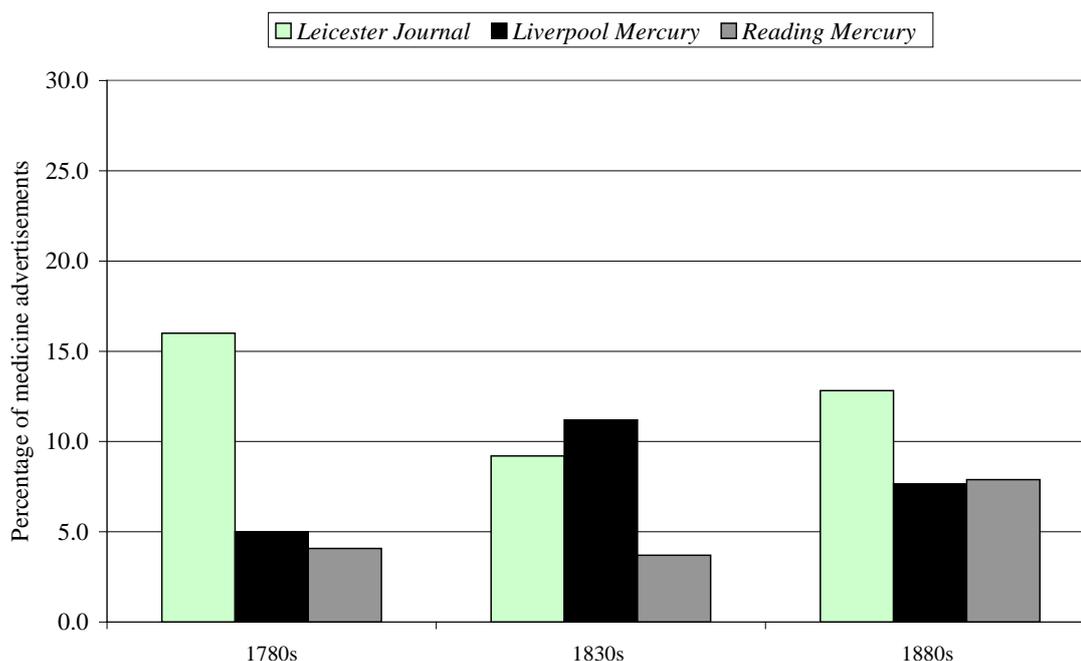
⁸⁸ M. P. English, ‘Edwin Lankester (1814-1874)’, *Oxford Dictionary of National Biography*.

⁸⁹ *British Medical Journal*, 2 (1861), 415 cited in English, *Victorian Values*, 106.

⁹⁰ J. H. Price, ‘Arthur Hill Hassall (1817-1894)’, *Oxford Dictionary of National Biography*.

⁹¹ M. P. Earles, ‘Jonathan Pereira (1804-1853)’, *Oxford Dictionary of National Biography*.

⁹² E. S. Turner, *The Shocking History of Advertising* (Middlesex, 1952), 67.

Figure 5.5: Medicine adverts using medical testimonials, 1780s-1880s

Did the use of medical testimony increase over time? More than 15 per cent of advertisements in the *Leicester Journal* used this selling strategy in the 1780s whereas a hundred years later, only 13 per cent did so (see Figure 5.5). However, the strategy spread spatially: the percentage of adverts adopting it in Leicester, Liverpool and Reading converged. In the 1780s, the proportion of adverts containing medical testimony differed between 16 per cent in Leicester and 4 per cent in Reading. One hundred years later, however, the figures were more uniform, signifying that the strategy had become a favourite in the advertiser's armoury.

The undramatic change in the percentage of advertisements using medical testimony may reflect how gradual shifts in public opinion were. Despite the eagerness of medics to improve their public persona, their efforts were often only aired in the pages of specialist journals such as the *Lancet* and the *British Medical Journal*. General practitioners constituted the majority of the readership of this type of journal.⁹³ Even publications aimed at the public had small circulations; their price of between 1d and 3d saw to that.⁹⁴ Furthermore, the adoption of new technologies and techniques always engendered opposition from the public, for religious and other

⁹³ Loudon, 'Medicine, politics and the medical periodical 1800-50', 63-4.

⁹⁴ Loudon, 'Medicine, politics and the medical periodical 1800-50', 58-60.

grounds.⁹⁵ As a result, many developments in medical sophistication often had to initially endure much public suspicion and resistance. Advertisers may, therefore, have been reluctant to call upon the support of doctors, if the public were antagonistic towards them.

Alternatively, the public may have taken it for granted that the medical profession should take such action to improve their reputation. After all, the pursuit of professional status was a significant element in nineteenth-century social life. One of the clearest reflections of this trend was the establishment of institutes and associations designed to define standards, and represent and defend the common interests and opinions of employees in the same profession. In 1818, a group of young engineers took the step of establishing an Institute of Civil Engineers, the first conscious professional consolidation outside the traditional learned professions. Architects followed suit in 1834, launching the Institute of British Architects, which gained its charter three years later.⁹⁶ Attributes of professionalisation were also increasingly apparent in urban administration. In the late-eighteenth and early-nineteenth century, cities were essentially run by amateurs on an *ad hoc* basis. Office-holders were part-time at best and very much all-rounders, lacking specific training. The hasty establishment and then disbanding of Local Boards of Health following the outbreak of cholera in 1831 typifies this approach.⁹⁷ However, during the second half of the nineteenth century, the growing complexity of city life called for greater expertise. As new technologies such as electricity and tramways appeared, specialists with carefully tailored training were required to service the

⁹⁵ For example, religious hardliners felt Queen Victoria had fallen from grace when she accepted chloroform during the pregnancy of her eighth child, Prince Leopold. See T. H. Bickerton, *A Medical History of Liverpool from the Earliest Days to the Year 1920* (London, 1936), 138. Despite being an invention of the eighteenth century, vaccination was so strongly opposed in nineteenth-century Leicester that an Anti-Vaccination League emerged in 1869. The 'Great Anti-Vaccination Demonstration', held on 20th May 1876, drew support from over two thousand people. See E. Buchanan, 'Dr Charles Killick Millard and Public Health: 1901-1934', in J. Hinks (ed.), *Aspects of Leicester: Discovering Local History* (Barnsley, 2000), 145; Simmons, *Leicester Past and Present, Volume Two*, 17; Porter, *Greatest Benefit to Mankind*, 274. In 1871, an Act of Parliament had to be passed, making vaccination of children compulsory. Parents who failed to comply faced fines. See English, *Victorian Values*, 107.

⁹⁶ Corfield, *Power and Professions*, 181-3; Hilton, *Mad, Bad, and Dangerous People*, 148.

⁹⁷ Wohl, *Endangered Lives*, 123-4; Bickerton, *A Medical History of Liverpool*, 172-3; Hempel, *Medical Detective*, 39-40.

running of a town.⁹⁸ For example, the number of professional engineers in Britain increased from fewer than 1,000 in 1850 to 8,000 by 1880 and then expanded to a staggering 40,000 by 1914.⁹⁹ As the complexity of life steadily mounted, an increasing number of occupations had claims for professional status and the benefits this entailed.¹⁰⁰ The efforts of the medical profession should be seen in this context.

Despite the mixed portrayal of doctors described so far, advertisements for health products did improve the portrayal of the medical profession in one vital respect. Between the 1780s and the 1880s, advertisers significantly reduced the level of overt criticism about medics. Initially, medics were often made to appear inept and incapable of effecting cures. For example, in the 1780s, an advert for Baume de Vie related how a Mrs Sarah Wood of Wanstead, Essex, had been ‘deemed incurable by the Hospital Surgeons’.¹⁰¹ Over one-quarter of adverts in the *Reading Mercury* at this time projected the same message that medics were ineffective and helpless against disease (Figure 5.6). Fifty years later negative portrayals were less prominent, yet still persisted in approximately 5 per cent of advertisements for health products. In Liverpool, an advert for Lignum and Son’s Antiscorbutic Drops explained how the ulcerated leg of a Mr Paley completely ‘baffled the sagacity of Surgeons and Medical Men’.¹⁰² By the 1880s, however, criticism of the medical profession had become much more muted. Adverts describing patients ‘under the doctor’s care for six months’ but ‘with no result’¹⁰³ were much more of an oddity. It appears, therefore, that the efforts of the medical profession to heighten its status in the eyes of the public were not completely in vain.

⁹⁸ B. M. Doyle, ‘The changing functions of urban government: councillors, officials and pressure groups’, in M. Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 297.

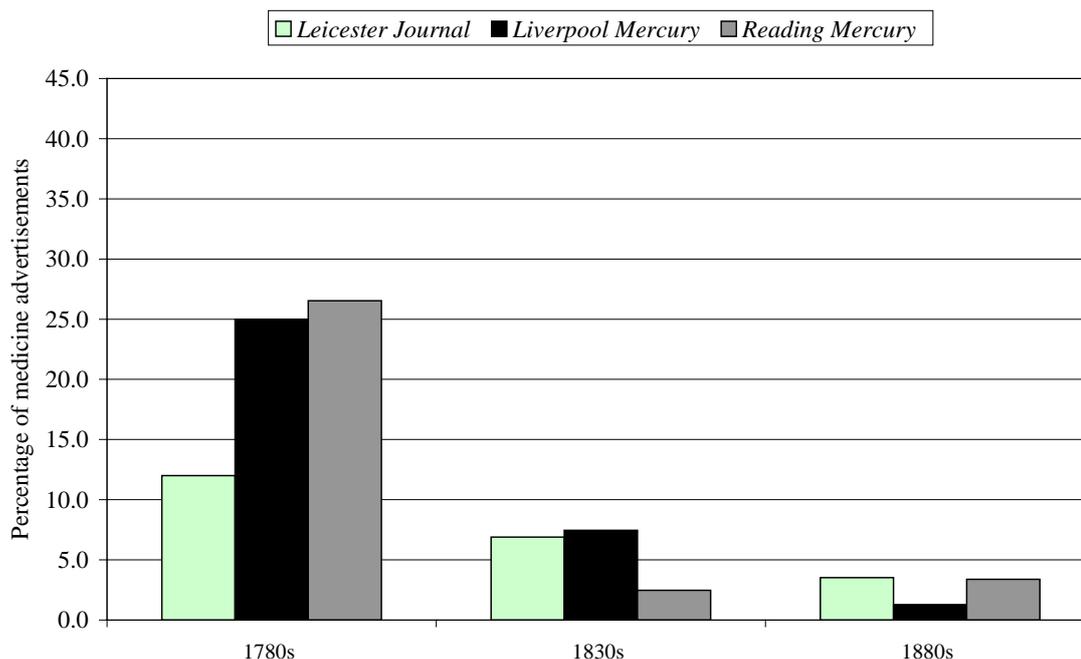
⁹⁹ R. A. Buchanan, ‘Engineers and government in nineteenth-century Britain’, in R. MacLeod (ed.), *Government and Expertise: Specialists, Administrators and Professionals, 1860-1919* (Cambridge, 1988), 46.

¹⁰⁰ With professional status came freedom from supervision, the possibility of higher earnings and the respect that possession of specialist knowledge imbues. See Corfield, *Power and Professions*, 174-6.

¹⁰¹ *Reading Mercury*, 7/2/1780, 4d.

¹⁰² *Liverpool Mercury*, 4/2/1831, 4c.

¹⁰³ Advertisement for Betheada, *Liverpool Mercury*, 5/11/1881, 5f.

Figure 5.6: Medicine adverts portraying doctors negatively, 1780s-1880s

This is perhaps to be expected. The science of medicine made significant and positive strides forward in the nineteenth century. In what she coined the ‘scientific revolution’ in nineteenth-century medicine, Corfield included the adoption of anaesthetics, antiseptics and immunology.¹⁰⁴ Although others have been more reserved in their appraisal of nineteenth-century medicine,¹⁰⁵ by the end of Queen Victoria’s reign, medical knowledge was far superior to that of the 1780s. Consequently, treatment was more successful and less precarious. Due to the introduction of chloroform, the Queen was undoubtedly in much less pain during the birth of her eighth child in 1853 than during her previous confinements.¹⁰⁶ We should remember that improvements in nineteenth-century medicine were largely palliative rather than curative, but this is what the public gauged medical progress by. Relief from pain was the goal, cure was often undreamt of. It is to be expected, therefore, that regard for doctors grew and they came to be viewed in a more favourable light. For pill manufacturers to virtually abandon their sales strategy of

¹⁰⁴ Anaesthetics were first used in Britain in 1846; antiseptics were developed by Joseph Lister from 1865; and immunology evolved through the work of Louis Pasteur and Robert Koch in microbiology. See Corfield, *Power and Professions*, 140; Porter, *Greatest Benefit to Mankind*, 367, 371, 372, 374.

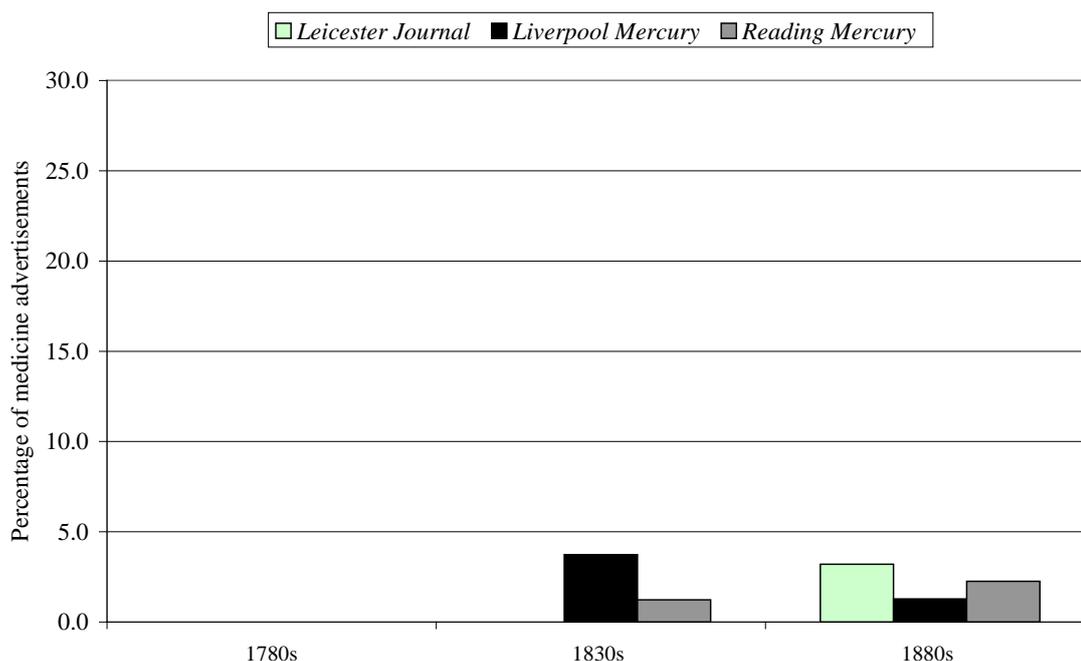
¹⁰⁵ Porter argued that the ineffectiveness of traditional medicine helped to account for the public’s propensity to shop around in the medical marketplace. See Porter, ‘The language of quackery’, 78.

¹⁰⁶ Porter, *Greatest Benefit to Mankind*, 367; Hempel, *Medical Detective*, 103-4.

criticising doctors, a strategy that was once so dominant, is indicative of how futile such an approach had become. As time passed and men such as Koch and Lister made scientific breakthroughs, lambasting the medical profession for inadequacy was less credible and certainly counterproductive.

The utilisation of testimonials lifted from medical journals by advertisers of health products in the nineteenth century adds further weight to the argument that medics were increasingly viewed in a favourable light. The habit of including quotations from specialist medical journals became more common as the century progressed. Although less significant than many of the other claims discussed so far, testimonials from medical journals were nonetheless used in an increasing number of towns, suggesting that the technique grew in popularity among advertisers around the country. For example, advertisers using the local press in Leicester had only adopted the strategy by the 1880s, whereas their counterparts in Reading and Liverpool were using it in the 1830s. For a medical journal to have been of use to an advertiser, there had to be some assurance that it carried sufficient prestige to inspire confidence in the consumer. Although specialist journals were first and foremost an outlet for communication within a profession, they nevertheless carried a level of kudos in the eyes of the public. The fact that by the 1880s, products such as Neave's Food published quotations from the *Lancet* and the *British Medical Journal* suggests that the public viewed these publications as voices of authority whose conclusions could be trusted.¹⁰⁷ As consumers increasingly responded to quotations from the journals of the medical profession, it seems fair to conclude that the public's confidence in doctors grew as time passed.

¹⁰⁷ *Liverpool Mercury*, 7/11/1885, 7a.

Figure 5.7: Advertisements using medical journal testimonies, 1780s-1880s

The nineteenth century was very much an era of reform¹⁰⁸ and the middle classes were huge advocates of it. Whether in politics, urban sanitation or behaviour, the bourgeoisie welcomed reform. After all, they had much to gain. For example, the 1832 Reform Act gave the middle classes greater political influence.¹⁰⁹ The Municipal Corporation Act of 1835, which reformed the variegated nature of urban government,¹¹⁰ together with the repeal of the Test and Corporations Acts in 1829 also opened the way for wider social participation by the middle classes.¹¹¹ Furthermore, the years after 1850 saw an increasing commitment by central and local government to public health reform.¹¹² For the bourgeoisie living in or near late-eighteenth- and nineteenth-century cities, public health reform, in addition to commercially available health products, represented a strategy of self defence

¹⁰⁸ French and Wear felt the phrase ‘an age of reform’ was fitting to describe the late eighteenth and early nineteenth century. See R. French and A. Wear (eds), *British Medicine in an Age of Reform* (London, 1991).

¹⁰⁹ G. K. Clark, *The Making of Victorian England* (London, 1962), 123; S. Gunn & R. Bell, *Middle Classes: Their Rise and Sprawl* (London, 2002), 18.

¹¹⁰ R. Brown, *Society and Economy in Modern Britain 1700-1850* ((London, 1991), 425.

¹¹¹ L. Davidoff and C. Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London, 1987), 19.

¹¹² Hardy, *Health and Medicine*, 29-30; C. H. Hume, ‘The public health movements in J. T. Ward (ed.), *Popular Movements c. 1830-1850* (London, 1970), 184.

against the dirt and disease generated by the city.¹¹³ As reform featured so prominently in the psyche of the middle classes, therefore, it is unsurprising that the medical profession was portrayed in an increasingly favourable light in the advertisements for health products. Bourgeois consumers applauded the efforts of medics to bar dishonourable and lewd rogues, such as John ‘Chevalier’ Taylor and Samuel Solomon, from the art of healing. As doctors also belonged in the same social bracket, their thoughts and opinions were naturally welcomed by the middle classes. Findings backed up by analysis and statistics convinced consumers infected by the craze for science.

Claims of the crowd: health products and testimonials

Commercial health products were not only sold on the basis of what trained medics thought, however. Within advertisements for products such as Dr. Locock's Pulmonic Wafers and Rev Carrington's Life Pills, the opinions of ordinary members of society jostled alongside the views of princesses, army commanders, and the national, and even international, press. Advertisers of Pulvermacher's Galvanic Chain Bands and Belts, for example, used an extract from the *Bombay Gazette*.¹¹⁴ It is possible that this newspaper was chosen on the grounds that the distance between Leicester and Bombay would have prevented readers from checking whether the quotation was genuine. However, if we credit nineteenth-century advertisers with greater imagination and inventiveness, they may well have been attempting to imbue their product with a sense of exoticism by associating it with the Orient. The rage for electric treatments was intense in the late-nineteenth century,¹¹⁵ as was enthusiasm for ‘Orientalism’.¹¹⁶ By the end of the century, electricity was transforming the Victorian way of life, from tramways to lighting to household

¹¹³ Doyal and Pennell, *Political Economy of Health*, 144.

¹¹⁴ *Leicester Mercury*, 7/10/1881, 2c.

¹¹⁵ Hindley, *Advertising in Victorian England*, 116; Hempel, *Medical Detective*, 117.

¹¹⁶ The term ‘Orientalism’ was originally an adjective for the study of Eastern art, literature, religion and culture. In an age when pride in the British Empire was at its apex, Orientalism became an addictive hobby for many living in England. J. M. MacKenzie, *Orientalism: Theory, History and the Arts* (Manchester, 1995), xii. The term ‘Orientalism’ has been seen differently. For Edward Said, it came to stand for British condescension of Eastern culture, and a means of imperial officers achieving political, cultural and economic supremacy. See E. W. Said, *Orientalism* (London, 2003).

appliances.¹¹⁷ Conjuring a sense of exoticism would have bolstered the novelty of the product.

Testimonials were a common feature of adverts for health products.¹¹⁸ They almost invariably advertised patent medicine or foods.¹¹⁹ Testimonials were designed to quell a customer's fears about a product. Letters of recommendation from ordinary members of the public, for example, were used to demonstrate that products worked. This strategy was more subtle than simply calling a product, as promoters of Dr Sibly's Re-animating Solar Tincture did, as the 'most pleasant, safe, and efficacious remedy ever offered to the Public'.¹²⁰ Yet, as Loeb has recognised, the public testimonial also made readers feel part of a community; a community of consumers, whose collective experience engendered confidence in a product.¹²¹ Readers were led to believe, if Mr Guteridge, of 221, White Chapel Road, London,¹²² had found relief with this product, then so could they. With the experience of others to call upon, individuals became more optimistic and bold. This also explains why advertisements often referred to the 'increasing demand' for their product.¹²³ If more people were buying it, the individual was made to feel that they were missing out.

¹¹⁷ Electricity was a complicated technology that required specialist practitioners to service it. The fact that in 1889 the Institute of Electrical Engineers was founded reflects how far its impact had spread by the late nineteenth century. See Corfield, *Power and Professions*, 210.

¹¹⁸ According to the Hindleys, the testimonial in some form was 'rooted in Victorian advertising philosophy'. See Hindley, *Advertising in Victorian England*, 115. See also P. S. Brown, 'The vendors of medicines advertised in eighteenth-century Bath Newspapers', *Medical History*, 19 (1975), 353; Fissell, *Patients, Power, and the Poor*, 18; J. J. Looney, 'Advertising and society in England, 1720-1820: a statistical analysis of Yorkshire newspaper advertisements (Unpublished PhD thesis, Princeton University, 1983), 225.

¹¹⁹ Loeb, *Consuming Angels*, 75.

¹²⁰ *Leicester Mercury*, 3/10/1834, 1e.

¹²¹ Loeb, *Consuming Angels*, 143-5.

¹²² Advertisement for Spilsbury's Drops, *Reading Mercury*, 3/11/1783, 4c.

¹²³ By the 1880s, approximately 8 per cent of advertisements for health product used this claim to promote their product.

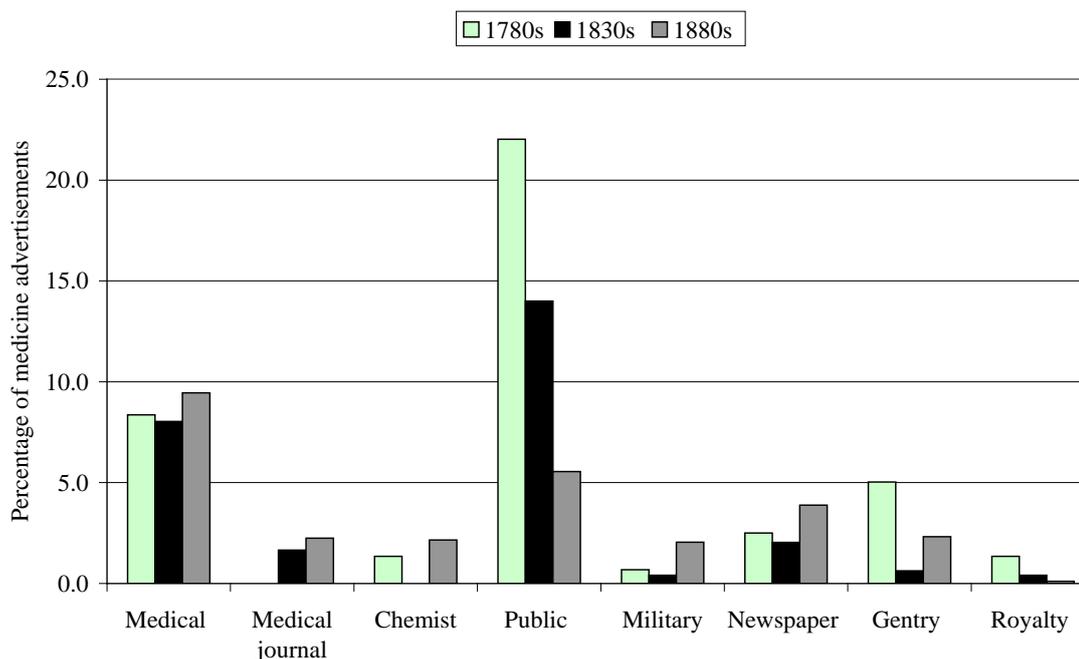
Table 5.1: Medicine advertisements with testimonials

	1780s	1830s	1880s		1780s	1830s	1880s		1780s	1830s	1880s
	<i>Leicester Journal</i>				<i>Liverpool Mercury</i>				<i>Reading Mercury</i>		
Total medicines	50	87	312		40	134	235		49	81	355
No testimony	26	62	231		25	98	197		26	64	251
With testimonies	24	25	81		15	36	38		23	17	104
% with testimonies	48.0	28.7	26.0		37.5	26.9	16.2		46.9	21.0	29.3

Source: *Leicester Journal*, *Liverpool Mercury*, *Reading Mercury*

Despite their utility, however, in the course of the nineteenth century, testimonials gradually disappeared from advertisements for health products. Between 40 and 50 per cent of adverts contained testimonials in the 1780s, but barely 25 per cent did so one hundred years later (Table 5.1). It is understandable that long lists of testimonials were dropped from medical adverts due to lack of space.¹²⁴ As highlighted in Chapter 4, adverts did become shorter and snappier and testimonials often had to make way. However, the figures for the 1880s in Table 5.1 are not that much lower than those for the 1830s. In fact, for Reading, a greater percentage of advertisements contained testimonials in the latter period. Testimonials were, therefore, still regarded as an efficient mode of selling. What *had* changed was their nature.

