The Secret Trade
Booksellers, advertisement and sexually transmitted diseases in eighteenth-century London

Master Thesis
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Abstract

Abstract in Swedish

I den här uppsatsen undersöks förhållandet mellan bokhandlare, medicin mot könsjukdomar och reklam i 1700-talets London. Analysen baseras på handelskort, tryck och reklam i tidningar och tidskrifter. Resultatet av undersökningen visar att bokhandlare var en aktiv del av den medicinska marknaden och kom att påverka försäljningen av patenterad medicine i både huvudstaden och i andra delar av England under 1700-talet. Studien visar därmed att bokhandlare hade en mycket viktigare roll i den engelska medicinska marknaden än vad tidigare forskning har visat. Sex och könssjukdomar förekom regelbundet i reklamen från London och demonstrerar att både sex och könssjukdomar var en del av vardagen i 1700-talets London.
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Chapter 1

Introduction

At the end of the eighteenth century, in 1797, Lewis Meryon, an established bookseller in Glasgow, made a pamphlet called *A Bookseller and Stationer’s Shop Bill*. The pamphlet, a total of eight pages, listed all products that could be bought from a bookseller, told from Meryon’s perspective. In the last paragraph of the pamphlet, Meryon wrote:

Have you need of physick’s aid? Physick too is Meryon’s trade! Witness all the grand elixirs. Advertis’d from week to week, Sirs: Daffy’s cordial, warm and spicey, Sold in Bow church-yard by Dicey! Bateman’s drops to cure your ills, Hooper’s, Scots and stomach pills. Water-dock, the blood to stir up, And, of course, your spirits cheer up, Drops by Radcliffe, Smyth, and Stoughton, Lowther, Spilsbury, and Norton; James’s powder’s strong or mild; Godfrey’s cordial for a child, Or the mixture made by Dalby, Or the true magnesia alba; Frier’s balsom, good for bruises, Jackson’s, for domestic uses; Corn-salve both from Bett and Lord, Pills, and Drops, from Doctor Ward; Sweating-powders, paste for piles, And the famous British oils; Greenough’s tincture, black and red; Snuff cephalic for the head; The best of Opodeldoc’s here, From pains to keep the body clear: Lozenges of Tolu I sell, Your cough to cure and make you well, Herb-tobacco, balm of honey, Each for very little money; Worm-cakes, issue peas and plasters,— Cures, in short, for all disasters!

From this single account, booksellers’ extensive trade of medicine becomes apparent. By the time Meryon wrote his pamphlet, proprietary medicines had become the object of stamp duty in the British fiscal and legal system, though the stamp duty on proprietary medicines, first introduced to finance the national debt after the American War, did not amass an especially

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3 Stamp duty was in the eighteenth century tax put on single commodities or document. The commodity or document got a label, a ‘stamp’, that was put on the product.

large sum of money when it was introduced. It would take almost thirty years before the stamp duty generated the money that was expected from proprietary medicines. The cause for this was not a lack of consumption of proprietary medicines but that the Medicines Act regulating the stamp duty was confusing and imprecise. In 1941, after 150 years, this tax on proprietary medicines was abolished. It was, in other words, a longstanding taxation of medicine that for over a century impacted who bought and sold proprietary medicines.

That Meryon was still selling proprietary medicines after the stamp duty was introduced shows that proprietary medicines was a commodity generating a substantial amount of money. At the end of the eighteenth century, the stamp duty on prints in Britain was also increasing, turning advertisement itself into a commodity. Advertising proprietary medicines became more expensive, while the medicines themselves became more expensive, but Meryon was still, together with other booksellers, selling proprietary medicines. This in itself may tell us the economic value of proprietary medicines in the English medical marketplace.

Just like Meryon, and other Scottish booksellers, booksellers in other European cities were also entering the trade of medicine. Research has shown that selling medicine was the most common non-book trade pursued by members of the book trade in eighteenth-century London. The amount of booksellers selling medicine increased during the century and at the end of the century, members of the book trade dominated the medical market.

Eighteenth-century London was a city and a time of secrets, diseases and sexual desires. The English capital 'tainted all it touched, sucking in the healthy from the countryside and, as the Bills of Mortality proved, devouring far more than it bred.' The capital shaped the whole nation and welcomed new people into the urban society. It is in this city, and in this time, that booksellers came to rise to the top of the trade of medicine, which had previously been

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inaccessible to them. The medical economy ‘was in flux, inviting a myriad of different healers into the (medical) marketplace.’\textsuperscript{14} In that economy, booksellers entered the medical marketplace as both competitors and as an addition to those who were already active within the marketplace.