¹²⁴ I. Asquith, 'Advertising and the press in the late eighteenth and early nineteenth centuries: James Perry and the *Morning Chronicle* 1790-1821', *Historical Journal*, 18 (1975), 718.

Figure 5.8: Testimonials used by medicine advertisements, 1780s-1880s

Testimonials for commercially available health products came from all walks of nineteenth-century life. They were after all a marketing strategy designed to instil confidence in the consumer. By measuring the proportion of advertisements using recommendations from different types of people, it is possible to gain an insight into which figures wielded the most authority when it came to selling health products. Was it the King or the chemist, a member of the medical profession or a member of the public? For example, the opinion of fellow consumers became much less important for selling health products (see Figure 5.8). More than one in five adverts included letters of thanks from satisfied members of the public in the 1780s, yet a hundred years later barely one in twenty did so. Similarly, the percentage of products endorsed by royalty and the gentry fell. Once, such recommendations, apart from imbuing products with an aura of sophistication, also inspired confidence in the consumer. After all, the upper classes would hardly have wanted their names associated with ineffective products, let alone with poisonous substances. However, by the 1880s, the opinions of royal personages and the upper classes counted for little. This may have been due to greater vigilance on the part of the wealthy in checking their names were not being used fraudulently. However, as England had

entered an age that increasingly demanded proof and respected scientific endeavour, the patronage of a lord or prince was no longer sufficient to sway popular opinion.

On the other hand, the testimony of medics, newspaper proprietors and the armed forces became ever more influential. These changes reflect general shifts in the mentality of nineteenth-century urban residents. As towns and cities in England grew, their functioning became ever more complex and intricate. Amateur all-rounders were gradually replaced by full-time, paid employees, who had received courses of specialist training and education under the guise of an institute or association, and endorsed by their profession. In this situation, the opinion of the expert increasingly became the norm; it was increasingly sought in all fields of life. In terms of health, the fulsome praises of satisfied customers were no longer sufficient. Instead, opinions formed by specialists, and based upon experimentation and analysis were expected, such as this recommendation by Arthur H. Hassall, M. D.:

I hereby certify that I have purchased a sample of Stedman's Teething Powder, and have, at the request of the proprietor, subjected it to analysis for morphia or opium in any form.

I am enabled to state that I found the sample in question to be absolutely free from morphia or any other alkaloid or constituent of opium.

Thus, Stedman's Teething Powder is favourably distinguished from similar preparations.¹²⁵

Quotations lifted from newspapers and magazines were also popular, presumably because of the objectivity they were designed to imply. Editorials from the *Observer*¹²⁶ or the *Civil Service Gazette*¹²⁷ seemed detached from the world of commercial medicine, and the views they expressed were, therefore, designed to be perceived as genuine and untainted.¹²⁸ And the opinions of army generals and captains became increasingly influential towards the end of the century, as advertisers sought to cash in on the wave of patriotic fervour, triggered by pride in the British Empire and the build-up to the Boer War.¹²⁹ It is interesting to note that

¹²⁵ *Reading Mercury*, 5/2/1881, 7e.

¹²⁶ Advertisement for Cockle's Pill, *Reading Mercury*, 3/2/1883, 7b.

¹²⁷ Advertisement for Epp's Cocoa, *Leicester Journal*, 6/10/1882, 2e.

¹²⁸ This technique should not be confused with the earlier practice of 'puffing', in which advertisements for health product were disguised to look like an editorial and were indistinguishable from the news. See Looney, 'Advertising and society in England', 219.

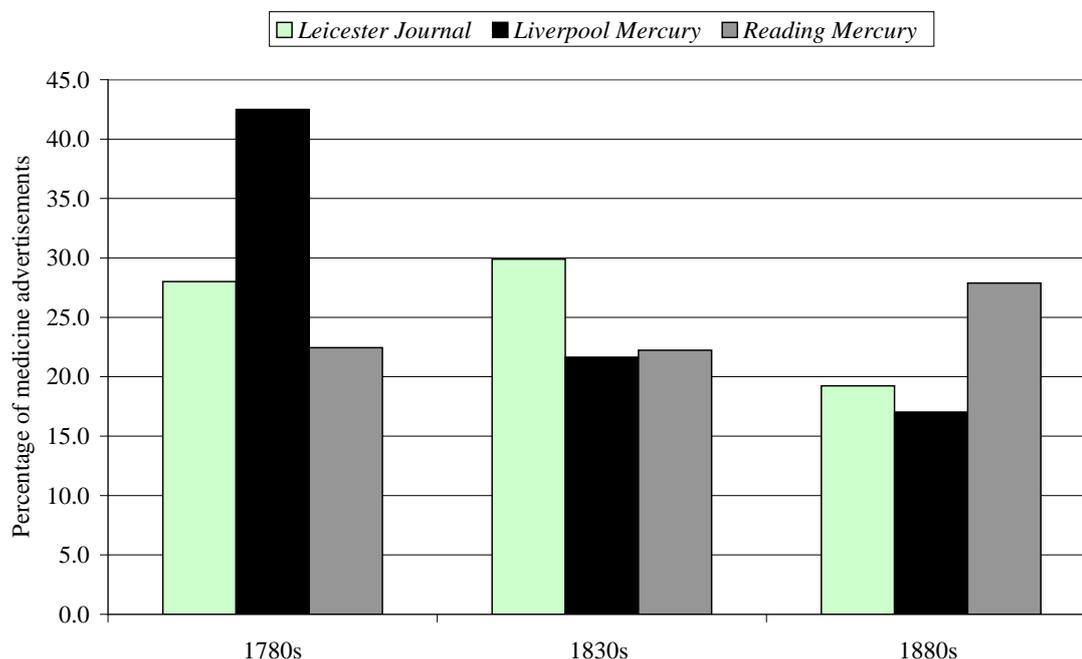
¹²⁹ B. Shannon, 'Refashioning men: fashion, masculinity, and the cultivation of the male consumer in Britain, 1860-1914', *Victorian Studies*, 46 (2004), 597-630.

testimonials from the military were most prominent in the *Reading Mercury*, being up to 10 times more numerous than in the *Leicester Journal* and *Liverpool Mercury*. Such evidence suggests that in Reading there was a groundswell of national pride and loyalty. Although Arborfield Garrison, under its original name, the Remount Depot, was not established in the nearby parish of Barkham until 1911,¹³⁰ as stated already, nearby Aldershot had been home to soldiers since the 1850s. Nevertheless, despite such local particularities, the main conclusion is still true. In their quest for an increasing share of the market, advertisers of health products had to respond to changes in the psyche of English society in an attempt to resonate with popular feelings and opinions. In this way, advertisements are an invaluable source for assessing past beliefs and opinions.

Claims of validity: Age and longevity

Despite the craze for the new, and the importance of keeping in touch with the changing foibles of English society, advertisers of health products did remain loyal to the virtue of age and experience. Claiming that a product had existed for many years was a popular selling strategy throughout the nineteenth century, as Figure 5.9 shows.

¹³⁰ <http://www.arborfieldhistory.org.uk/properties.htm> accessed on 03/07/2007.

Figure 5.9: Medicine adverts claiming to be long-established, 1780s-1880s

After all, to the public, health products that had stood the test of time were by implication successful, their longevity indicated they were the original of its kind and the fact they had been made for decades, sometimes centuries, suggested the composition was faultless. For example, Dr Anderson's Scots Pills, a product that can be traced throughout the whole of the period, claimed in the 1780s that 'Near 150 Years Experience has proved this Medicine to be extremely useful in Disorders of the Stomach and Bowels'.¹³¹ In those 150 years, the consumer was led to believe, trial and error had allowed its manufacturers to perfect the medicine. One hundred years later, advertisers still used continuity as a selling point, yet by this time were more conservative in the length of existence they claimed. Norton's Camomile Pills 'during the last fifty year [sic]' had 'afforded relief to thousands'.¹³² Dinneford's Magnesia claimed medical approval 'for over Forty Years',¹³³ whilst Keating Cough Lozenges boasted 'an ever increasing sale of over 60 years'.¹³⁴ This apparent tendency to avoid exaggeration even affected the advertisers of Dr Anderson's Scots

¹³¹ *Reading Mercury*, 7/2/1780, 4b.

¹³² *Reading Mercury*, 5/11/1881, 7g.

¹³³ *Leicester Journal*, 6/3/1885, 2a.

¹³⁴ *Liverpool Mercury*, 7/2/1880, 3b.

Pills, who by the 1880s gave a vague estimation of the product's longevity, stating it had been on the market for 'more than a Century'.¹³⁵

Conclusion

From the analysis of the claims made by health products throughout the nineteenth century, it is possible to gain a better understanding of the public's motivation in indulging in 'health self-help'. One attraction was the independence from the medical profession that products purported to provide. Goods such as Blair's Gout Remedy promised that 'excruciating pain is quickly relieved and cured in a few days', and thus offered cost-effective and speedy relief. Products were portrayed in a way to convince customers that follow-up treatment would be unnecessary and consumer-outlay kept to a minimum. Advertisers were also prompt to assure readers that pills were harmless, appealing to the public's suspicions over the efficacy and safety of trained medics. Yet advertisers also utilised the medical profession amid the changing intellectual climate in which the opinion of an expert was increasingly expected, respected and welcomed. Instead of criticising doctors, advertisers increasingly used their thoughts and opinions in an attempt to assure consumers and dispel their doubts. So although the public valued their ability to treat themselves, they still felt safer in the knowledge that a product was medically approved. This reflects how deeply respect for the expert penetrated the Victorian psyche. Talented or maverick amateurs had been superseded by calculating and, most importantly, qualified professionals. Yet, age and experience were also highly cherished qualities by those in pursuit of health, as products with long histories assuaged lingering fears about safety and efficacy. Posed with stories that Dr Scots' Anderson's Pills had supposedly been in existence for over one hundred years, consumers could not be blamed for assuming they had been effective. Therefore, despite changes in the style of advertising health during the nineteenth century, despite the more flattering portrayal of the medical profession and greater use of the press and specialist journals, assurance and counsel were the most important elements when selling health in the nineteenth century.

¹³⁵ *Reading Mercury*, 4/2/1882, 3c.

Chapter 6: Health Entrepreneurship in the Nineteenth Century

The language and marketing strategies employed to sell nineteenth-century health and beauty *products* have so far been the central concern of this thesis. An investigation of the marketing of beauty preparations in chapter 2, provided evidence to support Elias's theory of the 'declining threshold of repugnance'. As this process unfolded, individuals grew increasingly prejudiced against irritations such as blotchy skin and balding heads. As tolerance of such conditions declined, concern over personal appearance grew, reflected in the availability of products designed to control body shape and disguise the signs of old age. In an exploration of the range of illnesses the public sought to manage through self-help, chapter 3 highlighted the many threats lurking in the nineteenth-century city. Contaminated food and water made digestive disorders ever present for Victorian valetudinarians, whilst smoke-filled skies irritated their lungs and the pace of urban life scarred people psychologically. In chapter 4, the focus shifted from the consumer to the medicine vendor and advertiser. Here the layout of the advertisement assumed prime importance, its length, shape and the style of language used. Chapter 5, meanwhile, examined the range of claims employed by advertisers of health products, and the differing strategies used to persuade consumers of a product's intrinsic value.

Yet products were not the only health commodity advertised within the pages of nineteenth-century provincial newspapers. As this chapter will highlight, practitioners of a burgeoning health service market also used the local press to court custom. From chemists to chiropodists and physicians to perfumers, all were health entrepreneurs following the scent of profit hanging about their nostrils. Whilst examining the manner in which this type of health practitioner portrayed themselves to the public, attention will be drawn to their ingenuity and diligence as businessmen. In turn, evidence will also be put forward to support the view that the

date of the so-called ‘retail revolution’ should be pushed backwards to before the second half of the nineteenth century. It is time that the likes of John Davis, optician and Monsieur Mallan, dentist, receive full recognition for their innovative marketing tactics.

The treatment that medical entrepreneurs have received from historians is perhaps best summarised by Porter. In his opinion, pseudo-medical practitioners, lacking formal qualifications, have been turned into something of a freak show; one camp having taken it upon themselves to lambast so-called ‘quacks’, whilst another have chosen to celebrate their perceived impudence and audacity.¹ The former appear to have taken the *Lancet* and *British Medical Journal*’s approach too much to heart,² whilst the more whimsical accounts have been generated by an over-concentration on the bravado demonstrated by individuals such as John ‘Chevalier’ Taylor, Samuel Solomon and James Morison.³ Turner, for example, described Morison, the self-styled Hygeist, as an ‘enterprising Scot... who exploited the credulous southerners to great purpose’.⁴ Both approaches have turned medical entrepreneurship into a synonym for trickery and charlatanism. Indeed, many references to medical entrepreneurs such as Solomon are brief caveats in books and articles on other subjects, and thus provide a skewed portrayal.⁵ Few historians, however, have shown interest in illustrating the enterprise of the less audacious, but equally ingenious health entrepreneur who earnestly sought to attend to the aches and pains of England’s increasingly urban population.

¹ R. Porter, *Quacks: Fakers & Charlatans in Medicine* (Stroud, 2000), 35-7.

² Reader portrays quacks as dodgers of manslaughter, in much the same vein that the *Lancet* used to publish articles illustrating the often poisonous ingredients contained in patent medicines. See W. J. Reader, *Professional Men: The Rise of the Professional Classes in Nineteenth-Century England* (London, 1966), 32; P. J. Corfield, *Power and the Professions in Britain 1700-1850* (London, 1995), 139; R. Porter, *Health for Sale: Quackery in England 1650-1850* (Manchester, 1989), 223.

³ For examples of this approach see W. Helfand, *Quack, Quack, Quack: The Sellers of Nostrums in Prints, posters, Ephemera & Books: An Exhibition on the Frequently Excessive & Flamboyant Seller of Nostrums as Shown in Prints, Posters, Caricatures, Books, Pamphlets, Advertisements & Other Graphic Arts Over the Last Five Centuries* (New York, 2002); R. Whittington-Egan, *Liverpool Colonnade* (Liverpool, 1955), 79-84.

⁴ E. S. Turner, *The Shocking History of Advertising* (Middlesex, 1952), 61-2.

⁵ Examples of off-hand references to quacks are found in P. Sharpe, ‘Population and society 1700-1840’, in P. Clark (ed.), *The Cambridge Urban History of Britain, Vol. II: 1540-1840* (Cambridge, 2000), 517; A. McLaren, *Birth Control in Nineteenth-Century England* (London, 1978), 84; J. Oppenheim, *“Shattered Nerves”: Doctors, Patients, and Depression in Victorian England* (New York, 1991), 202.

New approaches to the history of medical entrepreneurship do exist. A relatively new strand treats health entrepreneurs as practitioners of ‘fringe’ or alternative medicine. Indeed, work by Marland, Brown, Inkster, and Bradley and Dupree have greatly enlightened us about the activities of chemists, druggists, medical herbalists, and hydropathists.⁶ Yet not enough has been said about the dentists, chiropodists, and opticians that serviced the health requirements of an increasingly urban society. These were individuals who seized upon the new opportunities generated by the growth in appreciation of personal health and hygiene. This is an omission for three reasons. Firstly, with urbanisation, families became less self-sufficient and duties, such as haircutting or tending to tooth ache, came to be fulfilled by specialist practitioners.⁷ This was particularly the case for members of the middle classes. Whereas poorer households continued to make the most of their scant resources and as such continued to rely on homemade remedies, the bourgeoisie were much more inclined to seek the assistance of a specialist practitioner.⁸ It is also widely recognised that the middle class, and their disposable incomes, grew considerably from the late-eighteenth century onwards.⁹ As the need for a more literate workforce provided steady, regular salaries, bourgeois expectations of comfort also rose.¹⁰ With such conditions, demand for specialist health practitioners was further

⁶ H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987); H. Marland, ‘The medical activities of mid-nineteenth-century chemists and druggists, with special reference to Wakefield and Huddersfield’, *Medical History*, 31 (1987), 415-39; P. S. Brown, ‘The vicissitudes of herbalism in late nineteenth- and early twentieth-century Britain’, *Medical History*, 29 (1985), 71-92; I. Inkster, ‘Marginal men: aspects of the social role of the medical community in Sheffield 1790-1850’, in J. Woodward and D. Richards (eds.), *Health Care and Popular Medicine in Nineteenth Century England: Essays in the Social History of Medicine* (London, 1977), 128-163; J. Bradley and M. Dupree, ‘Opportunity on the edge of orthodoxy: medically qualified hydropathists in the era of reform, 1840-1860’, *Social History of Medicine*, 14 (2001), 417-37.

⁷ R. A. Fullerton, ‘How modern is modern marketing? Marketing’s evolution and the myth of the ‘Production Era’, *Journal of Marketing*, 52 (1988), 111; M. Berg, ‘Consumption in eighteenth- and early nineteenth-century Britain’, in R. Floud and P. Johnson (eds.), *The Cambridge Economic History of Modern Britain, Vol. I: Industrialisation, 1700-1860* (Cambridge, 2004), 361; C. Fowler, ‘Changes in provincial retail practice during the eighteenth century, with particular reference to central-southern England’, *Business History*, 40 (1998), 51.

⁸ For example, whilst the bourgeoisie made use of the commercialised spas during the wave of popularity for hydropathy, poorer sections of society continued to use those which had been left undeveloped. See Marland, *Medicine and Society*, 233.

⁹ L. Davidoff and C. Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London, 1987), 18-9; S. Gunn and R. Bell, *Middle Classes: Their Rise and Sprawl* (London, 2002), 17; T. Vestergaard and K. Schrøder, *The Language of Advertising* (Oxford, 1985), 4.

¹⁰ L. A. Loeb, *Consuming Angels: Advertising and Victorian Women* (Oxford, 1994), 8; W. H. Fraser, *The Coming of the Mass Market, 1850-1914* (London, 1981), 12-3; R. J. Morris, *Men, Women and Property in England, 1780-1870: A Social and Economic History of Family Strategies amongst the Leeds Middle Classes* (Cambridge, 2005), 56.

stimulated. Finally, as has been consistently highlighted, interest and concern about health and appearance also increased during this period.¹¹ Publicity surrounding seemingly ever-rising death rates and stomach-turning stenches present in the city made health a highly emotive subject. The wear and tear of urban, industrial work also took its toll, creating a demand for practitioners to treat conditions such as ‘over exhaustion’ generated by business concerns, or poor eyesight brought on by poring over ledgers with insufficient light.¹² Urban life was made more stressful as parents feared for their children’s wellbeing and financial futures, as well as new challenges such as finding reliable domestic servants.¹³ Furthermore, as communities grew and the need to appear ‘respectable’ intensified, personal appearance gained added significance. And beauty practitioners, therefore, became ever more valued. The anxiety city dwellers harboured over their appearance and aroma was resolved by a visit to the local hairdresser or perfumer.

This chapter, therefore, seeks to redress the balance and assign more attention to the types of practitioner outlined above. At the same time, ample evidence will be portrayed to convince the reader that the majority of these individuals were successful salesmen and adventurous entrepreneurs. From an analysis of the language employed by their advertisements, it will become clear that the likes of dentists, chiropractors and opticians knew much about self-promotion. Furthermore, from the indications provided by their sales pattern of how they ran their businesses, readers will gain an insight into how enterprising these practitioners were.

The aims of this approach are twofold. Firstly, in the debate over when the ‘retail revolution’ occurred, practitioners of commercial health have been largely ignored. It is true that the part played by the patent medicine industry in retail development has been recognised. Indeed, patent medicine vendors have been acknowledged as

¹¹ B. A. Tudor, ‘Retail trade advertising in the *Leicester Journal* and the *Leicester Chronicle* 1855-71’, *Journal of Advertising History*, 9 (1986), 41-56; A. Comfort, *The Anxiety Makers: Some Curious Preoccupations of the Medical Profession* (London, 1967), 34-5.

¹² The authors of *The Family Physician* explained that too much ‘thinking, reading, [and] writing’ led to painful headaches. See *The Family Physician: A Manual of Domestic Medicine* (New and Enlarged Edition) 5 vols. (Cassell, London, 19??), 290-1. Mental exhaustion was considered the preserve of the elite. Working-class exhaustion was perceived as purely physical rather than mental. See Oppenheim, “*Shattered Nerves*”, 107.

¹³ F. M. L. Thompson, *The Rise of Respectable Society: A Social History of Victorian Britain, 1830-1900* (London, 1988), 132; Davidoff and Hall, *Family Fortunes*, 388-9.

the fore-runners of modern advertising techniques.¹⁴ Yet, historians have either remained silent on the impact that travelling practitioners wrought, or attempted to lump their efforts with those of patent medicine vendors. Perhaps this is in part due to the historiography of the medical entrepreneur, which has used atypical characters such as Ebenezer Sibly and John Taylor to portray them as either self-delusional or cheats and liars. It may also be a consequence of the age of these examples; the most famous medical entrepreneurs belonged in the eighteenth century. Historians of ‘modern’ retail patterns have perhaps, therefore, felt that examining the impact of characters of such antiquity would be anachronistic and unhelpful. Furthermore, the popularity of fringe practitioners in the nineteenth century was never widespread enough for their promotional tactics to make a significant impact on the retail sector. Yet, advertisements contained in provincial newspapers reveal that there was another group equally deserving of the label ‘medical entrepreneurs’. These were the dentists, chiropodists, aurists, opticians and medical electrotherapists to which I refer in this chapter. Details of how they stimulated and met customers’ demands provides much evidence to bolster recent developments in retail history which argue that many of the characteristics of Jeffrey’s ‘retail revolution’ were in existence much earlier than the second half of the nineteenth century.¹⁵

The second aim is to highlight the business acumen and guile of this occupational group. In his discussion on the professionalization of dentistry, Forbes made fleeting reference to agents from dental companies travelling the country, advertising in the local press and hiring consulting rooms.¹⁶ Yet his comments were tantalizingly brief. This chapter aims to portray these business strategies in greater depth and detail, and demonstrate the diligence and commitment of health entrepreneurs between the late-eighteenth and nineteenth century. Health

¹⁴ T. R. Nevett, *Advertising in Britain: a History* (London, 1982), 24; T. A. B. Corley, ‘Competition and growth of advertising in the U. S. and Britain, 1800-1914’, *Business and Economic History*, 17 (1988), 161.

¹⁵ Fowler provides evidence that fixed-pricing, fixed shops, retail warehouses and even early versions of the department store were in existence before 1800. See Fowler, ‘Changes in provincial retail practice’, 50; J. Stobart and A. Hann, ‘Retailing revolution in the eighteenth century? Evidence from north-west England’, *Business History*, 46 (2004), 171-94.

¹⁶ E. G. Forbes, ‘The professionalization of dentistry in the United Kingdom’, *Medical History*, 29 (1985), 175.

entrepreneurship did not yield immediate rewards, as signified by the number of individuals tramping annually round the country in search of customers to treat. Despite the increased awareness about health and the public's growing concern for personal appearance, many consumers would have forgone the expense of consulting a practitioner, preferring instead to persevere with self-medication or beautification. Nevertheless, this did not dampen the enthusiasm of health entrepreneurs. In this context of hard graft and unguaranteed success, it is important to recognise their efforts. As it will become clear, health practitioners of the late-eighteenth and nineteenth century strove for profit, were responsive to consumer choice, and adapted to changing economic conditions.

Enterprising experts or expert entrepreneurs

Despite the success of mavericks such as William Brodum¹⁷ and Joshua Ward¹⁸ in the eighteenth century, health entrepreneurship was not always a sure-fire way to make money. This was particularly the case for the humble dentist or optician. Too much attention has been paid to the activities of so-called 'quacks', with the result that health entrepreneurship in the late-eighteenth and nineteenth century has been portrayed to a considerable extent as a story of trickery and gullibility.¹⁹ Yet this approach is condescending, reducing our forebears to mere dupes and health entrepreneurs to cheats and liars. Whilst Marland and Brown have started to investigate the activities and sales tactics of chemists and medical herbalists, relatively little attention has been paid to the other types of medical entrepreneur. Such omission is strange, considering the important roles they filled in their local communities. Chemists, for example, became members of local councils in a number of towns and cities around England during the nineteenth century.²⁰ As

¹⁷ Brodum left considerable bequests to charities at his death, as well as a property in Copenhagen. See E. Samuel, 'William Brodum (1767-1824)', *Oxford Dictionary of National Biography*.

¹⁸ Ward left a handsome sum of £16,000 at his death in 1761, equivalent to £1,196,640 in today's money. See T. A. B. Corley, 'Joshua Ward (1684/5-1761)', *Oxford Dictionary of National Biography*; <http://www.nationalarchives.gov.uk/currency/results.asp#mid> visited on 6/8/2007.

¹⁹ This approach may be due to the fact that occupations such as dentistry remained unregulated for much, if not all, of the nineteenth century. Although Forbes admits the existence of upstanding and ethical practitioners, more attention has been paid on the stereotypical view of unregulated practitioners: men and women interested only in making money. See Forbes, 'Professionalization of dentistry', 176.

²⁰ In Leicester, Edmund Swinfen served as Town Mayor in 1804 as well as alderman for many years, whilst Thomas Woodward, William Evans Hutchinson, Joseph Goddard, Thomas Cooper and Henry Pickering all stood as town councillors. All were chemists in the town during the early- to mid-

local shopkeepers, medical entrepreneurs also earned high esteem in their separate localities, necessary for commercial survival. How they achieved this is thus of great importance.

As intimated above, health entrepreneurship was rarely a route to immediate and rich rewards. Practitioners had to work hard, to travel extensively, and to strive hard to convince their public that could be trusted. Unlike patent medicine proprietors and vendors selling a product, health practitioners were marketing a skill and a service. Rather than the contents or efficacy of a pill or potion, therefore, the practitioner's personal attributes were the decisive tools of persuasion: their training, their endorsements, and their experience. If anything, advertisements for practitioners had to be more plausible and credible than those for medicines. Chiropodist and opticians had to be consulted, after all. Submitting parts of their body for examination was often much harder for nineteenth-century society to contemplate than purchasing manufactured tonics and remedies. Their commitment to *laissez faire* philosophy and deep-seated regard for self-help made relinquishing their bodies to the hands of strangers difficult.²¹ Therefore, the language and marketing strategies employed by advertisements promoting the services of health practitioners reveal the traits the public looked for when seeking medical assistance, and provide an insight into the types of claim that assuaged their fears. From this we gain a better awareness of contemporary beliefs about health and medicine. For example, did medical degrees and qualifications convince the public of a

nineteenth century. See S.W. F. Holloway, *Royal Pharmaceutical Society of Great Britain, 1841-1991: A Political and Social History* (London, 1991), 50.

²¹ *Laissez-faire* philosophy permeated many areas British life during the nineteenth century; trade, politics, economics and social policy. See D. and G. Hindley, *Advertising in Victorian England 1837-1901* (London, 1972), 113; B. Luckin, 'Pollution in the city', in M. Daunton (ed.), in *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 211; Porter, *Quacks: Fakers & Charlatans*, 54; M. J. Winstanley, *The Shopkeeper's World 1830-1914* (Manchester, 1983), 20. The public's high regard for self-help was exemplified by the popularity of self-help manuals at this time. Samuel Smiles's *Self-Help* sold nearly 250,000 copies between its publication in 1859 and the end of the nineteenth century. And even if they lacked books in general, most households would have had a copy of John Wesley's *Primitive Physic* or William Buchan's *Domestic Medicine*. See H. Marland, "'The doctor's shop': the rise of the chemist and druggist in nineteenth-century manufacturing districts", in L. H. Curth (ed.), *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing* (Aldershot, 2006), 93; Corfield, *Power and Professions*, 63-5; Porter, *Health for Sale*, 38; S. Chapman, *Jesse Boot of Boots the Chemists: A Study in Business History* (London, 1974), 14; G. R. Boyer, 'Living standards, 1860-1939' in R. Floud and P. Johnson (eds.), *The Cambridge Economic History of Modern Britain, Vol. II: Economic Maturity, 1860-1939* (Cambridge, 2004), 303; D. C. Coleman, 'Gentlemen and players', *Economic History Review*, 26 (1973), 99.

practitioner's authenticity and ability, or were testimonials from local townspeople more important? This analysis thus has a dual perspective; it uncovers popular perceptions surrounding health whilst also demonstrating how sophisticated advertising was in use long before the 1850s.

Table 6.1: Number of health practitioners, 1830s-1880s

	Leicester	Liverpool	Reading		Leicester	Liverpool	Reading
	1830s*				1880s°		
Hairdressers^a	46	52	16		73	242	20
Dentists	5	9	0		10	51	7
Opticians	0	17	0		4	25	0
Midwives	0	5	0		8	54	0

* Figures taken from *Pigot's Directory of Derby, Hereford, Leicester, Lincoln, Monmouth, Nottingham, Rutland, Salop, Stafford, Warwick and Worcester*, 1835; *Gore's Directory of Liverpool*, 1829; *Pigot's Directory of Berkshire*, 1830.

° Figures taken from *Kelly's Directory of Leicester and Rutland*, 1881; *Post Office Directory of Lancashire, Liverpool and Manchester*, 1873; *Kelly's Directory of Berkshire*, 1887.

^a Includes perfumers.

Before proceeding with this exploration, however, it is necessary to describe the occupational life of the 'respectable' health entrepreneur, and how that changed over time. The figures in Table 6.1 add weight to what has been said before: the market for medical entrepreneurship was relatively slow to develop.²² In the 1830s, for example, at a time when Liverpool supported approximately 280 grocers,²³ only 9 dentists and 17 opticians resided in the town, whilst Reading could not boast one of either. There were discrepancies: not all fields of health and beauty care were sparsely populated. The relatively large number hairdressers and perfumers suggests that public sensitivity about facial appearance and body odour was initially stronger than concerns over poor eyesight and dental hygiene. The services provided by hairdressers were admittedly less intrusive than those of a dentist and the chances of sustaining injury were slight. Nevertheless, customers still had to pay to have their hair cut and dressed. Thus the number in business during the 1830s indicates the strength of demand for such health and beauty services. This adds further weight to

²² Chemists have been excluded from this table, for although they feature among the sample of advertisements undertaken for this study, much of their trade rested upon the sale of patent medicines. This chapter is more concerned with practitioners offering consultations rather than products.

²³ *Gore's Directory of Liverpool*, 1829, 331-2.

Elias's theory of the declining threshold of repugnance (see chapter 2), and signifies that concern about appearing 'respectable' was prevalent, even in the early decades of the nineteenth century.

As time passed the supply of health-related services tended to be greatest in major towns and cities (see Table 6.1). The number of hairdressers and perfumers in Liverpool, for example, more than quadrupled in the five decades between the 1830s and 1880s, whilst the number of dentists resident in the city increased fivefold. In comparison, the number of dentists in Leicester only doubled to reach ten by the 1880s, much less than the fifty-one in Liverpool, and hairdressers in the town did not even achieve this rate of growth. Many factors contributed to this, not least population size. Liverpool, a commercial centre and a chief entrepôt of Britain, attracted thousands of migrants and merchants alike, the former in search of work, the latter hunting for business opportunities. As such, the city contained over 200,000 inhabitants as early as 1831, yet fifty years later over 550,000 resided there.²⁴ With a far larger number of residents than either Leicester or Reading, Liverpool just by its sheer size demanded a larger supply of medical specialists.

Whilst there were considerable swathes of families living on the edge of poverty, unable to add much to the pool of demand for false teeth, spectacles and foot surgery, there was also a burgeoning middle class, increasingly anxious to look their best and address niggles caused or exacerbated by urban lifestyles. Proud of its non-industrial nature,²⁵ Liverpool was home to many import/export companies, processing plants, and financial institutions. The demand for white-collar administrative staff generated by such business fuelled the expansion of the ranks of the middle class.²⁶ With the financial stability provided by regular and higher salaries associated with white-collar employment, a growing proportion of the

²⁴ *Kelly's Directory of Liverpool & Birkenhead*, 1894, 23; B. Mitchell and P. Deane, *Abstract of British Historical Statistics* (Cambridge, 1962), 24-7.

²⁵ Guidebooks of the town celebrated the absence of industry. See J. Belchem and N. Hardy, 'Second Metropolis: the middle class in early Victorian Liverpool', in A. Kidd and D. Nicholls (eds.), *The Making of the British Middle Class? Studies of Regional and Cultural Diversity since the Eighteenth Century* (Stroud, 1998), 59.

²⁶ According to Gilbert and Southall, the largest employers of white-collar workers were central and local government, banks, insurance companies and railway companies. See D. Gilbert and H. Southall, 'The urban labour market', in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 619.

population were furnished with incomes that could stretch to conspicuous expenditure, not least on make-up, false teeth and podiatry assistance. The readiness with which the public spent money on health has already been alluded to in the sales figures of patent medicines during the century (see chapter 3). Demand for the services of health practitioners also appears to have been strong, as the number of dentists and hairdressers per capita improved over the fifty years between 1830 and 1880. In the 1830s, there was only one dentist for every 23,000 people; fifty years later, there was one for every 11,000. Services for teeth and hair care thus kept pace with the growth of population, signifying that public desire for such assistance was becoming more widespread, and made it worthwhile for practitioners to establish businesses in the vicinity.

Table 6.2: Ratio of health entrepreneurs to population, 1830s-1880s

	Leicester	Liverpool	Reading		Leicester	Liverpool	Reading
	1830s				1880s		
Hairdressers	1: 883	1: 3,953	1: 1,003		1: 1,676	1: 2,283	1: 2,103
Dentists	1: 8,128	1: 22,841	n/a		1:12,238	1: 10,832	1: 6,007
Optician	n/a	1: 12,092	n/a		1:30,594	1: 22,097	n/a
Midwives	n/a	1: 41,114	n/a		1:15,297	1: 10,230	n/a

Source: *White's Directory of Leicestershire*, 1862, 114; *Wright's Directory of Leicester*, 1882, xviii; *Gore's Directory of Liverpool and its Environs*, 1851, 37*; *Kelly's Directory of Liverpool & Birkenhead*, 1894, 23; *Kelly's Directory of Berkshire*, 1848, 2010; *Kelly's Directory of Berkshire*, 1887, 123; Mitchell and Deane, *Abstract of British Historical Statistics*, 24-27.

It is not the intention here to imply that Liverpool possessed a proportionally larger middle class than Leicester. Instead, attention is drawn to the fact that in *absolute terms*, the size of the bourgeoisie was larger. At the time when Liverpool's population measured 553,000 in 1881, Leicester's was less than a quarter of that and totalled a mere 122,376.²⁷ Consequently, the number of middle-class families in the midland town was lower, and the number of people desiring health assistance was correspondingly fewer. Wealth in Leicester was also more evenly spread than in Liverpool, due to the predominance of hosiery and later boot and shoe manufacture in the town. The majority of businesses pursuing these trades

²⁷ *Wright's Directory of Leicester*, 1882, xviii.

continued to function on a small-scale basis, late into the nineteenth century,²⁸ with the consequence that major industrialists and merchants, earning disproportionately high incomes, were also fewer. In contrast, Liverpool played host to many of the ‘super-rich’: merchants, money lenders, lawyers and brokers.²⁹ For this class, maintaining presentable appearances was essential. It was no good being rich and successful yet shabby and plain. The elite had to look wealthy, not simply be wealthy. These pressures helped line the pockets of local health practitioners, ready to beautify skin, dress hair and whiten teeth. And whilst northern elites would from time to time make journeys to London to consult medical specialists, such journeys were long and uncomfortable, even after the coming of the railway. The presence of local healthcare providers was, therefore, not to be taken for granted.

As keen observers of the public’s desire for personal beauty, many health entrepreneurs during the nineteenth century sought to highlight how their services could improve personal beauty and decorum. Whilst opticians offered spectacles that were ‘not only light and elegant in appearance, do not press upon the temples, or disarrange the hair’,³⁰ chiropodists guaranteed methods of treatment that would enable the patient ‘to wear tight shoes immediately, without the least inconvenience’.³¹ Both were appealing to the fashion-conscious bourgeoisie, a group keen to appear suave and sophisticated. Whilst the likes of Dr Lunutska, promised customers that they would be able to wear chic footwear with none of the painful side-effects, opticians such as Henry Moore vowed to provide spectacles that would in no way encumber the wearer or mar facial appearances. And then there were the dentist’s claims of building artificial teeth that ‘answer all the purposes of the original Teeth in mastication, articulation, appearance’.³² Just as proprietors with a range of beauty products designed to whiten teeth, clear

²⁸ In the boot and shoe industry, the small firm predominated in Leicester. See J. Simmons, *Leicester Past and Present, Volume Two: Modern City 1860-1974* (London, 1974), 38. Comments made in 1861 by Dr John Simon, Medical Officer to the Privy Council, also provide an indication of the size of workshop prevalent in the city at this time. Simon wrote that ‘in Leicester... probably half the local manufacture is carried on in the dwellings of the workpeople, or in workshops constructed by the conversion of dwelling-houses’. See M. Elliott, *Victorian Leicester* (London, 1979), 79.

²⁹ A. Briggs, *Victorian Cities* (London, 1963), 39.

³⁰ *Leicester Journal*, Advertisement for Dr Lunutska, Chiropodist, 7/3/1845, 1a.

³¹ *Leicester Journal*, Advertisement for H. Moore, Optician, 7/3/1851, 3a.

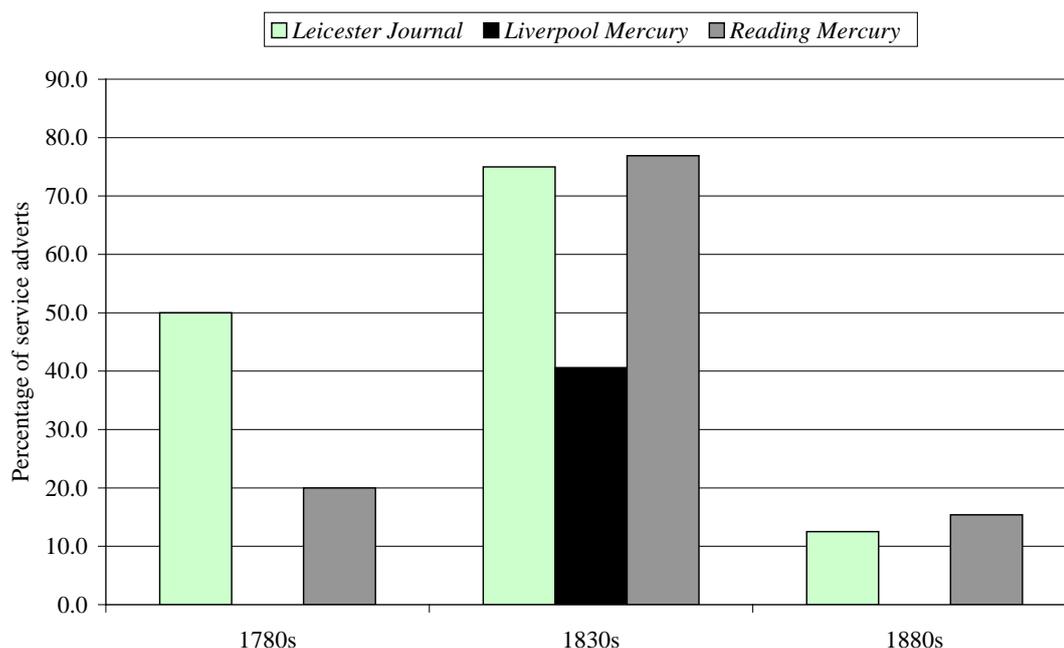
³² *Liverpool Mercury*, Advertisement for Mr Gray, Surgeon Dentist, 5/2/1830, 1c.

complexion and dye hair, health entrepreneurs also pandered to bourgeois anxieties about visual appearances.

By emphasising the superficial benefits their treatment and services could provide the consumer, health entrepreneurs were exercising great business sense. The middle classes did not just demand health maintenance; they also sought the preservation of their looks. Not only did they market their services on the grounds of curing customers, they also advertised additional benefits. By offering products that left hair unruffled and treatments that required no change to one's daily attire, health practitioners sought to profit from the public's pursuit of personal beauty.³³ The fact that the examples of Lunutska, Moore and Gray came from 1851 and before also signifies how early concerns about physical appearance became so pressing. Although the market for beauty *products* was relatively slow to develop,³⁴ concerns about beauty permeated the health service sector much earlier. By pandering to bourgeois anxiety over their appearance, dentists, opticians and chiropodists attempted to earn reasonable livings, and at the same time demonstrated high levels of consumer awareness. In an age before systematic market research and consumer polls, such commercial knowledge signifies how enterprising health entrepreneurs of the early-nineteenth century were.

³³ These promises are also reminiscent of health product advertisements mentioned in chapter 5, where products that required 'no restraint of diet, loss of time, or hindrance of business' were offered. See, for example, advertisement for Professor Swedour's Hygiene Pills, *Liverpool Mercury*, 6/2/1835, 1d.

³⁴ Only 2 per cent of health-related advertisements in the *Leicester Journal* in the 1830s marketed beauty products, compared to 14 per cent fifty years later. See chapter 2, Figure 2.1.

Figure 6.1: Service adverts placed by itinerant practitioners, 1780s-1880s

When demand was slow in coming forward, health practitioners were not shy of pursuing it. Sharing a slight similarity with famous, or infamous, quacks of earlier periods, many early dentists, opticians and chiropodists were also itinerant and peripatetic tradesmen. Such characters appeared more commonly in smaller towns (Figure 6.1), as larger conurbations such as Liverpool often had enough ‘native’ demand to support practitioners in fixed shops or practices. Up until now, this technique of salesmanship has largely been interpreted simply as a strategy to avoid the wrath of angry or unsatisfied customers.³⁵ Yet this approach prolongs the misconception that medical entrepreneurs could not have good intentions and take pride in their work. It precludes the likes of John Davis, an itinerant optician from Cheltenham who visited both Leicester and Reading during the 1830s. When announcing his intention to leave Leicester in the local press, Davis also announced where customers could obtain their spectacles if uncollected after he had gone.³⁶ In providing such information, Davis exhibited both a concern for customer satisfaction and no fear of negative consumer feedback. Otherwise why leave an address which would surely lead back to him? Instead we should recognise that in touring the country courting custom, early medical entrepreneurs were pro-active

³⁵ Marland, for example, stated that itinerant ‘quacks’ were likely to be involved in cases of malpractice or dupery. See Marland, *Medicine and Society*, 225.

³⁶ *Leicester Journal*, 7/10/1831, 3c.

and diligent businessmen. Such conclusions can be drawn from their utilisation of advertising. The techniques of persuasion employed were not only sophisticated but the adverts themselves also provide evidence of how health entrepreneurs ran their businesses during the nineteenth century. Rather than audacious claims and roguish tactics, these sources reveal high levels of business acumen and commitment to a vocation. The following examples will illustrate how commercially astute health entrepreneurs were, particularly in the early-nineteenth century.

First of all, health practitioners were careful to target their advertisements so that they achieved the optimum effect. For example, travelling practitioners visiting a town often used the local press to prepare the public for their arrival. Mr Gray, a 'Member of the Royal College of Surgeons in London', offered to fit customers in Liverpool with artificial teeth on the 'united principals of Capillary Attraction and Atmospheric Pressure'. Just prior to his annual visit to the city in 1830, Gray advertised in the *Liverpool Mercury*, announcing how long his stay in the town would be.³⁷ The following year he repeated this process, adding that 'Friends as wish to see him, are respectfully requested to leave a written communication at No. 45, Castle-street, to which Mr. G. will give immediate attention on his arrival...'.³⁸ This sentence not only portrays Gray as an adept and serious-minded businessman, keen to guarantee custom even before he arrived. It also demonstrates that he had a contact in Liverpool with whom he could trust customer's bookings. In this way we can begin to uncover how medical entrepreneurship functioned during the nineteenth century. Such findings reveal how the medical entrepreneur's circuit was far more complex than simply travelling by horse and cart, floating gleefully from one gullible dupe to the next. Instead we find networks of friendship or business links, upon which the whole practice of peripatetic health entrepreneurship functioned.

John Davis, the optician referred to earlier, was another practitioner who took care over the timings of his announcements. In 1831, during his visit to Leicester, Davis attempted to drum up further custom by reminding 'his Friends and the Public, that

³⁷ *Liverpool Mercury*, 5/2/1830, 1c.

³⁸ *Liverpool Mercury*, 4/2/1831, 1d.

his Engagements in Leicester terminate to-morrow week'.³⁹ At the same time, he beseeched those who had not taken liberty of his services, to do so on his next visit. This sales approach was presumably deemed successful as he repeated it the following year in Reading.⁴⁰ This form of announcement was thus one method of stimulating demand; some advertised beforehand, whilst others waited until their arrival only then to declare their leaving date. Some practitioners were more imaginative. Mrs Gardner, the widow of Mr Gardner, an aurist of London and Edinburgh, stated her intention to extend her stay in the city for an extra period, due to 'the very numerous applications which have been made to her'.⁴¹ Whether these applications were real or whether they were just a ruse to create the illusion her services were in great demand is not known. However, from our point of view, it does not matter. Mrs Gardner was either successful in her field of healthcare or she was adept in the art of persuasion and customer manipulation. Adverts such as these signify that much was known about consumer psychology long before the end of the nineteenth century.⁴²

The example of Mrs Gardner reveals another way in which newspaper advertisements offer an insight into the business endeavours of health entrepreneurs of the early-nineteenth century. It appears that the 1830s were a decade of great demand for healthcare in England, triggered perhaps by the rapid rates of urban growth during the previous decade. In Liverpool, for example, there was a sudden preponderance of advertisers announcing their arrival in the city, either to establish fixed consultancies or as peripatetic practitioners. Over 40 per cent of service adverts belonged to newcomers (Figure 6.2). Mr Dillig, a surgeon chiropodist, was typical in explaining that 'owing to numerous Applications for his Medical aid, he has been induced to take up his residence at No. 3, Newington-bridge, where he may be consulted daily'.⁴³ Others, such as Mr Natzan and Mr Aranson, announced their return to the city, suggesting that previous to the 1830s, demand for healthcare had been weak. Mr Aranson, a surgeon and dentist in Bold Street, explained that his

³⁹ *Leicester Journal*, 7/10/1831, 3c.

⁴⁰ *Reading Mercury*, 5/11/1832, 1f.

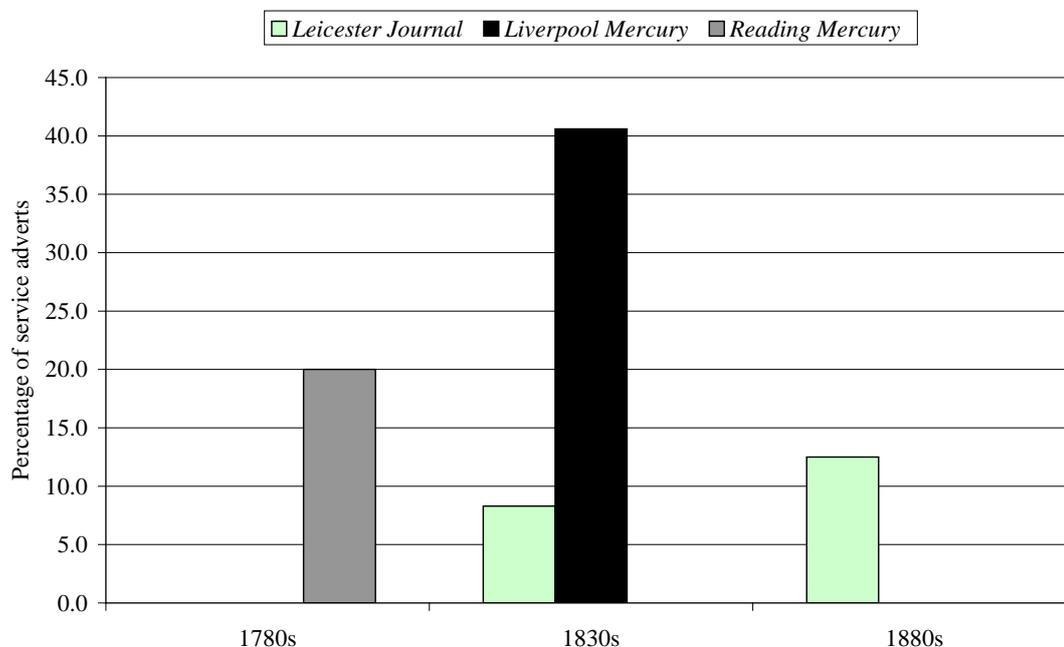
⁴¹ *Liverpool Mercury*, 1/2/1833, 1c.

⁴² Porter, *Quacks: Fakers & Charlatans*, 140.

⁴³ *Liverpool Mercury*, 6/11/1835, 1c.

return was due to the ‘advice of his many acquaintances in Liverpool’.⁴⁴ Considering the high proportion of other newcomers at this time, it is probable that this advice was that demand for healthcare was buoyant.

Figure 6.2: Service adverts of practitioners ‘just arrived’, 1780s-1880s



The 1820s saw towns increase at proportions never seen before or since.⁴⁵ Leicester, for example, grew by 57 per cent, from 16,000 to 41,000.⁴⁶ The population of Liverpool grew by 45.8 per cent, to reach 205,000 by 1831.⁴⁷ Growth of such substantial proportions not only put urban infrastructure under immense strain which they ultimately failed to cope with,⁴⁸ but it also made towns much busier and more hectic places in which to live.⁴⁹ The increasing levels of human movement across the urban sphere gradually made towns and cities more impersonal places, as

⁴⁴ *Liverpool Mercury*, 5/11/1830, 1b.

⁴⁵ Between 1821 and 1831, the population of Britain grew by 16.9 per cent. See D. J. Oddy, ‘Food in nineteenth-century England: nutrition in the first urban society’, *Proceedings of the Nutrition Society*, 29 (1970), 151, Table 1.

⁴⁶ Mitchell and Deane, *Abstract of British Historical Statistics*, 24-7.

⁴⁷ Briggs, *Victorian Cities*, 86.

⁴⁸ R. Brown, *Society and Economy in Modern Britain 1700-1850* (London, 1991), 424; A. S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London, 1983), 118; I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986), 130.

⁴⁹ The frantic pace of modern life was acknowledged by some sections of the medical profession to be a contributory factor in the rise of nervous disorders suffered by Victorian society. See Oppenheim, “*Shattered Nerves*”, 115.

it became impossible to know everyone. As has previously been stated (chapter 2), individuals increasingly assessed each other by the cut of their clothes, the tidiness of their hair, and the whiteness of their teeth.⁵⁰ At the same time, towns and cities became dirtier due to inadequate sewers and the lack of waste disposal services, and consequently the need to appear respectable and presentable increased. From the sudden surge in health practitioners establishing themselves in cities such as Liverpool, it appears that these new requirements stimulated demand for dentists, hairdresser and perfumers. It seems that the early-nineteenth century was something of a ‘golden age’ for health and beauty related services. Not only did an increasing quantity of dentists, chiropodists and hairdressers establish shops in large towns, but according to Marland, remarkable growth also occurred in the numbers involved in pharmacy.⁵¹

This phenomenon adds weight to the argument that urban growth helped stimulate the market for healthcare. At the time that 40 per cent of health service providers were newly arrived in Liverpool, only 8 per cent were in Leicester. Similarly, Reading could boast no newcomers at this time (Figure 6.2). With a larger population and more customers, as well as the consequent pressures that followed, Liverpool was fertile soil for treating health concerns. This is reflected by the higher number of hairdressers, opticians and dentists in Liverpool in the 1830s (Table 6.1). Yet it is also reflected by the fact that even in the 1830s, Liverpool was generating a permanent supply of healthcare workers. At this time only 40 per cent of the advertisements for health services in Liverpool were placed by itinerant practitioners. The other 60 per cent were placed by individuals who had found enough business to establish permanent premises in the city. The percentage of advertisements placed by peripatetic healers in the *Leicester Journal* and *Reading Mercury* stood much higher at 75 per cent, signifying the lack of sustained demand for permanent consulting practices. Reading and Leicester, in fact, still relied on travelling healers in the 1880s, although the predominance of such individuals had been reduced considerably. However, by this time practitioners in Liverpool were

⁵⁰ If we accept Simmel’s view that the desire for differentiation goes hand in hand with the weakening of nervous energy, these pressures also contributed to the rise in nervous disorders. See G. Simmel, ‘Fashion’, *American Journal of Sociology*, (62) (1957), 547.

⁵¹ Marland, ‘Medical activities’, 417.

fully self-sufficient. All health entrepreneurs practising in the city operated in fixed premises, benefiting from the presence of a larger population and the heightened public awareness about the importance of health that followed.

How did health entrepreneurs learn which towns and cities were homes to health conscious citizens desirous of professional health advice? Indications from advertisements suggest that it was often by an exhausting method of trial and error. For example, Monsieur J. M. Mallan, a London surgeon dentist from Half-Moon Street, Piccadilly and Russell Street, Bloomsbury Square, travelled extensively during the 1830s, calling at both Leicester and Reading during the first half of the decade.⁵² According to *Devizes and Wiltshire Gazette*, he also passed that way in 1834.⁵³ However, whereas Mallan's visits always came to an end in these smaller towns, in Liverpool Mallan experienced such unprecedented success that he enrolled the services of his brother and set up a permanent practice in Bold Street. His transition from peripatetic to permanent practitioner was gradual. In 1832, the Mallans were in attendance in Liverpool on 'Mondays, Wednesdays, Fridays, and Saturdays', yet a year later the Liverpool establishment was a full-time concern.⁵⁴ And with two practitioners now involved with the business, the Mallans were able to branch out, setting up another practice in Manchester by 1834.

This example signifies how determined and clear-minded some health entrepreneurs were in the early-nineteenth century. The movement and activity of individuals such as J. M. Mallan required great commitment to their trade, belief in what they did and involved a great deal of risk. Travel at this time, in an age before the railway, was costly, uncomfortable, and, considering the great distances Mallan travelled, extremely time-consuming.⁵⁵ More than 200 miles separate Liverpool and Reading. Transporting equipment around was also precarious and stressful; the instruments,

⁵² *Leicester Journal*, 4/10/1833, 2c; 7/3/1834; 1b; 6/3/1835, 3c; *Reading Mercury*, 7/11/1833, 1a; 2/11/1835, 3e.

⁵³ <http://freepages.genealogy.rootsweb.com/~dutilleul/ZOtherPapers/NewDWG9May1833.html> accessed on 10/8/07.

⁵⁴ *Liverpool Mercury*, 2/11/1832, 1de; 1/2/1833, 1c.

⁵⁵ Doctors of this era usually travelled by horse and dogcart or a gig; carriages were the preserve of the elite. Although the gig was more comfortable than riding on horseback, over the course of long journeys, passengers undoubtedly endured discomfort, as each bump sent juddering pain up their spines. See I. Loudon, 'Doctors and their transport, 1750-1914', *Medical History*, 45 (2001), 185-206.

particularly of opticians, were extremely fragile and susceptible to the slightest knock.⁵⁶ However, that such efforts were taken signifies that the perceived rewards were worth it. Thus, health practitioners of this type should be seen as entrepreneurs in their own right. Not only did they take great risk in travelling the country in search of trade, but they also devised methods such as this to expand their businesses. On establishing themselves in Liverpool, the Mallans did not rest upon their laurels; instead they began a new business in Manchester. Innovation of this sort came only from highly astute and determined businessmen.

The Mallans were not alone in this technique of testing the market potential of new areas, and it was not a tactic restricted to large metropolises. In October 1833, Mr Alex, another dentist, this time from a firm in Blackfriars, London, announced in an advertisement in the *Leicester Journal* that due to ‘the distinguished patronage he received during his former visits’ he would be visiting the town early that month.⁵⁷ A year later, in a move indicative of the high level of demand he had experienced, Alex had made ‘arrangements that henceforth one of their firm will be permanently in attendance on Thursdays, Fridays, and Saturdays in each week, from ten till five’, at a confectioner’s shop in Gallowtree Gate.⁵⁸ It is unknown whether the irony of a dentist lodging at a sweetshop resonated with the public, but either way it did not seem to affect demand, as this arrangement was still in place the following year.⁵⁹ Indeed, a representative of the London firm, Mr Williamson, was still advertising his services in the *Journal* in 1846, by which time he had obtained his own rooms.⁶⁰ Alex’s efforts thus had long-term rewards, and they are another illustration of how diligent and business-minded health entrepreneurs were in early-Victorian England. Rather than risking a considerable sum of money to secure a permanent premises only to find that demand was insufficient, Alex arranged for one of his colleagues to lodge at an existing shopkeeper’s establishment, no doubt for a much lower rate of

⁵⁶ In addition to the compositions Thomas Corbyn, a Quaker druggist of the eighteenth century, exported overseas, he also sent less fragile items, such as shoes, gloves and clothing as a form of insurance against the inevitable breakages his bottles of medicine would sustain. See R. Porter and D. Porter, ‘The rise of the English industry: the role of Thomas Corbyn’, *Medical History*, 33 (1989), 289.

⁵⁷ *Leicester Journal*, 4/10/1833, 3a.

⁵⁸ *Leicester Journal*, 3/10/1834, 2c.

⁵⁹ *Leicester Journal*, 6/3/1835, 3c.

⁶⁰ *Leicester Journal*, 2/10/1846, 2e.

rent than that charged for a separate premises. This strategy was extremely widespread among visiting practitioners and represents a carefully thought out method of surviving in the cut-throat business of healthcare. Before they were certain of potential demand, health entrepreneurs were vigilant to minimise their costs.

Alex and Williamson were thus members of another London firm who sought to branch out into the provinces to tap the growing interest and concern for dental hygiene and alluring smiles. Judging by the prominence of false teeth in advertisements for this type of healthcare, extraction and replacement of teeth was a staple component of the dentist's trade. Another profitable line was filling decaying teeth, a need no doubt stimulated by the rising consumption of sugar.⁶¹ Rising standards of living and increased expenditure on food did not necessarily bring healthier diets; much extra money was spent on sugar-based products.⁶² Indeed, surveys of the mid- to late-nineteenth century highlighted that town dwellers chose to consume more what would now be called 'junk' foods, than their rural counterparts.⁶³ Middle-class sugar consumption was already on the rise in the 1840s. And this trend gradually spread to the general population; between 1861 and 1886, sugar intake per capita grew from 41 lb to over 87 lb.⁶⁴ The popularity of tea, often taken with sugar, exacerbated this trend.⁶⁵ Judging by the comments of Arthur Newsholme in 1888, over-indulgence in sugary foods was certainly perceived as a contemporary problem.⁶⁶

Thus urban lifestyles again can be seen to have stimulated business for health practitioners. In a similar way that urban dwelling stimulated the rise of consulting specialists for services previously performed by a family member or neighbour,

⁶¹ Porter, *Quacks: Fakers & Charlatans*, 38.

⁶² Fraser, *Coming of the Mass Market*, 42; R. Scola, *Feeding the Victorian City: the Food Supply of Manchester, 1770-1870* (Manchester, 1992), 277.

⁶³ G. Clark, M. Huberman and P. H. Lindert, 'A British food puzzle, 1770-1850', *Economic History Review*, 48 (1995), 228; Oddy, 'Food in nineteenth-century England', 155.

⁶⁴ H. Perkin, *Origins of Modern English Society* (London, 1969, Reprint 1991), 142-3; Fraser, *Coming of the Mass Market*, 42.

⁶⁵ Tea became a mass commodity as early as the 1730s. See Berg, 'Consumption in eighteenth- and early nineteenth-century Britain', 366-7.

⁶⁶ A. Newsholme, *Hygiene: A Manual of Personal and Public Health* (London, 1888), 40.

migration to a town or city also often changed people's eating habits. First and foremost, there was much less room in which to keep livestock and grow arable produce. Families had to rely on what could be bought and ordered from local shopkeepers. Secondly, there was often less time in which to prepare food. This was particularly the case for working-class families, and especially those living in areas of high female employment.⁶⁷ For working wives, cooped up in cramped hosiery workshops in Leicester for hours on end, time for food preparation was severely curtailed. Yet, this was also the case for bourgeois women, with their hectic social calendars and expanding leisure opportunities.⁶⁸ Hence the sudden popularity of ready-prepared foods and canned goods, reflected in the 1904 Report of the Inter-Departmental Committee on Physical Deterioration. This asserted that 'the production of tinned foods on enormous quantities have had the effect of reducing the amount of home-cooking'.⁶⁹ Unfortunately for the health of the nation, these goods were often packed with sugar, considering the need to preserve them, or low in nutritional value. Nevertheless, jams, biscuits and pickled goods helped to liven up bland meals, and as such helped generate a steady flow of patients for the dentist's chair.

It must be admitted that few members of the working classes would have been able to afford the services of a dental practitioner. Even when practitioners stated that consultations were free, treatments were much dearer. By the 1880s, the likes of Sprent and Biddles, dentists of Reading, replaced teeth for 'from 5s. to 21s. per tooth', whilst complete sets cost from '£2 10s. to £11'.⁷⁰ However, instead of resigning themselves to the fact that their market was restricted to the wealthier classes of society, dentists of the nineteenth century invented other strategies to appeal to poorer customers. In addition to marketing their 'professional assistance', several practitioners also marketed toothpastes and powders in much the same way

⁶⁷ L. Davidoff, 'The family in Britain', in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 2: People and their Environment* (Cambridge, 1990), 94.

⁶⁸ First and foremost was shopping, which with the department store created an environment in which unaccompanied women could appear without the social pressures of the street. See S. Gunn, *The Public Culture of the Victorian Middle Class: Ritual and authority and the English industrial city 1840-1914* (Manchester, 2000), 49.

⁶⁹ 1904 [Cd. 2175] *Report of the Inter-Departmental Committee on Physical Deterioration*, Vol. I. Report and Appendix, 40.

⁷⁰ *Reading Mercury*, 5/11/1881, 7d.

as patent medicine vendors. These goods, for a fraction of the price of a consultation, enabled poorer urban dwellers to address their dental problems through self-help. The aforementioned, J. M. Mallan, for example, sold the Detergent Gum and Tooth Tincture and the Egyptian Odontalgic Tooth Powder, both for 2s. 9d.⁷¹ Fifty years later, Edwin Harvey marketed his Arabian Tooth Powder.⁷² Efforts such as these would have proved more fruitful as real wages improved towards the end of the century and working-class disposable incomes grew.⁷³ With an eye always open for broadening their market, dental practitioners demonstrated both astute business sense and an insatiable hunger for profit.

Selling goods alongside services was also a strategy for practitioners averse to travelling. Instead of travelling the length and breadth of the country, Messrs R. and L. Perry advertised consultations only ‘at their residences, 19, Berner's-street, Oxford-street, London; from 11 till 8, and on Sundays from 10 till 1’.⁷⁴ The Perry’s encouraged patients to visit them in London, promising that ‘One personal visit ONLY is necessary to effect a permanent cure.’ However, if this could not tempt the reader, Perry and Co had a range of products to offer. In addition to the ‘Cordial Balm of Syriacum’ were ‘Perry’s Purifying Pills’ and a self-help guide ‘The Silent Friend’.⁷⁵ Although the balm was described as a cure for ‘nervous and muscular debility’, in reality it was more probably an antidote for sexually transmitted diseases. The purpose of these products, however, is irrelevant. What is important is the fact that far from being satisfied with the custom of London, Messrs Perry sought to encroach into the provincial market for healthcare. If they could not tempt readers to make the long and expensive journey necessary for consultation, they still

⁷¹ *Liverpool Mercury*, 1/11/1833, 1b.

⁷² *Reading Mercury*, 7/2/1880, 6e.

⁷³ H. Voth, ‘Living standards and the urban environment’, in R. Floud and P. Johnson (eds.), *The Cambridge Economic History of Modern Britain, Vol. I: Industrialisation, 1700-1860* (Cambridge, 2004), 293; Boyer, ‘Living standards’, 280; Fraser, *Coming of the Mass Market*, 16; R. Rodger, ‘Slums and suburbs: the persistence of residential apartheid’, in P. Waller (ed.), *The English Urban Landscape* (Oxford, 2000), 242.

⁷⁴ *Leicester Journal*, 1/3/1844, 1b.

⁷⁵ Perry and Perry were not the only practitioners from London to advertise their services and products in provincial newspapers. Curtis and Co were another appearing in the *Leicester Journal* during the 1840s, whilst Goss and Co, in addition to consultations in London, advertised the pamphlets ‘Hygeiana, addressed exclusively to the Female Sex-3d.’ and ‘The SYPHILIST, a Treatise on Lues Venerea, Gonorrhoea. &c’. *Leicester Journal*, 4/10/1844 and *Liverpool Mercury*, 7/11/1834, 1d.

tried to secure a share of the market by promoting products designed for self-help. Such imagination and dexterity to generate demand and capture custom demonstrates how determined nineteenth-century health entrepreneurs could be.

Language of advertisements

Early-nineteenth-century health practitioners were thus diligent at keeping in touch with their market. Many travelled extensively in pursuit of custom, others toured in search of the ideal location for a fixed consulting room. They also belonged to intricate networks of shopkeepers and tradesmen, which provided the contacts necessary for pursuing such peripatetic businesses. Health practitioners were also astute in announcing their services at the optimum time, either just prior to their arrival or their departure. Having demonstrated the complexity of their working lives, it is important to return to the theme at the beginning of this chapter: the ingenuity of health entrepreneurial advertising. By comparing the language and techniques of self-promotion used in the 1830s and 1880s, evidence will arise to support claims that the date of the so-called ‘retail revolution’ can be pushed further back than the second half of the nineteenth century. In fact, it will become clear that in many ways the advertising of the 1830s was more imaginative and inventive than its counterpart fifty years later.

In the early- to mid-nineteenth-century, it was common for shopkeepers to cordially welcome customers to their shop and pleasantly summarise the goods on sale.⁷⁶ This situation changed towards the end of the century, with the rise of the department stores⁷⁷ where goods were placed for the public to handle, rather than being displayed from behind the counter.⁷⁸ Nevertheless, it seems that health entrepreneurs paid heed to the more conservative retail conventions, and took great care to address the public in the most respectful of terms (Figure 6.3). Politeness was perhaps even more important in advertisements, as the stigma attached to self-

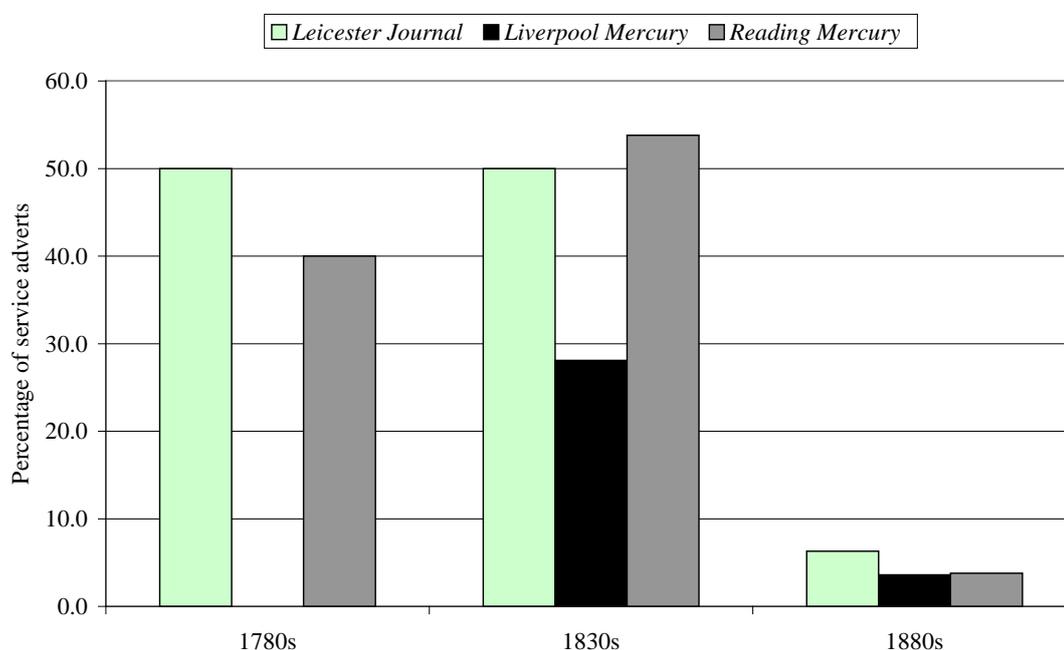
⁷⁶ H. Berry, ‘Polite consumption: shopping in eighteenth-century England’, *Transactions of the Royal Historical Society*, 12 (2002), 387.

⁷⁷ Between 1860 and 1910 almost all provincial towns could boast at least one department store. See M. Winstanley, ‘Temples of commerce: revolutions in shopping and banking’, in P. Waller (ed.), *The English Urban Landscape* (Oxford, 2000), 163; Gunn and Bell, *Middle Classes*, 41.

⁷⁸ K. W. Parker, ‘Sign consumption in the 19th-century department store: an examination of visual merchandising in the grand emporiums (1846-1900)’, *Journal of Sociology*, 39, 365.

promotion was still strong at this time, and perceived as a mercenary practice fit only for tradesmen.⁷⁹ Health entrepreneurs, however, were not slow in their attempts to overcome such prejudice by using deferential language to address customers. In Leicester and Reading over half the number of service adverts ‘begged’ readers for their attention during the 1830s (Figure 6.3). Furthermore, over 60 per cent of these adverts in Liverpool used the term ‘respectfully’ when communicating to the public. Such language was designed to make the consumer feel that practitioners were interested in them as people and concerned for their wellbeing rather than the size of their purse.

Figure 6.3: Service adverts using the term ‘beg’, 1780s-1880s



There are indications that by using such deferential language, health entrepreneurs were adopting the conventions of traditional medicine. In the eighteenth century, polite society expected its physicians to be gentlemen and to possess good bedside manners, explaining why a classical Oxbridge education remained the route to success for a fashionable doctor, despite the inferiority of the medical training

⁷⁹ Some businessmen even felt that advertising was below their own dignity. See Hindley, *Advertising in Victorian England*, 31; J. J. Looney, ‘Advertising and society in England, 1720-1820: a statistical analysis of Yorkshire newspaper advertisements (Unpublished PhD thesis, Princeton University, 1983), 207.

compared to that provided by Leiden or Edinburgh.⁸⁰ These prejudices were slow to die and persisted into the nineteenth century.⁸¹ Thus, when using phrases such as ‘respectfully begs leave to inform [the public]’,⁸² health entrepreneurs demonstrated an attempt to appear less like tradesmen and more like health professionals; less working-class and more middle-class. After all, individuals like J. Davis and Herr Walker had to persuade the public to submit to personal examinations. A visit to a health practitioner bore much similarity with a visit to the doctor; both were alternatives to self-help, in which the consumer surrendered a degree of control over their body. By priming customers with humble and flattering language, health entrepreneurs attempted to portray themselves as upstanding members of the community who could be trusted. Failure to ingratiate themselves with the reader could have been commercially suicidal; causing offence through pompous or arrogant announcements was certain to be.

As time passed, however, deferential language became much less effective as a means of wooing the customer. Whereas half the service advertisements addressed readers in self-effacing terms in the 1780s and 1830s, barely 5 per cent did so by the 1880s (Figure 6.3). By this time adverts tended to be concise and more informative in much the same way that advertisements for patent medicines became shorter and snappier. The first line promoting the services of Edwin Harvey, a Reading dentist, announced frankly how he adjusted ‘from a single tooth to a complete set, without the extraction of stumps or any painful operation.’⁸³ Similarly, the opening line in an advert for Mr Eskell succinctly stated the hours he was available for consultation.⁸⁴ Adverts by the 1880s were thus less flattering and more informative. Such findings signify how the nature of the market for healthcare expanded throughout the nineteenth century. In the early period when only the well-to-do could indulge in such professional assistance, it was imperative for health

⁸⁰ Porter, *Quacks: Fakers & Charlatans*, 135; Porter, *Health for Sale*, 92; R. Porter, ‘The language of quackery in England, 1660-1800’, in P. Burke and R. Porter (eds.), *The Social History of Language* (Cambridge, 1987), 78.

⁸¹ C. Newman, *The Evolution of Medical Education in the Nineteenth Century* (London, 1957), 5; R. Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London, 1997), 322.

⁸² *Liverpool Mercury*, 7/2/1834, 6e.

⁸³ *Reading Mercury*, 7/2/1880, 6e.

⁸⁴ *Leicester Journal*, 5/10/1883, 5c.

entrepreneurs to appear polite and courteous. Use of terms such as ‘respectfully’ and ‘noble’ both flattered the potential customer and intimated a concerned interest for their health. However, as the prominence of advertising grew over time, society gradually became much more accustomed to it. And at the same time that the level of distaste towards advertising fell, real incomes rose and the market for healthcare expanded. Whilst a few practitioners continued to ‘respectfully beg’ the attention of potential customers, by the 1880s such terms of address had become outdated. Informative and punchy messages were the way to success in this new commercial climate.

As the market grew, it also became increasingly acceptable for health entrepreneurs to mention how much consultations cost. It is perhaps strange that they were coy about referring to the price they charged at all, considering that price was an important piece of information to publicise. Patent medicine vendors certainly had no qualms about expressing value in the terms of pounds, shillings and pence.⁸⁵ However, references to cash in the late-eighteenth and early-nineteenth century were often distasteful to the wealthier members of society. Money was tainted by its association with market relations.⁸⁶ Much of the stigma towards medicine vendors was undoubtedly due to the way they brazenly bandied prices about. By mentioning money, health entrepreneurs thus would have drawn attention to the fact that they were commercial practitioners, dangerously close to being considered mere tradesmen. The wealthy rarely had to work to earn their livelihoods; revenue from landownership freed them to occupy their time more pleasantly. The strength of such prejudice is demonstrated by the fact that barristers and physicians in theory did not charge patients, as fees would have tainted their reputation. They instead received an honorarium for services rendered.⁸⁷ Judging from the figures in Table 6.3, many health practitioners in the 1830s adopted a similar stance, and avoided mentioning their fees in case they repelled customers. In Leicester and Reading, less than ten per cent made any reference to fees. However, fifty years later, price was a fundamental element in the health service advertisement. Growing acceptability of

⁸⁵ It was rare for patent medicine advertisements to omit the price goods cost, even in the 1780s.

⁸⁶ Reader, *Professional Men*, 151; Corfield, *Power and Professions* (London, 1995), 174; J. Tosh, *A Man's Place: Masculinity and the Middle-Class Home in Victorian England* (London, 1999), 11.

⁸⁷ Corfield, *Power and Professions*, 231.

money reflected changes in both the economy and society of England at this time. By the late-nineteenth century, with nearly 80 per cent of its population living in towns, England had become an urban, industrial and commercial nation.⁸⁸ Coming to terms with cold hard cash was a necessity.

Table 6.3: Service advertisements referring to money (percentage)

Adverts mentioning	<i>Leicester Journal</i>		<i>Liverpool Mercury</i>		<i>Reading Mercury</i>	
	1830s	1880s	1830s	1880s	1830s	1880s
Price	8.3	68.8	28.1	92.9	7.7	80.8
The term 'cheap'	8.3	43.8	12.5	32.1	7.7	30.8

As it became increasingly suitable for health entrepreneurs to highlight the fees they charged, they appear to have taken the initiative and also emphasised how reasonable their charges were. ‘Terms strictly moderate’⁸⁹ became a stock phrase in advertisements for health entrepreneurs. Marketing in this way may have been an attempt to attract consumers who would otherwise have gone to their local general practitioner or physician, whose services were notoriously expensive.⁹⁰ Dentists were keen to encourage customers to consult them in cases of toothache, whilst chiropodists such as Mrs Padmore of Leicester sought to tempt the public away from general practitioners and towards specialists such as herself in cases of sore feet or bunions. As the market broadened to include members of society for whom health services were previously too expensive, the availability of cheap services became increasingly important. Many new to the experience of consulting a health specialist remained wary of their finances and endeavoured to ‘watch their pennies’ in case of an emergency or a life crisis.⁹¹ By advertising ‘free consultations’ and ‘moderate charges’, health entrepreneurs sought to reassure customers that they could afford such help and advice.

⁸⁸ Wohl, *Endangered Lives*, 3.

⁸⁹ *Reading Mercury*, 6/11/1880, 7d.

⁹⁰ Loudon, *Medical Care*, 134; Corfield, *Power and Professions*, 155.

⁹¹ Boyer, ‘Living standards’, 306;

The growing proportion of adverts that promised moderate charges demonstrates how health entrepreneurs were astute at monitoring the changing nature of their market. In the 1830s it was socially unacceptable to focus on the price of their services, yet fifty years later, such emphasis could be commercially beneficial. Furthermore, by responding to public prejudices and proclivities, nineteenth-century health entrepreneurs exhibited great business sense and commercial capability. Despite the lack of a team of market researchers, health practitioners remained in touch with the needs and desires of their markets. However, beyond illustrating the resourcefulness of health entrepreneurs, these adverts also provide evidence of changes in social values which is often hard to find. The disappearance of deferential language in health adverts signifies England's transition from an agricultural nation, in which the purse and patronage of the landowning elite played a large part, to an industrial and urban power, in which the business and professional middle classes wielded more power and influence.⁹² To continue to address the gentry in the 1880s would have been commercially damaging for health entrepreneurs. Not only would they have missed their intended audience, the middle classes, but they would also have appeared old-fashioned and out of touch. Such impressions would have done little to instil confidence in bourgeois customers, in search of beautification or medical assistance.

As stated earlier, health practitioners were marketing their personal assistance, rather than the efficacy of a product. Health entrepreneurs, therefore, had to demonstrate their competence and expertise in their chosen profession before patients would begin to contemplate consulting them. There were numerous ways of doing this, ranging from boasting of medical qualifications and membership to Royal Colleges to utilising testimonials from local personages and famous doctors. The use of scientific sounding language was one strategy used to persuade the consumer that the service provider was adept in their profession. Not only did the middle classes have great respect, and sometimes awe, for scientists,⁹³ but detailed

⁹² S. Gunn, 'Class, identity and the urban: the middle class in England, c. 1790-1950', *Urban History*, 31 (2004), 34; Winstanley, *Shopkeeper's World*, 19; G. Kearns, 'Town Hall and Whitehall: sanitary intelligence in Liverpool, 1840-63', in S. Sheard and H. Power (eds.), *Body and City: Histories of Urban Public Health* (Aldershot, 2000), 152.

⁹³ Whilst science was often insufficient to move governments to pass legislation, its attraction for the public was strong. Scientific associations became extremely important in middle-class sociability. See M. J. Peterson, *The Medical Profession in Mid-Victorian London* (London, 1978), 36; Davidoff

descriptions of treatments, interlaced with medical jargon also encouraged the reader of the necessity for expert advice. This option far out-weighed relying on self-help, honed only through the experience of trial and error. In this way, practitioners attempted to mystify healthcare to further broaden their market.

It might be assumed that as the nature of urban administration became more scientific, that scientific language in advertising grew more prominent. Towards the end of the nineteenth century, most towns and cities had obtained gas, electric lighting, and tram systems.⁹⁴ With these new facilities, the impact of science and technology would have been much greater on the lives of the urban population. Furthermore, middle-class fascination with science also made beguiling terms and complicated language an attractive advertising strategy, suitable for making products seem modern and up-to-date. However, the efforts of health entrepreneurs at mystifying medicine appear to have been more ambitious in the 1830s than the 1880s. Mr Bewley, a dentist in Reading in the 1830s, for example, took time to explain how teeth decay occurred.

SALIVARY CALCULI, OR TARTAR.- There is scarcely any thing more destructive to the Teeth and Gums than this unsightly concrete, which is deposited by the saliva around the roots of the Teeth, but more particularly the under [sic], occasioning pain, inflammation, sponginess, bleeding, ulceration of the gums, unpleasant breath, &c.; it also destroys the aveolar [sic] process; the natural consequence is, the Teeth become loose and fall out, generally in a sound state, through the loss of their bony state: a timely removal (which gives no pain) of this substance, and judicious after treatment, render the gums healthy, and restore the Teeth to their natural colour.⁹⁵

Fifty years later, Mr Eskell only referred to the fact that his method of extraction included the ‘latest Patented Improvements’, yet focused mainly on how painless the operation was, and how the results were aesthetically pleasing. Bewley’s intricate and verbose explanation indicates, therefore, that health entrepreneurs during the early-nineteenth century were adept in utilising scientific language and

and Hall, *Family Fortunes*, 26, 362; Inkster, ‘Marginal men’, 141; A. Wilson, “‘The Florence of the North’? The civic culture of Liverpool in the early nineteenth century’, in A. Kidd and D. Nicholls (eds.), *Gender, Civic Culture and Consumerism: Middle-class Identity in Britain 1800-1940* (Manchester, 1999), 42. Scientific authority also supported the theory that women were pure and innocent, and harboured no sexual desires whatsoever. Its persistence in Victorian attitudes is a mark of the influence wielded by scientists. See L. Young, *Middle-Class Culture in the Nineteenth Century: America, Australia and Britain* (Basingstoke, 2003), 121.

⁹⁴ R. Millward, ‘The political economy of urban utilities’, in M. Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 316, 324; Rodger, ‘Slums and suburbs’, 250.

⁹⁵ *Reading Mercury*, 5/11/1832, 1b.

expected it to impress their public.⁹⁶ The manipulative strategies employed by these early health entrepreneurs, therefore, deserve recognition.

In addition to wielding mystifying jargon and scientific terms, health practitioners also attempted to put customers at ease by describing the medical training they had received. This technique can be seen as a response to the agitation of the 'regular' medical profession to distinguish the educated from the opportunistic (chapter 5). Such efforts were turned into legislation with the passing of the 1858 Medical Act, when the first ever medical register was produced for England and Wales.⁹⁷ Resentful at the barrage of abuse they received, it appears that health entrepreneurs were anxious to emphasise the training they had received. In the 1830s, education was rarely referred to in advertisements: only Mr Gray, an itinerant dentist from London advertising in the *Liverpool Mercury* used this marketing strategy. The following decade, however, education and training were much more prominent sales tactics. Mr Rogers, surgeon dentist in Leicester, boasted his status as a 'regularly qualified member of his profession',⁹⁸ whilst Mr Downing proudly declared his membership of the Royal College of Surgeons.⁹⁹ Education was still a popular theme the following decade, when G. R. Lloyd referred to his student days 'at St. Thomas Hospital, under Professor Saunders, Surgeon Dentist to Her Majesty and the Royal Family'.¹⁰⁰ The fact that service adverts of the 1880s were devoid of references to education suggest that this strategy was specific to the mid-century, and a response to medical reform.

Experience was another trait that the public liked to see in health practitioners. Experience in many ways was superior to education in the eyes of the public, as a

⁹⁶ This technique was, of course, not specific to medical entrepreneurs or to the early nineteenth century. Porter noted a scene in Henry Fielding's *Tom Jones*, in which a doctor uses jargon and medical slang to bamboozle a patient. See Porter, *Quacks*, 135.

⁹⁷ Porter, *The Greatest Benefit*, 355-6; V. Berridge, 'Health and medicine', in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 3: Social Agencies and Institutions* (Cambridge, 1990), 179; R. Porter, *Bodies Politic: Disease, Death and Doctors in Britain, 1650-1900* (London, 2001), 255; D. Porter and R. Porter, *Patients' Progress: Doctors and Doctoring in Eighteenth-century England* (Oxford, 1989), 28.

⁹⁸ *Leicester Journal*, 1/10/1841, 2e.

⁹⁹ *Leicester Journal*, 6/10/1848, 3a.

¹⁰⁰ *Leicester Journal*, 5/10/1855, 3a.

wave of anti-intellectualism persisted throughout the nineteenth century.¹⁰¹ Much of the economic success of Britain, the first industrial nation along with Belgium, was built upon the method of trial and error. The industrial revolution was seen as ‘a triumph of practice over principles, of applied technology rather than scientific theory’.¹⁰² Furthermore, higher education was perceived neither as a prerequisite of successful entrepreneurship nor as a widely sought after status symbol.¹⁰³ As ‘a nation of tinkers’,¹⁰⁴ the English held the empiricist in high esteem, and thus valued experience over education. It is true that few people would have welcomed a dentist who tinkered inside their mouths. Yet experience also intimated success. A practitioner new to his field, unsure of his technique, was bound to make more mistakes than his counterpart with years of practice under his belt. Thus, by claiming to have had ‘many years experience in an extensive London practice’¹⁰⁵ or ‘having attended one of the largest Eye Hospitals in Europe’,¹⁰⁶ health entrepreneurs were attempting to demonstrate that their methods were tried and tested and, therefore, safe. This perhaps explains why the claim was so persistent throughout the nineteenth century (Figure 6.4). As mentioned in chapter 5, promises of harmlessness and safety were commonplace in patent medicine adverts throughout the century. It is hardly surprising, therefore, that health entrepreneurs made similar claims. After all they had to convince the public that their needs were too complicated for the powers of self-help alone, and that submission to a specialist was necessary. Proclaiming familiarity with their trade was an attempt to calm consumer qualms, and was as much a strategy in the 1830s as it was in the 1880s (Figure 6.4).

¹⁰¹ Corfield, *Power and Professions*, 247; Berghoff and Möller, ‘Tired pioneers and dynamic newcomers?’, 270.

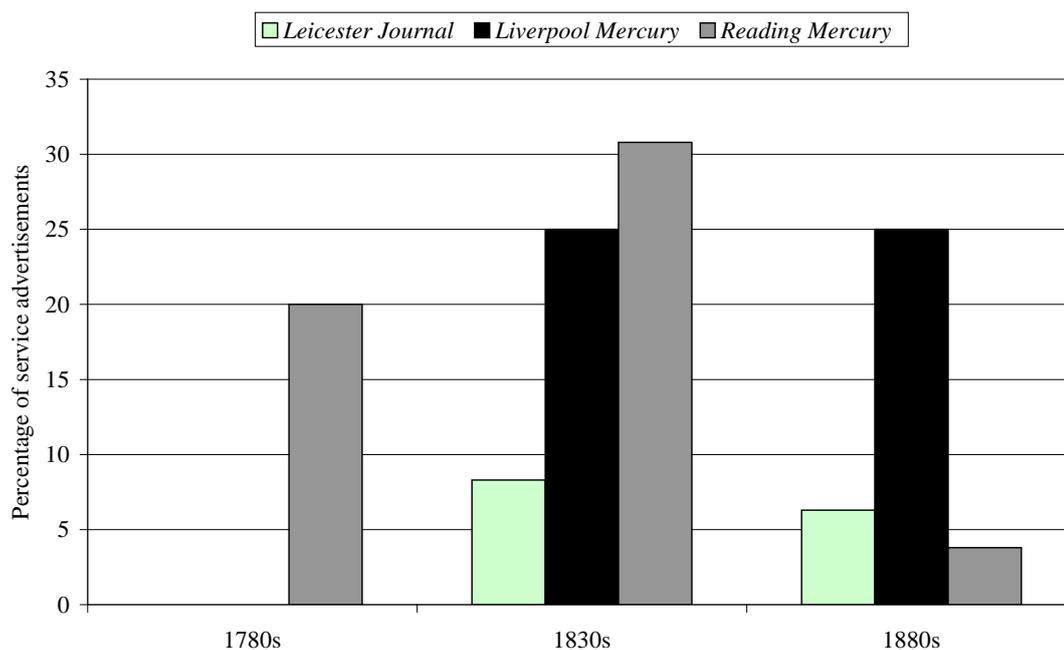
¹⁰² Coleman, ‘Gentlemen and players’, 103-4.

¹⁰³ Only a minority of English, and German for that matter, entrepreneurs studied at university. See Berghoff and Möller, ‘Tired pioneers and dynamic newcomers?’, 269.

¹⁰⁴ Term used by Professor P. Cottrell to describe the enthusiasm for experimenting in the garden shed with all sorts of contraption shared by many Britons during the nineteenth century. Lecture on ‘Britain’s Industrial Maturity: 1840-1914’, Department of Economic and Social History, University of Leicester, Semester 2, February – May 2002.

¹⁰⁵ *Leicester Journal*, Advertisement for Mr Rogers, Dental Surgeon, 4/3/1842, 2e.

¹⁰⁶ *Leicester Journal*, Advertisement for Mr Woodcock, Surgeon, 1/3/1844, 2f.

Figure 6.4: Service adverts claiming to be experienced, 1780s-1880s

Letters of praise from local citizens were another reassuring attribute for customers to see in health practitioner's advertisements, especially if these were testimonials from local dignitaries and doctors. In Leicester during the 1840s and 1850s there seems to have been a sudden surge of adverts using this strategy. The use of local testimonials by health entrepreneurs was generally rare. Adverts in the *Liverpool Mercury* were totally devoid of this marketing technique. However, in the *Leicester Journal* around the midpoint of the nineteenth century, local testimony was prevalent. Henry Moore, an itinerant 'Optician, and Aurist, of 55, Coney Street, York' included the complimentary comments of Dr Noble and local surgeons John Nedham and Thomas Paget.¹⁰⁷ More than ten years later, opticians Keyzor and Bendon included similar praise from Noble, Paget and numerous other local surgeons.¹⁰⁸ Then in 1860, the chiropodist, Mr Rendall, did not just stick to compliments from medical men but also included those from ordinary members of Leicester's public.¹⁰⁹ Not one of these entrepreneurs resided in Leicester, which

¹⁰⁷ *Leicester Journal*, 7/3/1845, 2g. John Nedham died in 1856 and it is interesting to note that his comments were not used in advertisements after this date. Whilst this at first might be unremarkable, if advertisers were scrupulous or their products dubious, they may have been tempted to continue using the testimony of a man with such a high reputation who could no longer complain about the use of his name in an advert.

¹⁰⁸ *Leicester Journal*, 2/10/1857, 5d; 4/3/1859, 2a.

¹⁰⁹ *Leicester Journal*, 6/10/1860, 8a.

signifies that in order to secure these testimonials a good deal of footwork and preparation was necessary. In order to receive consumer feedback, sample care had to be offered and techniques displayed. And not only did they have to write offering chances to sample or observe their techniques, they also had to fulfil these invitations, involving both time and money. Nevertheless, it seems that these efforts were worthwhile, as Moore continued to include the comments of Nedham et al for more than five years. The reappearance of such comments year after year also suggest that they were genuine, as otherwise the medics in question would surely have intervened, fearing for their professional reputations. Furthermore, Nedham died in 1856.¹¹⁰ A pedlar of dubious talent or of scrupulous morals may have been tempted to continue using the testimony of someone beyond the grave, as they could no longer complain about the association of their name with a certain cure or treatment. That Moore and Keyzor avoided stooping to such measures adds greater weight to the argument that they were genuine medical entrepreneurs as opposed to conmen. Furthermore, it suggests that they remained in touch with the health and welfare of the people they quoted. To continue using the word of a dead man, even purely by mistake, would have struck an unsympathetic note with the Leicester public. It seems, therefore, that an eye for intricate detail was also important in running a successful healthcare service business in the nineteenth century.

The mid-nineteenth century, however, saw the use of local testimony reach its apex. By the end of the nineteenth century, this strategy of persuasion had largely disappeared. Even in the *Leicester Journal*, the only health entrepreneur in the 1880s to include testimonials from the public was William Wilson, a self-styled 'medical electrician' who promised to cure disease without medicine.¹¹¹ This praise, however, came from Bristolians, not midlanders. Perhaps the effort involved in securing testimonials had become more trouble than it was worth. It was, after all, much harder to demonstrate ones professional skill than it was to dispatch boxes of pills or tubes of ointment. Nevertheless, the fact that health entrepreneurs attempted to utilise the thoughts and opinions of local populations to their advantage during

¹¹⁰ Peterson, *Medical Profession*, 107-8.

¹¹¹ *Leicester Journal*, 5/3/1880, 4f.

the mid-nineteenth century, once again exemplifies the imaginative and innovative nature of the retail strategies they used.

Conclusion

Entrepreneurial spirit surged through the veins of health practitioners during the nineteenth century, and this chapter has sought to convince readers that their efforts deserve recognition. Dentists, chiropodists and opticians among others were far from simply opportunistic cheats. The methods taken to spread risk, stimulate demand and gauge consumer taste highlight that health practitioners throughout the nineteenth century should be seen as enterprising businessmen in their own right. However, what is perhaps most striking is how early many of their marketing techniques and business patterns emerged. The examples put forward support the idea that many supposedly modern marketing and retailing strategies were actually in existence before the 1850s. As early as the 1830s, dentists were testing the market potential by visiting prospective towns and staying for limited periods. Both Alex and Co and the Mallan brothers prospered after such ventures. Much thought was also spent on timing the appearance of advertisements so that they had optimal effect. Whether just before the beginning or towards the end of a visit, practitioners took great pains to inform customers of their movements.

Health practitioners at this time had also already established networks of trust which enabled them to both visit far away towns and diversify their market. The ‘health circuit’, for want of a better term, could be invaluable. Lodging with business associates significantly reduced overheads, yet often also offered great potential. For those willing to gamble, and endure the discomfort and tiredness involved in such journeys, the gains could be substantial. Itinerancy of this sort remained a rational business plan, as the persistence of practitioners tramping round the country highlights. Examples even date from the 1880s. Reverend E. J. Silverton, who promised to ‘Cure of Diseases of the Ear’,¹¹² visited Leicester in 1885, and advertised in Liverpool three years earlier.¹¹³ Fowler states that itinerant salesmen were in the decline by the last quarter of the eighteenth century.¹¹⁴ Yet the buoyant

¹¹² *Leicester Journal*, 6/3/1885, 5c.

¹¹³ *Liverpool Mercury*, 4/11/1882, 5a.

¹¹⁴ Fowler, ‘Changes in provincial retail practice’, 43.

number of peripatetic health practitioners found in this study paints a different picture and adds weight to arguments that the so-called ‘retail revolution’ was more of a long transitional process rather than a sudden burgeoning of change.

The novel marketing strategies of the early-nineteenth century complement this concept of gradual change, as opposed to revolutionary overthrow of the old. By accepting that changes in retail and marketing were transitional rather than sudden, developments of the 1830s can still be included. Instead of trying to pigeonhole improvements to a certain time period, we can begin to recognise the ingenuity of health entrepreneurs and see them more as emerging professionals and less as cheating charlatans. Dentists, opticians and other health services certainly adopted the facets of the regular medical profession. Their use of deferential language and their coyness about price were attempts to ape the guise of the ‘gentleman healer’. Claims of experience, education and membership of medical colleges were further ways in which health entrepreneurs endeavoured to appear professional, respectable and reliable. Indeed, during the 1830s, the term ‘profession’ appeared in nearly a third of all advertisements in Leicester, Liverpool and Reading (Table 6.4).

Table 6.4: Percentage of service advertisements mentioning ‘profession’

Adverts mentioning	<i>Leicester Journal</i>		<i>Liverpool Mercury</i>		<i>Reading Mercury</i>	
	1830s	1880s	1830s	1880s	1830s	1880s
Profession	41.7	12.5	25.0	0.0	30.8	11.5

This thesis encourages historians, therefore, to pay more attention to the entrepreneurial spirit nineteenth-century health practitioners, particularly those active at the beginning of the century. It seeks to add support to the growing number of studies in the field of retail history which seek to demonstrate the longevity of many marketing techniques, previously thought to be developments of the late-nineteenth century. Fowler has illustrated how retail warehouses and fixed shops had their origins in the eighteenth century, whilst Styles has shown how the use of

branding dates from the seventeenth century.¹¹⁵ The findings in this chapter demonstrate that health practitioners were often more imaginative and courageous in the early-nineteenth century than at the end. For example, adverts in the 1880s tended to be much shorter, used less flattery and rarely employed scientific-sounding language with which to imbue their talents with the impression of learning and experience. Furthermore, it is the 1830s in which we find the most noteworthy health entrepreneurs: Mons Mallan, who appeared in Leicester, Liverpool and Reading within the space of five years, and Mr Alex, who having visited Leicester tentatively in 1833, was still offering his services in that town 13 years later.

However, we should be too damning of the efforts of health practitioners of the late-nineteenth century. From the mid-1870s and onwards, mass consumption emerged as higher real wages empowered growing numbers of the working classes to take part in conspicuous spending.¹¹⁶ Building on the experience and daring exploits of previous generations, health entrepreneurs of the 1880s had a lot of secure business acumen to draw upon. With such an arsenal of strategic knowledge behind them, health practitioners of the 1880s were well-equipped to follow the example of their predecessors. In attempting to secure a share of this market expansion, health entrepreneurs increasingly assured customers the fees were reasonable and moderate. Furthermore, manipulating public awe for technology, individuals such as William Wilson, Medical Electrician and Dr Whiteside offered 'Electro-magnetism and health'.¹¹⁷ Nevertheless, the complex and sophisticated nature of business management and advertising demonstrated by health practitioners in the early-nineteenth century was the bedrock upon which future success rested.

¹¹⁵ Fowler, 'Changes in provincial retail practice', 41, 49; J. Styles, 'Product innovation in early modern London', *Past and Present*, 168 (2000), 124-69. Other examples of this school of thought include N. McKendrick, 'George Packwood and the commercialization of shaving: the art of eighteenth-century advertising or "the way to get money and be happy"', in N. McKendrick, J. Brewer and J. H. Plumb, *The Birth of a Consumer Society: The Commercialization of Eighteenth-century England* (London, 1982), 146-194; C. Walsh, 'The advertising and marketing of consumer goods in eighteenth century London', in C. Wischermann and E. Shore (eds), *Advertising and the European City: Historical Perspectives* (Aldershot, 2000), 79-95.

¹¹⁶ Fraser, *Coming of the Mass Market*, 16; R. Church, 'The British market for medicine in the late nineteenth century: the innovative impact of S. M. Burroughs & Co', *Medical History*, 49 (2005), 283; A. E. Dingle, 'Drink and working-class living standards in Britain, 1870-1914', in D. Oddy and D. Miller (eds.), *The Making of the Modern British Diet* (London, 1976), 124-5; Rodger, 'Slums and suburbs', 242.

¹¹⁷ *Leicester Journal*, 5/3/1880, 4f; *Liverpool Mercury*, 4/2/1882, 3h; Hindley, *Advertising in Victorian England*, 116.

Chapter 7: Conclusion

This thesis represents an attempt to encourage a new perspective on health in the late-eighteenth and nineteenth century. The conventional approach has been to concentrate on public health and the major fatal diseases. Thus tuberculosis, cholera and typhoid have all received much attention.¹ It is true that these types of illness were all too common in the nineteenth-century city, evident in the terrifying statistics tabulated by medics and social observers from the 1830s and 1840s onwards.² However, concentration on these diseases has created a distorted picture of health in the nineteenth-century city, and one that is all too close to polemical accounts, which depict everything urban as innately dirty, evil and corrupt.³ But what were the day-to-day health concerns of the middle classes? They are largely unrecorded as the occasional bout of stomach ache, constipation or chesty cough was rarely thought to be noteworthy, except by the odd hypochondriac.⁴ With the aid of a systematic analysis of the local press, however, this thesis has demonstrated that it is possible to search for experience of less dramatic and less debilitating ailments. Adverts for health-related products published week in, week out provide ample evidence of the types of ‘mundane malady’ that beset the middle classes throughout the late-eighteenth and nineteenth centuries.

¹ See, for example, T. Dormandy, *The White Death: A History of Tuberculosis* (London, 1999); A. Hardy, *The Epidemic Streets: Infectious Disease and the Rise of Preventive Medicine, 1856-1900* (Oxford, 1993); A. S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London, 1983).

² These two decades witnessed the emergence of a widespread ‘statistical movement’ in England that grew to a large extent out of rising anxiety about the state of the nation’s health. See A. Lees, *Cities Perceived: Urban Society in European and American Thought, 1820-1940* (Manchester, 1985), 20.

³ For the Tory poet Robert Southey (1774-1843), the city resembled modern-day hell on earth. William Cobbett, meanwhile, believed that town life militated against a large and healthy population. See C. Arscott, G. Pollock and J. Wolff, ‘The partial view: the visual representation of the early nineteenth-century city’, in Janet Wolff and John Seed (eds.), *The Culture of Capital: Art, Power and the Nineteenth-century Middle Class* (Manchester, 1988), 197; A. Lees, *Cities Perceived: Urban Society in European and American Thought, 1820-1940* (Manchester, 1985), 17; H. Perkin, *Origins of Modern English Society* (London, 1969, Reprint 1991), 160-1.

⁴ For example, according to the Milburn, the diary of John Young, a Sunderland chemist and lay preacher, expresses a constant and hypochondriacal concern for his physical state. Among other maladies, Young recorded bouts of indigestion, muscular pains, toothache and irritation of the bowel. See C. E. Milburn (ed.), *The Diary of John Young: Sunderland Chemist and Methodist Lay Preacher Covering the Years 1841-1843* (Leamington Spa, 1983).

This study has also taken a revisionist path by seeking out the beliefs and expectations of the *middle class*. On the one hand it has avoided the point-of-view of the extremely wealthy who would have consulted the finest, and most expensive, medical minds of Harley Street. It has also eschewed the working-class perspective, traced from public health statistics, journalistic accounts and atypical diaries and memoirs. The middle class by the mid-nineteenth century were becoming a force to be reckoned with. The percentage of the population that can be considered middle-class was growing from the eighteenth century,⁵ and by the 1850s and 1860s, the lower-middle classes were also growing in number and wealth.⁶ At this point in time, the middle classes constituted approximately 10 per cent of the population of industrial towns, yet in cathedral and major provincial cities, this proportion could reach 25 per cent and more.⁷ The gradual spread of homeownership, a thoroughly middle-class characteristic, is another indicator of the growing size of the bourgeoisie by the late nineteenth century. By this time between 15 and 20 per cent of the population owned their own house,⁸ and thereby fell into the bracket 'middle-class'. With such growth, more families and households enjoyed higher incomes. Tosh maintained that it was hard to sustain middle-class dignity on less than £300 per year, whilst Reader noted that factory managers could earn in the region of £500 to £600.⁹ With such ample incomes, bourgeois members of society had easier access to shop-bought medicine.¹⁰ Yet despite their growing importance and influence in society, little attention has been paid on the middle-class experience of health.

⁵ L. Davidoff and C. Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London, 1987), 23; S. Gunn and R. Bell, *Middle Classes: Their Rise and Sprawl* (London, 2002), 17.

⁶ G. K. Clark, *The Making of Victorian England* (London, 1962), 136.

⁷ R. Trainor, 'The middle class' in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 678-9.

⁸ C. G. Pooley, 'Patterns on the ground: urban form, residential structure and the social construction of space', in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 444.

⁹ J. Tosh, *A Man's Place: Masculinity and the Middle-Class Home in Victorian England* (London, 1999), 12; W. J. Reader, *Professional Men: The Rise of the Professional Classes in Nineteenth-Century England* (London, 1966), 202.

¹⁰ Whilst Digby maintained that only 4 per cent of middle-class expenditure was spent on doctors and medicine, the substantial profits made by pill vendors and potion purveyors suggests that the middle classes did indulge in buying patent medicines from local chemists and grocers. See A. Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720 – 1911* (Cambridge, 1994), 48.

This is perhaps due to the historiography on suburbs, which depicts members of the bourgeoisie typically fleeing the city en masse at the soonest possible opportunity.¹¹ Yet, as several historians have pointed out, this process was very gradual.¹² The omission may also be a symptom of the fact that the middle classes are often depicted as enjoying higher standards of housing, diet and education. Yet whilst such conditions lessened their chances of catching typhus or tuberculosis,¹³ disease contracted by the ingestion of food or drinking water remained a real threat. The Prince of Wales, of all people, contracted typhoid in 1871.¹⁴ Reports read in the newspaper made the threat seem ever nearer.¹⁵ Their perceived vulnerability scared the middle classes, and this anxiety fuelled demand for health guides, medicine chests, herbal remedies and more. Advertisers of health and beauty products, therefore, had a captive audience.

Yet advertisers still had to strive to make a product appealing. Advertisers had to convince readers that a) they *needed* that particular product, and b) that it was effective and worth having. An advert was a form of investment. Money was paid out with the express intention that it would yield custom and return on that initial outlay. Businessmen, therefore, had to be fairly confident that what they were offering was actually going to be sought after.¹⁶ By looking at advertisements carried in local newspapers, therefore, it has been possible to begin to trace the expectations and opinions the middle classes held towards health and illness in the late-eighteenth and nineteenth century.

¹¹ Wolff stated that from the 1830s, the more prosperous members of the middle classes were moving to suburban houses, whilst Walton observed that by the mid-nineteenth century increasing numbers were ceasing to 'live above the shop'. See J. Wolff, 'The culture of separate spheres: the role of culture in nineteenth-century public and private life', in Janet Wolff, and John Seed (eds.), *The Culture of Capital: Art, Power and the Nineteenth-century Middle Class* (Manchester, 1988), 119; J. K. Walton, 'Towns and consumerism' in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 725.

¹² Davidoff and Hall, *Family Fortunes*, 232; S. Gunn, *The Public Culture of the Victorian Middle Class: Ritual and authority and the English industrial city 1840-1914* (Manchester, 2000), 38.

¹³ Both typhus and tuberculosis were diseases associated with overcrowding. See F. B. Smith, *The People's Health 1830-1910* (London, 1979), 288.

¹⁴ A. Comfort, *The Anxiety Makers: Some Curious Preoccupations of the Medical Profession* (London, 1967), 119.

¹⁵ Lees, *Cities Perceived*, 17.

¹⁶ R. Church and C. Clark, 'Product development of branded, packaged household goods in Britain, 1870-1914: Colman's, Reckitt's, and Lever Brothers', *Enterprise and Society*, 2 (2001), 504.

In addition to looking at ‘mundane maladies’ and the middle classes, it is important to emphasise that this thesis also offers a revisionist perspective due to its focus on the consumer, rather than on the vendor. Much work in the history of ‘alternative medicine’ has focused on the vendor or healthcare provider. Porter concentrated on characters such as Samuel Solomon, Isaac Swainson and James Morrison, whilst Marland’s research centred on the activities of hydropaths, medical botanists and other ‘fringe’ doctors. By following the approach taken by P. S. Brown, this study analyses what adverts can tell us about the consumer, rather than the seller or owner of a product or skill. However, whereas Brown’s work is based heavily in the mid- to late-eighteenth century, this thesis explores the consumption of health during a period of ever increasing anxiety over health and the spread of disease, namely the nineteenth century.

In searching for the middle-class experience of health, what conclusions can we make? The prevalence of products claiming to cure ‘irritation of the bowels’ and ‘coughs, colds and asthma’ raised in chapter 3 is indicative that the middle classes felt susceptible to both stomach and chest complaints throughout the period from the late-eighteenth to the late-nineteenth century. This is perhaps not surprising. By the late-nineteenth century, links between polluted environments and ill-health were being made. Medical men were devoting increasing attention to connections between adverse atmospheric conditions and the incidence of pneumonia, bronchitis and asthma. Articles were published in the *Lancet*.¹⁷ Similarly, the connection between bowel disorders and dirty water and adulterated food was publicised from the late-1850s, in the work of Edwin Lankester, Arthur Hassel and Lyon Playfair.¹⁸ Such publicity heightened the literate public’s awareness of such dangers and exacerbated middle-class fears.

However, the prevalence of remedies for stomach and respiratory ailments can also be seen as a reflection of the nature of middle-class beliefs about health between the

¹⁷ B. Luckin, ‘Pollution in the city’, in M. Daunton (ed.), in *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 224.

¹⁸ M. P. English, *Victorian Values: The Life and Times of Dr Edwin Lankester M.D., F.R.S.* (Bristol, 1990), 121-30.

late-eighteenth and late-nineteenth century. Raised on a diet of self-help medical guides, health-conscious members of the middle class were fed a range of varying opinions throughout the course of the nineteenth century. For example, in the 1830s, it was thought that:

several diseases predispose strongly to asthma, particularly chronic disorder of the stomach and bowels, gout, diseases of the skin, and uterine affections.¹⁹

By the late-nineteenth and early-twentieth century, it was argued that:

An attack of asthma may be excited in many different ways. In some people, fog, or smoke, or the fumes of a Lucifer match, or of a recently blown-out candle would be quite enough.

Nevertheless, at this time, there was also ‘peptic asthma’, which ‘always supervenes on a full meal, and is produced by nothing else’.²⁰ The stomach, therefore, was seen by many to be central to bodily health, in the 1880s as much as in the 1830s.

Indeed, this was the opinion of medical wisdom.²¹ John Abernethy, F.R.S., senior surgeon to St Bartholomew’s Hospital and author of *The Abernethian Code of Health and Longevity, or, everyone’s Health in his own Keeping* (1829) told readers that the ‘golden rules of health’ consisted solely in regulation of the stomach and bowels.²² This was a persistent theory: over 50 years later, adverts for Dr Scott’s Biliary and Liver Pills advised in the 1880s, that ‘by paying attention to the regular action of the Stomach, Liver, and Bowels, many a severe illness is avoided or mitigated’.²³ Products claiming that the stomach was the most likely source of illness reflect earlier attitudes, and paid credence to the humoral theory of illness where purging was advocated to balance bodily humours.²⁴ Advertisements, therefore, are a useful and accessible source from which to gauge popular

¹⁹ J. Forbes, A. Tweedie and J. Conolly, *The Cyclopædia of Practical Medicine; comprising Treatises on the Nature and Treatment of Diseases, Materia Medica and Therapeutics, Medical Jurisprudence, etc. etc.*, 4 vols. (London, 1833), 196.

²⁰ *The Family Physician: A Manual of Domestic Medicine* (New and Enlarged Edition) 5 vols. (Cassell, London, n.d), 249.

²¹ J. Oppenheim, “*Shattered Nerves*”: *Doctors, Patients, and Depression in Victorian England* (New York, 1991), 116; K. Walden, ‘The road to fat city: an interpretation of the development of weight consciousness in western society’, *Historical Reflections*, 12 (1985), 367-8.

²² V. Smith, ‘Physical puritanism and sanitary science: material and immaterial beliefs in popular physiology, 1650-1840’, in W. F. Bynum and R. Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 183; Comfort, *The Anxiety Makers*, 117.

²³ *Reading Mercury*, 4/11/1882, 7d.

²⁴ M. Sigsworth and M. Worboys, ‘The public’s view of public health in mid-Victorian Britain’, *Urban History*, 21 (1994), 245; Smith, *The People’s Health*, 232; Oppenheim, “*Shattered Nerves*”, 88.

understandings of health. They can also help demonstrate how established modes of thought persisted in the public's mind.

The attributes products claimed to possess have also been analysed (in chapter 5) in order to ascertain what members of the middle class demanded from health products, and whether this changed over time. Whilst it is extremely difficult to measure how ill the middle classes actually were,²⁵ this thesis has demonstrated what they demanded from a product. Thus, whilst few systematic records of middle-class wellbeing exist, we can nevertheless search systematically for information that provides a deeper insight into the middle-class experience and understanding of health and ill-health.

Between 1780 and the end of the nineteenth century, harmlessness, speed of cure and ease of use were the biggest selling points for health and beauty products. Such claims were, and indeed are, ageless, and are designed to assuage concerns about using a product amid widespread scepticism. These tactics are still in use today, in adverts for fast-acting heartburn relief and instant hair dyes. However, during the late-eighteenth and early-nineteenth century, claims of 'no inconvenience' were often used to elaborate and emphasise how 'harmless' products were. The frequency with which 'no inconvenience' was used as a selling point in the 1780s and 1830s suggests that consumers were becoming tired of the regimens of bleeding and purging associated with traditional medicine.²⁶ Fast-acting, innocuous remedies were far more attractive. The relative absence of the term by the 1880s, however, indicates that the level of safety assurance necessary for selling medical products was, albeit gradually, declining. Customer confidence in consumer medicine was growing.

Low cost also began to emerge as a selling point but not to a particularly significant extent. Even by the 1880s only one-tenth of adverts used this selling point in

²⁵ Whilst Woods and Skelton's work in *An Atlas of Victorian Mortality* has been valuable for plotting variations in the geographical spread of illness, it is less suitable for mapping social variations. See R. Woods and N. Skelton, *An Atlas of Victorian Mortality* (Liverpool, 1997).

²⁶ Indications that purging was declining in popularity as a method of treatment during the nineteenth century reflect that despite their longevity, challenges were made to old theories surrounding health and illness.

Leicester, whilst one-fifth did so in Reading. Emphasising the economy of a product could easily be perceived as a strategy for broadening one's market for a particular product. Considering the general consensus that working-class real wages improved from the 1870s onwards,²⁷ it is strange that advertisers were not more active in emphasising cost as a selling point. It appears, therefore, that steps to entice the new potential market of the working classes were slow to emerge. This strengthens the justification of using patent medicines advertisements for exploring the middle-class experience of health and ill-health in the late-eighteenth and nineteenth century.

Thanks to the work of scholars such as Loudon, Digby and Peterson, the early- to mid-nineteenth century is now known as a period of substantial reform for the medical profession. During this period moves were taken to institute ways of regulating and restricting entry into the profession. Efforts culminated in 1858 with the founding of the first ever medical register and the founding of the General Council of Medical Education and Registration.²⁸ By this date regularly trained doctors desired a means of both distinguishing themselves from medley of quacks and 'healers' and of improving their public persona. Fed up of being blamed for ineptness and ineffectiveness, the medical profession began to fight back. However, due to the difficulties in accessing public opinion, little has been written about how successful these efforts were. Did medics earn more respect or were their reforming energies spent in vain?

Advertisements for health products, however, provide an insight. As seen in chapter 5, criticism of the regular medical profession was a common component of advertisements for health products and services. Whether it was in a testimonial or simply in the bluff and bravado of the main body of an advert, the ineffectiveness of

²⁷ See, for example, G. R. Boyer, 'Living standards, 1860-1939' in R. Floud and P. Johnson (eds.), *The Cambridge Economic History of Modern Britain, Vol. II: Economic Maturity, 1860-1939* (Cambridge, 2004), 280; A. S. Wohl, *The Eternal Slum: Housing and Social Policy in Victorian London* (London, 1977), 40; W. H. Fraser, *The Coming of the Mass Market, 1850-1914* (London, 1981), 16; A. E. Dingle, 'Drink and working-class living standards in Britain, 1870-1914', in D. Oddy and D. Miller (eds.), *The Making of the Modern British Diet* (London, 1976), 124.

²⁸ M. J. Peterson, *The Medical Profession in Mid-Victorian London* (London, 1978), 35; P. J. Corfield, *Power and the Professions in Britain 1700-1850* (London, 1995); 231; R. Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London, 1997), 355-6; V. Berridge, 'Health and medicine', in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 3: Social Agencies and Institutions* (Cambridge, 1990), 171.

doctors and physicians was often highlighted, and sometimes ridiculed. In the 1780s, for example an Elizabeth Broughton, ‘had the Assistance of many Doctors but all of no Use’ until she was treated by Dr Uytrecht, an itinerant oculist from the town of Mecklin.²⁹ In the 1830s, a similar picture was painted: a Mrs Phoebe Taylor of Whistley Green near Twyford was ‘under the care of two eminent Medical Men for the space of eight months’ but they ‘could afford her no permanent relief’.³⁰ Such negative portrayals painted in the pages of the provincial press suggest that the public would have been hesitant to rely on regularly trained medics, and had little, if any, respect for them.

However, by the 1880s criticism of the medical profession was much less common in advertisements for commercial health and beauty products. In fact, a partial reversal had occurred; instead of highlighting apparent medical ineptitude, adverts were now using the testimony of medics to promote their products. The slogan ‘approved by the medical faculty’ began to appear to sell products as diverse as Roche’s Herbal Embrocation³¹ and the Medical Constant Current Electric Generator.³² Comments attributed to medical journals also began to feature in the advertising copy of commercial medicines. Advertisements for Allen and Hanbury’s ‘Perfected’ Cod Liver Oil, Neave’s Food and Lloyd’s Universal Food all carried the thoughts of the *British Medical Journal*,³³ which although ironic,³⁴ is nevertheless an indication of how the tide of public opinion had gradually turned in favour of medical professionals by the end of the nineteenth century. Whilst medics did not become immune to criticism and complaint, their portrayal in popular media such as the advert, improved a great deal. The efforts of the campaign leading up to 1858 were thus not made in vain; attitudes were changed and widespread criticism of medics became no longer credible. This thesis, therefore, has looked at medical reform from a different angle: the public’s point of view. Using advertisements

²⁹ *Leicester Journal*, 1/3/1783, 4b.

³⁰ *Reading Mercury*, 3/2/1833, 1e.

³¹ *Leicester Journal*, 6/3/1885, 2a; *Reading Mercury*, 2/11/1884, 7d.

³² *Reading Mercury*, 3/2/1883, 7c.

³³ *Liverpool Mercury*, 7/2/1885, 3a; *Leicester Journal*, 7/10/1881, 2a, 3/3/1882, 2e; *Reading Mercury*, 7/2/1885, 7c.

³⁴ The *British Medical Journal* was a fierce critic of patent medicines and sought to expose their purveyors in two volumes published at the beginning of the nineteenth century (see chapter 5).

from the local provincial press, it is possible to gauge changes in contemporary popular opinion.

Advertisements for health and beauty products can also be used to provide an insight into changes in middle-class attitudes towards personal presentation and what constituted a 'respectable appearance'. From Sennett and others we have learned that people increasingly used personal exteriors to judge the character of others between the late-eighteenth and nineteenth century. Yet what did people look for? We need to understand the criteria by which individuals were judged and judged others during this period. By analysing the images and styles offered by adverts for beauty products, this study has attempted to do just that: to draw up a 'respectability' scorecard. Health and cleanliness were seen as two immediate indicators of 'respectability'. Through healthy complexions and neatly arranged hair, individuals demonstrated that they possessed both the time and money necessary to achieve such ends, and enjoyed a lifestyle which made it possible to maintain such tidy exteriors. Yet, there were crucial distinctions to this phenomenon: full heads of dark hair appear to have been particularly popular, whilst all traces of suntan were deemed unflattering. Furthermore, whilst many products in the 1830s offered to 'eradicate pimples, spots and blotches', by the 1880s, they increasingly offered to impart a pleasant aroma as well. Thus, in addition to providing an insight into how members of the middle class made sense of their health between the late-eighteenth and late-nineteenth century, advertisements can also help uncover how they wished to be perceived.

Whilst striving to encourage new perspectives in the field of the history of health, this study has also attempted to provide evidence to reinforce a relatively new thesis in the field of advertising history. It was once argued that the growth of advertising was a phenomenon of the mid-nineteenth century, with the expansion of newspaper distribution and the application of new technologies such as lithography and faster, superior printing processes.³⁵ However, since Neil McKendrick's work on George

³⁵ Walsh attributes this argument to Jeffreys, Davis and Mathias, but other examples include Richards and Fraser. See C. Walsh, 'The advertising and marketing of consumer goods in eighteenth century London', in C. Wischermann and E. Shore (eds), *Advertising and the European City: Historical Perspectives* (Aldershot, 2000), 79; T. Richards, *The Commodity Culture of Victorian England: Advertising and Spectacle 1851-1914* (Stanford, Cal. 1990).

Packwood and his commercialisation of shaving, retail and marketing historians have sought to emphasise the sophistication of early advertising and to demonstrate that its development was much more of a long-term process, rather than a sudden revolution in the nineteenth century.³⁶

John Styles, for example, argued that the competitive nature of medicine advertising forced medical advertisers to pioneer new techniques as early as the seventeenth and eighteenth century.³⁷ According to Styles, display typefaces, testimonials, endorsements, and claims of royal and aristocratic patronage date from this era. Similarly, historians such as Nancy Cox and Christine Fowler have illustrated how fixed prices and fixed shops were in use by the early-eighteenth century.³⁸ With the material presented in chapter 6, this thesis has contributed to this field of research by detailing the complexity and expertise necessary for success in the health service market.

In direct contrast to Porter's work and his fascination with infamous 'quacks' such as Samuel Solomon and Dr James, chapter 6 focused on the working lives of 'health service providers': dentists, chiropodists, aurists and opticians. The working lives of such individuals, particularly in the 1830s, were highly sophisticated and involved much diligence, planning, knowledge and expertise. Few of these practitioners used the pomp and parade favoured by showmen like John 'Chevalier' Taylor. Instead they made rational business decisions and used calculated judgement to administer their day to day work. For example, some adverts were placed with precision both in terms of location and timing, whilst others reveal where healthcare providers found accommodation in the towns they visited. It is important to recognise this, particularly as advertising at this time was conducted by businessmen and women rather than by marketing specialists; the industry did not turn professional until the

³⁶ N. McKendrick, 'George Packwood and the commercialization of shaving: the art of eighteenth-century advertising or "the way to get money and be happy"', in N. McKendrick, J. Brewer and J. H. Plumb, *The Birth of a Consumer Society: The Commercialization of Eighteenth-century England* (London, 1982), 146-194.

³⁷ J. Styles, 'Product innovation in early modern London', *Past and Present*, 168 (2000), 124-69.

³⁸ C. Fowler, 'Changes in provincial retail practice during the eighteenth century, with particular reference to central-southern England', *Business History*, 40 (1998), 41; J. Stobart and A. Hann, 'Retailing revolution in the eighteenth century? Evidence from north-west England', *Business History*, 46 (2004), 172. See also R. B. Walker, 'Advertising in London newspapers 1650-1750', *Business History*, 15 (1973), 112-30.

mid- to late-nineteenth century. Furthermore, many of the individuals mentioned in chapter 6 were itinerant, a group largely associated with trickery and charlatanism.³⁹ Evidence in chapter 6, however, demonstrates that such stereotypical views should be challenged and revised, and supports the findings of historians such as Hillam and Winstanley.⁴⁰

This thesis has also highlighted the sophistication of advertising between the late-eighteenth and mid-nineteenth century. Stylistically, the nature of advertisements for health and beauty products changed significantly between 1780 and 1880. Adverts became shorter and snappier, and repetition and taglines became increasingly popular marketing strategies. However, in terms of content, there was much less change. Advertisers in the 1780s knew as well as their counterparts in the 1880s that it was important to emphasise the safety of using their products. They also knew that the speed a product worked at was also a major selling point. Advertisers in the 1830s were also beginning to recognise the cachet that medical testimony could add to a product. They even began to employ quotations lifted from medical journals at this time. Thus many of the characteristic ingredients of health advertising were in existence from the late-eighteenth and early-nineteenth century.

Their longevity reflects their effectiveness. In the twenty-first century, certain brands of shampoos claim to be ‘scientifically proven’ to help protect and strengthen our hair, whilst many headache pills emphasise the immediacy of the relief they provide. Yet today, the number of products advertised on health grounds is far greater than in the late-eighteenth and nineteenth century. Now digestive enhancing yoghurts are sold on the testimony of satisfied customers, whilst packs of chewing gum carry the endorsement of the British Dental Association. The fact that strategies used to advertise products in the early-nineteenth century are still in existence is impressive. Moreover, the fact that a growing number and type of product are employing these techniques is testimony to the sophistication of

³⁹ Although some charlatans did exist, of course.

⁴⁰ Christine Hillam found that many well-patronised dentists maintained itinerant practices well into the nineteenth century. See R. Porter, *Health for Sale: Quackery in England 1650-1850* (Manchester, 1989), 61; M. Winstanley, ‘Concentration and competition in the retail sector c.1800-1990’, in M. W. Kirby and M. B. Rose (eds), *Business Enterprise in Modern Britain: From the Eighteenth to the Twentieth Century* (London, 1994), 240.

advertising from the late-eighteenth century onwards. Far from suddenly appearing at the close of the nineteenth century, the origins of modern advertising enjoyed a much more gradual appearance.

Overall, this thesis has provided a deeper insight into the urban middle-class experience of surviving in the city between the 1780s and 1880s, both socially and physically. Whilst chapter 6 focuses on service providers, the main body of this thesis is interested in the consumer: how they wished to be perceived, what ailments they suffered from and what attributes they looked for in health products. This thesis has sought to fill in gaps in the story: it is true that as levels of anonymity rose people were increasingly judged by their appearance. But what were the criteria? Chapter 2 has attempted to provide an answer. Similarly, it is widely acknowledged that the middle classes were obsessed about their health,⁴¹ yet what in particular caused the most angst? Chapter 3 provides an idea of the most commonplace and troubling maladies. It is also recognised that commercial medicine became big business between the late-eighteenth and late-nineteenth century.⁴² Yet how people were encouraged to consume more and more pills, potions and ointments had not been explained. The analysis of the claims made and testimonies attributed to certain products in chapter 5 goes some way towards answering this question.

Having demonstrated the value of adverts for uncovering popular attitudes and prejudices towards health and beauty, therefore, it would be interesting to find material to compare them to. Having scanned many of the letter columns of late-eighteenth- and nineteenth-century provincial newspapers, as stated in chapter 3, it is striking how many health-related issues arise. Porter noted how, in the eighteenth century, the letter pages of the *Gentleman's Magazine* were used for the exchange of health advice between readers.⁴³

In a similar way, the letter pages of provincial newspapers were certainly used to air grievances with the condition of local environments. The state of drains, the littering

⁴¹ B. Haley, *The Healthy Body and Victorian Culture* (Cambridge, Mass., 1978), 3.

⁴² According to Fraser, sales of patent medicines grew by 400 per cent between 1850 and 1914. See W. H. Fraser, *The Coming of the Mass Market, 1850-1914* (London, 1981), 139.

⁴³ R. Porter, 'Lay medical knowledge in the eighteenth century: the evidence of the *Gentleman's Magazine*', *Medical History*, 29 (1985), 138-168.

of streets and the smell of nearby cesspits are just some of the complaints local residents of Leicester, Liverpool and Reading made. Exploring the language of these letters would help reveal if any particular health concern recurred in one town. Phillips and Hinton maintained that the state of Reading's burial grounds was of particular concern amongst the town's middle-class society in the 1840s.⁴⁴ Analysing the problems raised in letters to the editor of the local newspaper would make it possible to attempt similar conclusions. Furthermore, by analysing the grounds on which complaints were made, it may be possible to ascertain the medical beliefs to which members of the public subscribed. Were cesspits being lambasted because of the 'miasma' they emitted, infecting the nearby atmosphere, or was it simply due to the offensive smell they gave off? In this way, having shown the advantages of studying advertisements to develop our understanding of the middle-class experience of health in an increasingly urban environment, this thesis also indicates new directions that could be taken in this endeavour.

⁴⁴ D. Phillips, *The Story of Reading* (Newbury, 1980), 129; M. Hinton, *A History of the Town of Reading* (London, 1954), 150.

Bibliography

Primary Sources

- Baines, T. *Liverpool in 1859: The Port & Town of Liverpool and the Harbour, Docks, Commerce of the Mersey, in 1859* (London, 1859)
- Bickerton, T. H. *A Medical History of Liverpool from the Earliest Days to the Year 1920* (London, 1936)
- British Medical Journal, *Secret Remedies. What They Cost and What They Contain* (London, 1909)
- British Medical Journal, *More Secret Remedies. What They Cost and What They Contain* (London, 1912)
- The Family Physician: A Manual of Domestic Medicine* (New and Enlarged Edition)
5 vols. (Cassell, London, n.d.)
- Forbes, J., Tweedie, A. and Conolly, J. *The Cyclopædia of Practical Medicine; comprising Treatises on the Nature and Treatment of Diseases, Materia Medica and Therapeutics, Medical Jurisprudence, etc. etc.*, 4 vols. (London, 1833)
- Hope, E. W. *Health at the Gateway: Problems and International Obligations of a Seaport City* (Cambridge, 1931)
- Newsholme, A. *Hygiene: A Manual of Personal and Public Health* (London, 1888)
- Smiles, S. *Self-Help* (London, Centenary Edition, 1958)
- Solomon, S. *A Guide to Health* (57th Edition, 1808)
- Taine, A. *Notes on England* (trans. E. Hyams) (London, 1957)

Trade Directories

- Gore's Directory of Liverpool*, 1829;
- Gore's Directory of Liverpool and its Environs*, 1851.
- Kelly's Directory of Berkshire*, 1848.
- Kelly's Directory of Leicester and Rutland*, 1881
- Kelly's Directory of Berkshire*, 1887.
- Kelly's Directory of Liverpool and Birkenhead*, 1894.
- Pigot's Directory of Berkshire*, 1830.
- Pigot's Directory of Derby, Hereford, Leicester, Lincoln, Monmouth, Nottingham, Rutland, Salop, Stafford, Warwick and Worcester*, 1835;
- Post Office Directory of Lancashire, Liverpool and Manchester*, 1873;

White's Directory of Leicestershire, 1862.

Wright's Directory of Leicester, 1882.

Newspapers

Leicester and Nottingham Journal (later the *Leicester Journal*), 1780-85

Leicester Journal, 1830-35, 1840-60, 1880-85

Liverpool Mercury, 1830-35, 1880-85

Reading Mercury, 1780-85, 1830-35, 1880-85

Williamson's Liverpool Advertiser (later the *Liverpool Mercury*), 1780-85

Parliamentary Papers

Report from the Select Committee on Patent Medicines, together with Proceedings of the Committee, Minutes of Evidence, and Appendices (London, 1914)

Secondary Sources

Alexander, D. *Retailing in England during the Industrial Revolution* (London, 1970)

Arscott, C., Pollock, G., and Wolff, J. 'The partial view: the visual representation of the early nineteenth-century city', in J. Wolff and J. Seed (eds.), *The Culture of Capital: Art, Power and the Nineteenth-century Middle Class* (Manchester, 1988), 191-233.

Asquith, I. 'Advertising and the press in the late eighteenth and early nineteenth centuries: James Perry and the *Morning Chronicle* 1790-1821', *Historical Journal*, 18 (1975), 703-724.

Asquith, I. 'The structure, ownership and control of the press, 1780-1855', in G. Boyce, J. Curran and P. Wingate (eds.), *Newspaper History from the Seventeenth Century to the Present Day* (London, 1978), 98-116.

Bailey, P. 'White collars, gray lives? The lower middle class revisited', *Journal of British Studies*, 38 (1999), 273-90.

Barry, J. 'Publicity and the public good: Presenting medicine in eighteenth-century Bristol', in W. F. Bynum and R. Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 29-39.

Barker, H. *Newspapers, Politics and English Society, 1695-1855* (London, 2000)

Bartrip, P. 'The *British Medical Journal*: a retrospect', in W.F. Bynum, S. Lock and R. Porter (eds.), *Medical Journals and Medical Knowledge: Historical Essays* (London, 1992), 126-145.

- Bartrip, P. 'Expertise and the dangerous trades, 1875-1900', in R. MacLeod (ed.), *Government and Expertise: Specialists, Administrators and Professionals, 1860-1919* (Cambridge, 1988), 89 - 109.
- Beetham, M. *A Magazine of Her Own? Domesticity and Desire in the Woman's Magazine 1800-1914* (London, 1996)
- Belchem, J. and Hardy, N. 'Second Metropolis: the middle class in early Victorian Liverpool', in A. Kidd and D. Nicholls (eds.), *The Making of the British Middle Class? Studies of Regional and Cultural Diversity since the Eighteenth Century* (Stroud, 1998), 58-71.
- Berg, M. 'Consumption in eighteenth- and early nineteenth-century Britain', in R. Floud and P. Johnson (eds.), *The Cambridge Economic History of Modern Britain, Vol. I: Industrialisation, 1700-1860* (Cambridge, 2004), 357-387.
- Berghoff, H. and Möller, R. 'Tired pioneers and dynamic newcomers? A comparative essay on English and German entrepreneurial history, 1870-1914', *Economic History Review*, 47 (1994), 262-287.
- Berridge, V. 'Health and medicine', in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 3: Social Agencies and Institutions* (Cambridge, 1990), 171-242.
- Berridge, V. and Edwards, G. *Opium and the People: Opiate Use in Nineteenth-Century England* (London, 1981)
- Berridge, V. 'Popular Sunday papers and mid-Victorian society', in G. Boyce, J. Curran and P. Wingate (eds.), *Newspaper History from the Seventeenth Century to the Present Day* (London, 1978), 247 - 264.
- Berry, H. 'Polite consumption: shopping in eighteenth-century England', *Transactions of the Royal Historical Society*, 12 (2002), 375-394.
- Best, G. *Mid-Victorian Britain 1851-70* (Glasgow, 1971)
- Blanchard, M. W. 'Boundaries and the Victorian body: aesthetic fashion in Gilded Age America', *American Historical Review*, 100 (1995), 21-50.
- Bordo, S. 'Reading the slender body', in M. Jacobus, E. F. Keller and S. Shuttleworth (eds), *Body/Politics: Women and the Discourses of Science* (London, 1990), 83-112.
- Bourdieu, P. *Distinction: A Social Critique of the Judgement of Taste*, translated by Richard Nice (London, 1984)
- Boyer, G. R. 'Living standards, 1860-1939' in R. Floud and P. Johnson (eds.), *The Cambridge Economic History of Modern Britain, Vol. II: Economic Maturity, 1860-1939* (Cambridge, 2004), 280-313.
- Bradley, J. and Dupree, M. 'Opportunity on the edge of orthodoxy: medically qualified hydropathists in the era of reform, 1840-1860', *Social History of Medicine*, 14 (2001), 417-37.
- Breward, C. *The Hidden Consumer: Masculinities, Fashion and the City Life 1860-1914* (Manchester, 1999)
- Briggs, A. 'Cholera and society in nineteenth century', *Past and Present*, 19 (1961), 76-96.

- Briggs, A. *Victorian Cities* (London, 1963)
- Brown, E. 'Gender, occupation, illiteracy and the urban economic environment: Leicester, 1760-1890', *Urban History*, 31 (2004), 191-209.
- Brown, L. *Victorian News and Newspapers* (Oxford, 1985)
- Brown, P. S. 'Female pills and the reputation of iron as an abortifacient', *Medical History*, 21 (1977), 291-304.
- Brown, P. S. 'Medicines advertised in eighteenth-century Bath newspapers', *Medical History*, 20 (1976), 152-168.
- Brown, P. S. 'Social Context and medical theory in the demarcation of nineteenth-century boundaries', in W. F. Bynum and Roy Porter, *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 216 - 233.
- Brown, P. S. 'The vendors of medicines advertised in eighteenth-century Bath Newspapers', *Medical History*, 19 (1975), 352-369.
- Brown, P. S. 'The vicissitudes of herbalism in late nineteenth- and early twentieth-century Britain', *Medical History*, 29 (1985), 71-92.
- Brown, R. *Society and Economy in Modern Britain 1700-1850* ((London, 1991)
- Buchanan, E. 'Dr Charles Killick Millard and Public Health: 1901-1934', in J. Hinks (ed.), *Aspects of Leicester: Discovering Local History* (Barnsley, 2000), 143-156.
- Buchanan, R. A. 'Engineers and government in nineteenth-century Britain', in R. MacLeod (ed.), *Government and Expertise: Specialists, Administrators and Professionals, 1860-1919* (Cambridge, 1988), 41-58.
- Burant, J. 'The visual world in the Victorian age', *Archivaria*, 19 (1984), 110-121.
- Burnett, J. *Plenty and Want: A Social History of Food in England from 1815 to the Present Day* (London, 1989, Third Edition)
- Burnett, J. *A Social History of Housing 1815-1985* (London, 1986, Second Edition)
- Bynum, W. F. *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge, 1994)
- Bynum, W. F. 'Treating the wages of sin: venereal disease and specialism in eighteenth-century Britain', in W. F. Bynum and R. Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 5-28.
- Bynum, W. F. and Wilson, J. C. 'Periodical knowledge: medical journals and their editors in nineteenth-century Britain', in W.F. Bynum, S. Lock and R. Porter (eds.), *Medical Journals and Medical Knowledge: Historical Essays* (London, 1992), 29-48.
- Campbell, C. *The Romantic Ethic and the Spirit of Modern Consumerism* (Oxford, 1987).
- Chadwick, E. *Report on the Sanitary Condition of the Labouring Population of Great Britain*, 1842, edited by M. W. Flinn (Edinburgh, 1965).
- Chapman, S. *Jesse Boot of Boots the Chemists: A Study in Business History* (London, 1974)

- Cherry, G. *Birmingham: A Study in Geography, History and Planning* (Chichester, 1994)
- Church, R. 'Advertising consumer goods in nineteenth-century Britain: reinterpretations', *Economic History Review*, 53, No. 2 (2000), 621-645.
- Church, R. 'The British market for medicine in the late nineteenth century: the innovative impact of S. M. Burroughs & Co', *Medical History*, 49 (2005), 281-298.
- Church R. and Clark, C. 'Product development of branded, packaged household goods in Britain, 1870-1914: Colman's, Reckitt's, and Lever Brothers', *Enterprise and Society*, 2 (2001), 503-42.
- Clark, G., Huberman, M., and Lindert, P. H. 'A British food puzzle, 1770-1850', *Economic History Review*, 48 (1995), 215-37.
- Clark, G. K. *The Making of Victorian England* (London, 1962)
- Clark, P. 'Small towns 1700-1840' in P. Clark (ed), *The Cambridge Urban History of Britain*, Vol. II: 1540-1840 (Cambridge, 2000), 733-773.
- Cockayne, E. *Hubbub: Filth, Noise and Stench in England, 1600-1770* (London, 2007)
- Cody, L. F. '“No cure, no money,” or the invisible hand of quackery: the language of commerce, credit, and cash in eighteenth-century British medical advertisements', *Studies in Eighteenth Century Culture*, 28 (1999), 103-130.
- Coleman, D. C. 'Gentlemen and players', *Economic History Review*, 26 (1973), 92-116.
- Comfort, A. *The Anxiety Makers: Some Curious Preoccupations of the Medical Profession* (London, 1967)
- Corfield, P. J. *Power and the Professions in Britain 1700-1850* (London, 1995)
- Corfield, P. J. 'Walking the city streets: the urban odyssey in eighteenth-century England', *Journal of Urban History*, 16 (1990), 132-174.
- Corley, T. 'Competition and growth of advertising in the U. S. and Britain, 1800-1914', *Business and Economic History*, 17 (1988), 155-167.
- Corley, T. 'Nutrition, technology and the growth of the British biscuit industry, 1820-1900', in D. Oddy and D. Miller (eds.), *The Making of the Modern British Diet* (London, 1976), 13-25.
- Corley, T. 'Reading in the eighteenth century and Victorian times', in M. Petyt (ed.), *The Growth of Reading* (Stroud, 1993), 83-107.
- Cranfield, G. A. *The Press and Society: from Caxton to Northcliffe* (London, 1978)
- Crellin, J. K. 'Pharmaceutical history and its sources in the Wellcome collections: 1. the growth of professionalism in nineteenth-century British pharmacy', *Medical History*, 11 (1967), 215-227.
- Cryle, P. 'Charlatanism in the “age of reason”', *Cultural and Social History*, 3 (2006), 243-49.

- Davidoff, L. 'The family in Britain', in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 2: People and their Environment* (Cambridge, 1990), 71-129.
- Davidoff, L. and Hall, C. *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London, 1987)
- Digby, A. *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720 – 1911* (Cambridge, 1994).
- Digby, A. *The Evolution of British General Practice 1850-1948* (Oxford, 1999)
- Dingle, A. E. 'Drink and working-class living standards in Britain, 1870-1914', in D. Oddy and D. Miller (eds.), *The Making of the Modern British Diet* (London, 1976), 117-134.
- Dingwall, H. M. "'To be insert in the Mercury": medical practitioners and the press in eighteenth-century Edinburgh', *Social History of Medicine*, 13 (2000), 23-44.
- Dormandy, T. *The White Death: A History of Tuberculosis* (London, 1999)
- Doyal, L. and Pennell, I. *The Political Economy of Health* (London, 1979)
- Doyle, B. M. 'The changing functions of urban government: councillors, officials and pressure groups', in M. Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 287-313.
- Drummond, J. C. *The Englishman's Food: A History of Five Centuries of English Diet* (London, 1957, Second Edition)
- Duguid, P. 'Developing the brand: the case of alcohol, 1800-1880', *Enterprise and Society*, 4 (2003), 405-441.
- Dupree, M. 'Other than healing: medical practitioners and the business of life assurance during the nineteenth and early twentieth centuries', *Social History of Medicine*, 10 (1997), 79-103.
- Dupree, M. 'The provision of social services', in M. Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 351-394.
- Edwards, C. 'Age-based rationing of medical care in nineteenth-century England', *Continuity and Change*, 14 (1999), 227-265.
- Ehrenberg, A. S. C. 'Repetitive advertising and the consumer', in J. P. Jones (ed.), *How Advertising Works: The Role of Research* (London, 1998), 63-81.
- Elbaum, B. and Lazonick, W. 'The decline of the British economy: an institutional perspective', *Journal of Economic History*, 44 (1984), 567-583.
- Elias, N. *The Civilizing Process: Sociogenetic and Psychogenetic Investigations* translated by E. Jephcott (Oxford, 2000) (Revised edition, edited by E. Dunning, J. Goudsblom and S. Mennell).
- Elliott, M. *Victorian Leicester* (London, 1979)
- English, M. P. *Victorian Values: The Life and Times of Dr Edwin Lankester M.D., F.R.S.* (Bristol, 1990)

- Evans, E. J. *The Forging of the Modern State: Early industrial Britain 1783-1870* (Harlow, 2001)
- Evans, R. J. *Death in Hamburg: Society and Politics in the Cholera Years 1830-1910* (London, 1987)
- Evans, R. J. 'Epidemics and revolutions: cholera in nineteenth-century Europe' in T. Ranger and P. Slack (eds.), *Epidemic and Ideas: Essays on the Historical Perception of Pestilence*, (Cambridge, 1992), 149-173.
- Ferdinand, C. Y. 'Selling it to the provinces: news and commerce round eighteenth-century Salisbury', in J. Brewer and R. Porter (eds.), *Consumption and the World of Goods* (London, 1993), 393-411.
- Ferguson, T. 'Public health in Britain in the climate of the nineteenth century', *Population Studies*, 17 (1964), 213-224.
- Fissell, M. *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991)
- Forbes, E. G. 'The professionalization of dentistry in the United Kingdom', *Medical History*, 29 (1985), 169-181.
- Fowler, C. 'Changes in provincial retail practice during the eighteenth century, with particular reference to central-southern England', *Business History*, 40 (1998), 37-54.
- Fraser, W. H. *The Coming of the Mass Market, 1850-1914* (London, 1981)
- Fritzsche, P. *Reading Berlin 1900* (London, 1996)
- Fullerton, R. A. 'How modern is modern marketing? Marketing's evolution and the myth of the 'Production Era'', *Journal of Marketing*, 52 (1988), 108-125
- Gentilcore, D. 'The "golden age of quackery" or "medical enlightenment"? Licensed charlatanism in eighteenth-century Italy', *Cultural and Social History*, 3 (2006), 250-63.
- George, D. *London Life in the Eighteenth Century* (London, 1951)
- Gilbert D. and Southall, H. 'The urban labour market', in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 593-628.
- Gratzer, W. *Terrors of the Table: The Curious History of Nutrition* (Oxford, 2005)
- Gunn, S. 'Class, identity and the urban: the middle class in England, c. 1790-1950', *Urban History*, 31 (2004), 29-47.
- Gunn, S. *The Public Culture of the Victorian Middle Class: Ritual and authority and the English industrial city 1840-1914* (Manchester, 2000)
- Gunn, S. 'The public sphere, modernity and consumption: new perspectives on the history of the English middle class, in Alan Kidd and David Nicholls (ed), *Gender, Civic Culture and Consumerism: Middle-class Identity in Britain, 1800-1940*, 12-29.
- Gunn, S. 'Translating Bourdieu: cultural capital and the English middle class in historical perspective', *British Journal of Sociology*, 56 (2005), 49-64.
- Gunn, S. and Bell, R. *Middle Classes: Their Rise and Sprawl* (London, 2002)

- Hahn, H. 'Boulevard culture and advertising as spectacle in nineteenth-century Paris', in A. Cowan and J. Steward (eds), *The City and the Senses: Urban Culture Since 1500*, 156-175.
- Haley, B. *The Healthy Body and Victorian Culture* (Cambridge, Mass., 1978)
- Hall, C. 'The butcher, the baker, the candlestickmaker: the shop and family in the industrial revolution', in R. J. Morris and R. Rodger (eds), *The Victorian City: A Reader in British Urban History, 1820-1914* (London, 1993), 307-321.
- Hardy, A. *The Epidemic Streets: Infectious Disease and the Rise of Preventive Medicine, 1856-1900* (Oxford, 1993).
- Hardy, A. *Health and Medicine in Britain since 1860* (Basingstoke, 2001)
- Hardy, A. 'Public health and the expert: the London Medical Officers of Health, 1856-1900', in R. MacLeod (ed.), *Government and Expertise: Specialists, Administrators and Professionals, 1860-1919* (Cambridge, 1988), 128 – 142.
- Harris, M. 'Social diseases? Crime and medicine in the Victorian press', in W.F. Bynum, S. Lock and R. Porter (eds.), *Medical Journals and Medical Knowledge: Historical Essays* (London, 1992), 108-125.
- Harrison, J.F.C. 'Early Victorian radicals and the medical fringe', in W. F. Bynum and R. Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 198-215.
- Hassan, J. *The Seaside, Health and the Environment in England and Wales since 1800* (Hampshire, 2003)
- Helfand, W. *Quack, Quack, Quack: The Sellers of Nostrums in Prints, posters, Ephemera & Books: An Exhibition on the Frequently Excessive & Flamboyant Seller of Nostrums as Shown in Prints, Posters, Caricatures, Books, Pamphlets, Advertisements & Other Graphic Arts Over the Last Five Centuries* (New York, 2002)
- Hempel, S. *The Medical Detective: John Snow and the Mystery of Cholera* (London, 2006)
- Hennock, E. P. 'Finance and politics in urban local government in England, 1835-1900', *Historical Journal*, 6 (1963), 212-225.
- Hennock, E. P. 'Urban sanitary reform a generation before Chadwick?', *Economic History Review*, 10 (1957), 113-120.
- Hindley, D. and G. *Advertising in Victorian England 1837-1901* (London, 1972)
- Hilton, B. *A Mad, Bad, and Dangerous People? England 1783-1846* (Oxford, 2006)
- Hinton, M. *A History of the Town of Reading* (London, 1954)
- Hobsbawm, E. 'The example of the English middle class', in J. Kocka and A. Mitchell (eds.), *Bourgeois Society in Nineteenth-century Europe* (Oxford, 1993), 127-150.
- Holloway, S.W. F. 'Producing experts, constructing expertise: the school of pharmacy of the Pharmaceutical Society of Great Britain, 1842-1896', in V. Nutton and R. Porter (eds.), *The History of Medical Education in Britain* (Amsterdam, 1995), 116-140.

- Holloway, S.W. F. 'The regulation of the supply of drugs in Britain before 1868' in R. Porter and M. Teich (eds.), *Drugs and Narcotics in History* (Cambridge, 1995), 77-96.
- Holloway, S.W. F. *Royal Pharmaceutical Society of Great Britain, 1841-1991: A Political and Social History* (London, 1991)
- Hoppen, K. T. *The Mid-Victorian Generation 1846-1886* (Oxford, 1998)
- Hoppit, J. 'Attitudes to credit in Britain, 1680-1790', *Historical Journal*, 33 (1990), 305-322.
- Hosgood, C. P. "'Mercantile monasteries": shops, shop assistants and shop life in late-Victorian and Edwardian Britain', *Journal of British Studies*, 38 (1999), 322-352.
- Huisman, F. 'Shaping the medical market: on the construction of quackery and folk medicine in Dutch historiography', *Medical History*, 43 (1999), 359-375.
- Hume, C. H. 'The public health movements', in J. T. Ward (ed.), *Popular Movements c. 1830-1850* (London, 1970), 183-200.
- Humphries, J. 'Household economy' in R. Floud and P. Johnson (eds.), *The Cambridge Economic History of Modern Britain, Vol. I: Industrialisation, 1700-1860* (Cambridge, 2004), 238-267.
- Inglis, D. 'Sewers and sensibilities: the bourgeois faecal experience in the nineteenth-century city', in A. Cowan and J. Steward (eds), *The City and the Senses: Urban Culture Since 1500*, 105-130.
- Inkster, I. 'Marginal men: aspects of the social role of the medical community in Sheffield 1790-1850', in J. Woodward and D. Richards (eds.), *Health Care and Popular Medicine in Nineteenth Century England: Essays in the Social History of Medicine* (London, 1977), 128-163.
- Isaac, P. 'Pills and Print', in R. Myers and M. Harris (eds.), *Medicine, Mortality and the Book Trade* (Folkestone, 1998), 25-47.
- Jackson, G. 'Ports 1700-1840', in P. Clark (ed), *The Cambridge Urban History of Britain, Vol. II: 1540-1840* (Cambridge, 2000), 705-731.
- Jacyna, S. 'Theory of medicine, science of life: the place of Physiology in the Edinburgh medical curriculum, 1790-1870', in V. Nutton and R. Porter (eds.), *The History of Medical Education in Britain* (Amsterdam, 1995), 141-152.
- Jobling P. and Crowley, D. *Graphic Design: Reproduction and Representation since 1800* (Manchester, 1996)
- Jones, C. 'The great chain of buying: medical advertisement, the bourgeois public sphere, and the origins of the French revolution', *American Historical Review*, 101 (1996), 13-40.
- Jones, C. 'The King's two teeth', *History Workshop Journal*, 65 (2008), 79-95.
- Jones, I. G. *Health, Wealth and Politics in Victorian Wales: The E. Ernest Hughes Memorial Lectures* (Swansea, 1979)
- Jones, L. J. 'Public pursuit of private profit? Liberal businessmen and municipal politics in Birmingham, 1865-1900', *Business History*, 3 (1983), 240-259.

- Kearns, G. 'Town Hall and Whitehall: sanitary intelligence in Liverpool, 1840-63', in S. Sheard and H. Power (eds.), *Body and City: Histories of Urban Public Health* (Aldershot, 2000), 89-108.
- Kearns, G. 'Zivilis or Hygaeia: urban public health and the epidemiologic transition', in R. Lawton (ed.), *The Rise and Fall of Great Cities: Aspects of Urbanization in the Western World* (London, 1989), 96-124.
- Keith-Lucas, B. 'Some influences affecting the development of sanitary legislation in England', *Economic History Review*, 6 (1954), 290-296.
- King, S. *A Fylde Country Practice: Medicine and society in Lancashire, circa 1760 - 1840* (Lancaster, 2001)
- Knight, P. 'Women and abortion in Victorian and Edwardian England', *History Workshop Journal*, 4 (1977), 57-69.
- Landes, D. S. *The Unbound Prometheus: Technological Change and Industrial Development in Western Europe from 1750 to the Present* (London, 1969)
- Langland, E. *Nobody's Angels: Middle-class Women and Domestic Ideology in Victorian Culture* (Ithaca, 1995)
- Langton, J. 'Town growth and urbanisation in the Midlands from the 1660s to 1841', in J. Stobart and P. Lane (eds.), *Urban and Industrial Change in the Midlands* (Leicester, 2000), 7-47.
- Laxton, P. 'Fighting for public health: Dr Duncan and his adversaries, 1847-1863', in S. Sheard and H. Power (eds.), *Body and City: Histories of Urban Public Health* (Aldershot, 2000), 59-88.
- Lee, A. 'The structure, ownership and control of the press, 1855-1914', in G. Boyce, J. Curran and P. Wingate (eds.), *Newspaper History from the Seventeenth Century to the Present Day* (London, 1978), 117-129.
- Lees, A. *Cities Perceived: Urban Society in European and American Thought, 1820-1940* (Manchester, 1985)
- Lees, L. H. 'Urban Networks', in M. Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 59-94.
- Loeb, L. 'Beating the flu: orthodox and commercial responses to influenza in Britain, 1889-1919', *Social History of Medicine*, 18 (2005), 203-224.
- Loeb, L. A. *Consuming Angels: Advertising and Victorian Women* (Oxford, 1994)
- Loudon, I. 'Doctors and their transport, 1750-1914', *Medical History*, 45 (2001), 185-206.
- Loudon, I. *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986)
- Loudon, I. 'The vile race of quacks with which this country is infested', in W. F. Bynum and R. Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 106-128.
- Loudon, J. and Loudon, I. 'Medicine, politics and the medical periodical 1800-50', in W.F. Bynum, S. Lock and R. Porter (eds.), *Medical Journals and Medical Knowledge: Historical Essays* (London, 1992), 49-69.

- Luckin, B. 'Pollution in the city', in M. Daunton (ed.), in *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 207-228.
- Lurito, P. W. 'The early history of advertising and popular ideas of technology', in *Marketing in the Long Run: Proceedings of the Second Workshop on Historical Research in Marketing*, Michigan State University (April, 1985), 30-42.
- McCalman, I. 'Spectres of quackery: the fragile career of Philippe de Louthembourg', *Cultural and Social History*, 3 (2006), 341-54.
- McKendrick, N. 'Commercialization and the economy', in N. McKendrick, J. Brewer and J. H. Plumb, *The Birth of a Consumer Society: The Commercialization of Eighteenth-century England* (London, 1982), 9-194.
- McKendrick, N. 'George Packwood and the commercialization of shaving: the art of eighteenth-century advertising or "the way to get money and be happy"', in N. McKendrick, J. Brewer and J. H. Plumb, *The Birth of a Consumer Society: The Commercialization of Eighteenth-century England* (London, 1982), 146-194.
- McKeown, T. 'Food, infection, and population', *Journal of Interdisciplinary History*, 14 (1983), 227-247.
- MacKenzie, J. M. *Orientalism: Theory, History and the Arts* (Manchester, 1995)
- McLaren, A. *Birth Control in Nineteenth-Century England* (London, 1978)
- Markel, H. 'The medical detectives', *New England Journal of Medicine*, 353 (2005), 2426-2428.
- Marland, H. *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987)
- Marland, H. "'The doctor's shop': the rise of the chemist and druggist in nineteenth-century manufacturing districts", in L. H. Curth (ed.), *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing* (Aldershot, 2006), 79-104.
- Marland, H. 'The medical activities of mid-nineteenth-century chemists and druggists, with special reference to Wakefield and Huddersfield', *Medical History*, 31 (1987), 415-39.
- Marsh, P. T. *Joseph Chamberlain: Entrepreneur in Politics* (New Haven, 1994)
- Mason, N. 'Building brand Byron: early-nineteenth-century advertising and the marketing of Childe Harold's Pilgrimage', *Modern Language Quarterly*, 63 (2002), 411-40.
- Mathison, H. 'Tropes of promotion and wellbeing: advertisements and the eighteenth-century Scottish periodicals', in J. Raymond (ed.), *News, Newspapers, and Society in Early Modern Britain* (London, 1999), 206-226.
- Meyer, J. 'The stranger and the city', *American Journal of Sociology*, 56 (1951), 476-483.
- Midwinter, E. *Old Liverpool* (Newton Abbot, 1971)
- Milburn, C. E. (ed.) *The Diary of John Young: Sunderland Chemist and Methodist Lay Preacher Covering the Years 1841-1843* (Leamington Spa, 1983)

- Mills, J. H. *Cannabis Britannica: Empire, Trade, and Prohibition 1800-1928* (Oxford, 2003)
- Millward, R. 'The political economy of urban utilities', in M. Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 315-349.
- Mitchell, B. and Deane, P. *Abstract of British Historical Statistics* (Cambridge, 1962)
- Mitchinson, W. *The Nature of Their Bodies: Women and their doctors in Victorian Canada* (Toronto, 1991)
- Morgan, N. 'Infant mortality, flies and horses in later-nineteenth-century towns: a case study of Preston', *Continuity and Change*, 17 (2002), 97-132.
- Morris, R. J. 'The industrial town', in P. Waller (ed.), *The English Urban Landscape* (Oxford, 2000), 175-208.
- Morris, R. J. *Men, Women and Property in England, 1780-1870: A Social and Economic History of Family Strategies amongst the Leeds Middle Classes* (Cambridge, 2005)
- Morris, R. J. 'Structure, culture and society in British towns', in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 395-426.
- Morris, R. J. 'Urbanisation', in R. J. Morris and R. Rodger (eds.), *The Victorian City: A Reader in British Urban History 1820-1914*, 43-72.
- Morris, R. J. 'Voluntary societies and British urban elites, 1780-1850: an analysis', *Historical Journal*, 26 (1983), 95-118.
- Mosley, S. *The Chimney of the World: A History of Smoke Pollution in Victorian and Edwardian Manchester* (Cambridge, 2001)
- Mulsow, M. 'You only live twice: charlatanism, alchemy, and critique of religion, Hamburg, 1747-1761', *Cultural and Social History*, 3 (2006), 273-86.
- Mui, H. and Mui, L. H. *Shops and Shopkeeping in Eighteenth-Century England* (London, 1989)
- Musson, A. E. 'Newspaper printing in the industrial revolution', *Economic History Review*, 10 (1958), 411-26.
- Myers, K. *Understains: the Sense and Seduction of Advertising* (London, 1986)
- Nevett, T. *Advertising in Britain: a History* (London, 1982)
- Nevett, T. 'Media planning criteria in nineteenth century Britain', in *Marketing in the Long Run: Proceedings of the Second Workshop on Historical Research in Marketing*, Michigan State University (April, 1985), 18-29.
- Newman, C. *The Evolution of Medical Education in the Nineteenth Century* (London, 1957)
- Nicholas, T. 'Clogs to clogs in three generations? Explaining the entrepreneurial performance in Britain since 1850', *Journal of Economic History*, 59 (1999), 688-713.
- Oddy, D. J. 'Food in nineteenth-century England: nutrition in the first urban society', *Proceedings of the Nutrition Society*, 29 (1970), 150-57.

- Oppenheim, J. *"Shattered Nerves": Doctors, Patients, and Depression in Victorian England* (New York, 1991)
- Otto, P. 'Performing the resurrection: James Graham and the multiplication of the real', *Cultural and Social History*, 3 (2006), 325-40.
- Palmer, C. 'Brazen Cheek: Face-painters in late eighteenth-century England', *Oxford Art Journal*, 31 (2008), 195-213.
- Palmer, S. 'Ports', in M. Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 133-150.
- Parker, K. W. 'Sign consumption in the 19th-century department store: an examination of visual merchandising in the grand emporiums (1846-1900)', *Journal of Sociology*, 39, 353-371.
- Patterson, A. T. *Radical Leicester: A History of Leicester 1780-1850* (Leicester, 1954)
- Perkin, H. *Origins of Modern English Society* (London, 1969, Reprint 1991)
- Peterson, M. J. *The Medical Profession in Mid-Victorian London* (London, 1978)
- A. D. M. Phillips and J. R. Walton, 'The distribution of personal wealth in English towns in the mid-nineteenth century', *Transactions of the Institute of British Geographers*, 64 (1975), 35-48.
- Phillips, D. *The Story of Reading* (Newbury, 1980)
- Pickering, W. S. F. 'The 1851 religious census – a useless experiment?', *British Journal of Sociology*, 18 (1967), 382-407.
- Pickstone, J. V. 'Death, dirt and fever epidemics: rewriting the history of British 'public health', 1780-1850', in T. Ranger and P. Slack (eds.), *Epidemic and Ideas: Essays on the Historical Perception of Pestilence*, (Cambridge, 1992), 125-148.
- Ponsonby, M. *Stories From Home: English Domestic Interiors, 1750-1850* (Aldershot, 2007)
- Pooley, C. G. 'Patterns on the ground: urban form, residential structure and the social construction of space', in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 429-465.
- Pooley M. E. and Pooley, C. G. 'Health, society and environment in Victorian Manchester', in R. Woods and J. Woodward (eds.), *Urban Disease and Mortality in Nineteenth-Century England* (London, 1984), 151-175.
- Poovey, M. 'Speaking of the body: mid-Victorian constructions of female desire', in M. Jacobus, E. F. Keller and S. Shuttleworth (eds), *Body/Politics: Women and the Discourses of Science* (London, 1990), 29-46.
- Pope, D. *The Making of Modern Advertising* (New York, 1983)
- Porter D. and R. *Patients' Progress: Doctors and Doctoring in Eighteenth-century England* (Oxford, 1989)

- Porter, R. 'Before the fringe: quack medicine in Georgian England', *History Today*, 36 (1986), 16-22.
- Porter, R. *Bodies Politic: Disease, Death and Doctors in Britain, 1650-1900* (London, 2001)
- Porter, R. *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London, 1997)
- Porter, R. *Health for Sale: Quackery in England 1650-1850* (Manchester, 1989)
- Porter, R. 'Lay medical knowledge in the eighteenth century: the evidence of the *Gentleman's Magazine*', *Medical History*, 29 (1985), 138-168.
- Porter, R. 'The language of quackery in England, 1660-1800', in P. Burke and R. Porter (eds.), *The Social History of Language* (Cambridge, 1987), 73-103.
- Porter, R. 'The patient's view: doing medical history from below', *Theory and Society*, 14 (1985), 175-198.
- R. Porter, *Quacks: Fakers & Charlatans in Medicine* (Stroud, 2000)
- R. Porter, 'The rise of medical journalism in Britain to 1800', in W. F. Bynum, S. Lock and R. Porter (eds.), *Medical Journals and Medical Knowledge: Historical Essays* (London, 1992), 6-28.
- Porter, R. and D. *In Sickness and in Health: The British Experience 1650-1850* (London, 1988)
- Porter, R. and D. 'The rise of the English industry: the role of Thomas Corbyn', *Medical History*, 33 (1989), 277-295.
- Porter, R. and Rousseau, G. S. *Gout: The Patrician Malady* (London, 1998)
- Purbrick, L. 'The bourgeois body: civic portraiture, public men and the appearance of class power in Manchester, 1838-50', in A. Kidd and D. Nicholls (ed), *Gender, Civic Culture and Consumerism: Middle-class Identity in Britain, 1800-1940* (Manchester, 1999), 81-98.
- Quinlan, M. J. *Victorian Prelude: A History of English Manners 1700-1830* (London, 1965)
- Reeder, D. and Rodger, R. 'Industrialisation and the city economy', in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 553-592.
- Reader, W. J. *Professional Men: The Rise of the Professional Classes in Nineteenth-Century England* (London, 1966)
- Richards, N. D. 'Dentistry in England in the 1840s: the first indications of a movement towards professionalization', *Medical History*, 12 (1968), 137-152.
- Richards, T. *The Commodity Culture of Victorian England: Advertising and Spectacle 1851-1914* (Stanford, Cal. 1990)
- Robinson, E. 'Eighteenth-century commerce and fashion: Matthew Boulton's marketing techniques', *Economic History Review*, 16 (1963), 39-60.
- Rodger, R. 'Slums and suburbs: the persistence of residential apartheid', in P. Waller (ed.), *The English Urban Landscape* (Oxford, 2000), 233-268.

- Rose, M. B. 'The family firm in British business, 1780-1914', in M. W. Kirby and M. B. Rose (eds), *Business Enterprise in Modern Britain: From the Eighteenth to the Twentieth Century* (London, 1994), 61-87.
- Schoenwald, R. L. 'Training urban man', in H. J. Dyos and M. Wolff (eds.), *The Victorian City: Images and Realities*, Vol. 2 (London, 1973), 669-692.
- Scola, R. *Feeding the Victorian City: the Food Supply of Manchester, 1770-1870* (Manchester, 1992)
- Searle, R. *Morality and the Market in Victorian Britain* (Oxford, 1998)
- Sennett, R. *The Fall of Public Man* (London, 2002)
- Shannon, B. 'Refashioning men: fashion, masculinity, and the cultivation of the male consumer in Britain, 1860-1914', *Victorian Studies*, 46 (2004), 597-630.
- Sharpe, P. 'Population and society 1700-1840', in P. Clark (ed.), *The Cambridge Urban History of Britain, Vol. II: 1540-1840* (Cambridge, 2000), 491-528.
- Shaw, G. 'Industrialization, urban growth and the city economy', in R. Lawton (ed.), *The Rise and Fall of Great Cities: Aspects of Urbanization in the Western World* (London, 1989), 55-79.
- Shaw, G. and Wild, M. T. 'Retail patterns in the Victorian city', *Transactions of the Institute of British Geographers*, 4 (1979), 278-291.
- Sheard, S. and Power, H. 'Body and city: medical and urban histories of public health', in S. Sheard and H. Power, *Body and City: Histories of Urban Public Health* (Aldershot, 2000), 1 – 16.
- Showalter, E. and E. 'Victorian women and menstruation', in M. Vicinus (ed.), *Suffer and Be Still: Women in the Victorian Age* (London, 1992), 38-44.
- Shuttleworth, S. 'Female circulation: medical discourse and popular advertising in the mid-Victorian era', in M. Jacobus, E. F. Keller and S. Shuttleworth (eds), *Body/Politics: Women and the Discourses of Science* (London, 1990), 47-68.
- Sigsworth M. and Worboys, M. 'The public's view of public health in mid-Victorian Britain', *Urban History*, 21 (1994), 237-250.
- Sigsworth E. M. and Wyke, T. J. 'A Study of Victorian Prostitution and Venereal Disease', in M. Vicinus, *Suffer and Be Still: Women in the Victorian Age* (London, 1972), 77-99.
- Simmel, G. 'Adornment' translated by K. H. Wolff, in D. Frisby and M. Featherstone (eds), *Simmel on Culture: Selected Writings* (London, 1997), 206-211.
- Simmel, G. 'Fashion', *American Journal of Sociology*, (62) (1957), 541-558.
- Simmel, G. 'The metropolis and mental life', in K. Wolff (trans.) *The Sociology of Georg Simmel*. (New York. 1950), 409-424.
- Simmons, J. *Leicester Past and Present, Volume Two: Modern City 1860-1974* (London, 1974)
- Smith, F. B. *The People's Health 1830-1910* (London, 1979)
- Smith, V. 'Physical puritanism and sanitary science: material and immaterial beliefs in popular physiology, 1650-1840', in W. F. Bynum and R. Porter (eds.), *Medical Fringe & Medical Orthodoxy 1750-1850* (London, 1987), 174-197.

- Stanley, P. *For Fear of Pain: British Surgery, 1790-1850* (New York, 2003)
- Stobart J. and Hann, A. 'Retailing revolution in the eighteenth century? Evidence from north-west England', *Business History*, 46 (2004), 171-194.
- Styles, J. 'Product innovation in early modern London', *Past and Present*, 168 (2000), 124-69.
- Sweet, M. *Inventing the Victorians* (London, 2001)
- Synnott, A. 'Truth and goodness, mirrors and masks part II: a sociology of beauty and the face', *British Journal of Sociology*, 41 (1990), 55-76.
- Szreter, S. 'The importance of social intervention in Britain's mortality decline c. 1850-1914: a re-interpretation of the role of public health', *Social History of Medicine*, 1 (1988), 1-37.
- Taylor, I. C. 'The insanitary housing question and tenement dwellings in nineteenth-century Liverpool', in A. Sutcliffe (ed.), *Multi-Storey Living: The British Working-Class Experience* (London, 1974), 41-87.
- Thomas, S. J. 'Nostrum advertising and the image of woman as invalid in late Victorian America', *Journal of American Culture*, 5 (1982), 104-12.
- Thompson, F. M. L. *The Rise of Respectable Society: A Social History of Victorian Britain, 1830-1900* (London, 1988)
- Thompson, F. M. L. 'Town and city', in F. M. L. Thompson (ed.), *The Cambridge Social History of Britain 1750-1950, Vol. 1: Regions and Communities* (Cambridge, 1990), 1-86.
- Tosh, J. *A Man's Place: Masculinity and the Middle-Class Home in Victorian England* (London, 1999)
- Trainor, R. 'The middle class' in M. Daunton (ed), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 673-713.
- Tranter, N. L. *Population since the Industrial Revolution: The Case of England and Wales* (London, 1973)
- Turner, E. S. *The Shocking History of Advertising* (Middlesex, 1952)
- Vaughan, P. 'Secret remedies' in the late nineteenth and early twentieth centuries', in M. Saks (ed.), *Alternative Medicine in Britain* (Oxford, 1992), 101-111.
- Vestergaard T. and Schrøder, K. *The Language of Advertising* (Oxford, 1985)
- Vigarello, G. (trans. Birrel, J.) *Concepts of Cleanliness: Changing Attitudes in France since the Middle Ages* (Cambridge, 1988)
- Voth, H. 'Living standards and the urban environment', in R. Floud and P. Johnson (eds.), *The Cambridge Economic History of Modern Britain, Vol. I: Industrialisation, 1700-1860* (Cambridge, 2004), 268-294.
- Wadsworth, A. P. 'Newspaper circulations, 1800-1954', *Transactions of the Manchester Statistical Society* (1954/55), 1-40.
- Walden, K. 'The road to fat city: an interpretation of the development of weight consciousness in western society', *Historical Reflections*, 12 (1985), 331-373.

- Wales, D. 'Equally safe for both sexes; a gender analysis of medical advertisements in English newspapers, 1690-1750', *Vesalius*, 11 (2005), 26-32.
- Walker, R. B. 'Advertising in London newspapers 1650-1750', *Business History*, 15 (1973), 112-30.
- Walsh, C. 'The advertising and marketing of consumer goods in eighteenth century London', in C. Wischermann and E. Shore (eds), *Advertising and the European City: Historical Perspectives* (Aldershot, 2000), 79-96.
- Walton, J. K. 'Towns and consumerism' in M. Daunton (ed.), *The Cambridge Urban History of Britain, Vol. III: 1840-1950* (Cambridge, 2000), 715-744.
- Walton J. K. and Wilcox, A. (eds) *Low Life and Moral Improvement in Mid-Victorian England: Liverpool Through the Journalism of Hugh Shimmin* (Leicester, 1991)
- Ward, S. V. *Selling Places: The Marketing and Promotion of Towns and Cities 1850-2000* (London, 1998)
- Weiner, M. J. *English Culture and the Decline of the Industrial Spirit, 1850-1980* (Cambridge, 2004)
- Welshman, J. 'The concept of the unemployable', *Economic History Review*, 59 (2006), 578-606.
- Whittington-Egan, R. *Liverpool Colonnade* (Liverpool, 1955)
- Williams, N. *Powder and Paint: A History of the Englishwoman's Toilet. Elizabeth I-Elizabeth II* (London, 1957)
- Wilson, A. "'The Florence of the North'? The civic culture of Liverpool in the early nineteenth century', in A. Kidd and D. Nicholls (eds.), *Gender, Civic Culture and Consumerism: Middle-class Identity in Britain 1800-1940* (Manchester, 1999), 34-46.
- Wilson, E. *Adorned in Dreams: Fashion and Modernity* (London, 1985)
- Winstanley, M. 'Concentration and competition in the retail sector c.1800-1990', in M. W. Kirby and M. B. Rose (eds), *Business Enterprise in Modern Britain: From the Eighteenth to the Twentieth Century* (London, 1994), 236-262.
- Winstanley, M. *The Shopkeeper's World 1830-1914* (Manchester, 1983)
- Winstanley, M. 'Temples of commerce: revolutions in shopping and banking', in P. Waller (ed.), *The English Urban Landscape* (Oxford, 2000), 151-74.
- Wischermann, C. 'Placing advertising in the modern cultural history of the city', in C. Wischermann and E. Shore (eds), *Advertising and the European City: Historical Perspectives* (Aldershot, 2000), 1-31.
- Wohl, A. S. *Endangered Lives: Public Health in Victorian Britain* (London, 1983)
- Wohl, A. S. *The Eternal Slum: Housing and Social Policy in Victorian London* (London, 1977)
- Wohl, A. S. 'Unfit for human habitation', in H. J. Dyos and M. Wolff (eds.), *The Victorian City: Images and Realities*, Vol. 2 (London, 1973), 603-624.
- Wolff, J. 'The culture of separate spheres: the role of culture in nineteenth-century public and private life', in Janet Wolff, and John Seed (eds.), *The Culture of*

Capital: Art, Power and the Nineteenth-century Middle Class (Manchester, 1988), 117-134.

Woods, R. and Shelton, N. *An Atlas of Victorian Mortality* (Liverpool, 1997)

Woodward, J. 'Medicine and the city: the nineteenth-century experience', in R. Woods and J. Woodward (eds), *Urban Disease and Mortality in Nineteenth-Century England* (London, 1984), 65-78.

Wykes, A. *Reading: A Biography* (London, 1970)

Yeo, S. *Religion and Voluntary Organisations in Crisis* (London, 1976)

Young, A. M. *Antique Medicine Chests: or Glyster, Blister & Purge* (London, 1994)

Young, J. H. 'Patent medicines: an early example of competitive marketing', *Journal of Economic History*, 20 (1960), 648-656.

Young, L. *Middle-Class Culture in the Nineteenth Century: America, Australia and Britain* (Basingstoke, 2003)

Theses

Berridge, V. 'Popular journalism and working class attitudes 1854-1886: a study of *Reynolds'* newspaper, *Lloyd's* weekly newspaper and the *Weekly Times'* (Unpublished PhD thesis, University of London, Birkbeck College, 1976)

Davies, T. 'Survival strategies: the body, the patient and the druggist' (Unpublished MA dissertation, University of Leicester, 2004)

Looney, J. J. 'Advertising and society in England, 1720-1820: a statistical analysis of Yorkshire newspaper advertisements (Unpublished PhD thesis, Princeton University, 1983)

Biographies

Aronson, T. 'Langtry, Lillie (1853-1929)', *Oxford Dictionary of National Biography*.

Corley, T. A. B. 'Joshua Ward (1684/5-1761)', *Oxford Dictionary of National Biography*

Corley, T. A. B. 'Samuel Solomon (1768/9-1819)', *Oxford Dictionary of National Biography*.

English, M. P. 'Edwin Lankester (1814-1874)', *Oxford Dictionary of National Biography*.

Porter, R. 'Dr James Graham (1745-1794)', *Oxford Dictionary of National Biography*.

Porter, R. 'John Taylor (1703-1772)', *Oxford Dictionary of National Biography*.

Samuel, E. 'William Brodum (1767-1824)', *Oxford Dictionary of National Biography*.

Taylor, R. 'Roger Fenton (1819-1869)', *Oxford Dictionary of National Biography*