Eighteenth-century London newspapers and periodicals can be seen as a mirror of daily life in the capital.\textsuperscript{15} Advertisements for medicines from the eighteenth century let us know that there was a large market for medicines.\textsuperscript{16} Especially medicine for sexually transmitted diseases. This mirrors the high numbers of infected in the capital. To tackle what is now considered an epidemic of the eighteenth century,\textsuperscript{17} booksellers, among other traders of medicine, started selling and distributing medicines for sexually transmitted diseases.

**Overall Research Aim**

This thesis has a dual aim. Firstly, the aim of the research is to give new insights into the trade of medicine in eighteenth-century London and in doing so expand the current understanding of the English medical marketplace. The interactions between consumers and traders, but also the interaction between advertiser and potential customers, will be highlighted and reinvestigated through the perspective of booksellers selling medicine for sexually transmitted diseases.

Secondly, the aim is to uncover attitudes toward sex and sexually transmitted diseases in eighteenth-century England. The trade of medicine for sexually transmitted diseases may, I argue, shed a new light on how sex and sexually transmitted diseases were perceived. Medicine said to cure sexually transmitted diseases allows us to trace the social life of medicine and to understand how people suffering from a sexually transmitted disease in the eighteenth century acted in regards to their disease.


\textsuperscript{15} Mackintosh (2018), pp. 170–171.


Booksellers here becomes not only the object of study but also the magnifying glass through which we can study people suffering from sexually transmitted diseases in the eighteenth century. The marketing of medicine for sexually transmitted diseases, created and distributed by booksellers, will be used to illuminate the exclusion and inclusion of people suffering from sexually transmitted diseases.

I will return to the research aim and articulate my research questions later on in the introduction.

Definitions

A few words and concepts that will be used in this thesis needs to be clarified. The following definitions are the ones that will be used. Previous researchers may have used the words and concepts differently but they will in this study be limited to my definitions. If another definition of a specific word is being used in the study, it will be stated in the text.

Traders, Medical Practitioners & Quacks

*Traders of medicine* will be used as a collective name for professionals dealing with the trade of medicine. Booksellers selling medicine are traders in the sense that they trade medicine for money. Other professions, such as coffee house owners, printers, goldsmiths, jewelers, engravers, and upholsterers, will also be called traders of medicine if they keep a stock of, and sell, medicine. Traders of medicine are thus not the maker of the medicine but the channel through which the medicine is being sold.

*Medical practitioners* are professionals that have a career focusing on medicine. In this group, physicians, surgeons, apothecaries, and midwives, are included. Medical practitioners were known to treat sexually transmitted diseases in the eighteenth century and will therefore be included in the study.

*Quacks* is the third group of professionals that will be studied in this thesis. In short, quacks are today often defined as untrained, uneducated, medical practitioners, but the understanding of what a quack is, and what it historically was, has varied over time. Eighteenth-

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century booksellers are often in resent research, through the trade of medicine, called quack vendors, but were, according to the definition mentioned above, not quacks in a strict way. But eighteenth-century quacks are also seen by modern scholars as a ’particular genre of medical operator – those who cried up their goods in the market, (…), those who pasted bills upon walls, who puffed their wares in newspapers, who circuited the nation, who mass-marketed cure-alls and catholicons.’ Although this short description is regularly used to describe quacks today, both in its contemporary and historical form, in eighteenth-century London, quack was a label that could be applied even more widely. Quacks could, in the eighteenth century, be described as someone dealing with medicine in a more general way, but without acting as an uneducated medical practitioner.

The reaction to quacks in the eighteenth century was one of restrained criticism and no medical practitioner or trader of medicine wanted to be labeled, or labeled themselves, as quacks. Most criticism toward quacks came from medical practitioners, who saw quacks as both competition and charlatans. In the eighteenth century, the word quack was subjective and malleable. In a publication from the eighteenth century, the difference between physicians and quacks was described as; ’A physician you only pay for advice, not for a cure; to the Quack, you pay for a cure, and not for advice.’ The same source also highlights that quacks were medical practitioners that had bought their diploma, instead of gaining it through education. With this explanation, quacks could be seen both as un-educated medical practitioners but also as someone selling cures, though most of the time the selling of cures also included producing the cures. This puts eighteenth-century booksellers in a gray area between regular traders, acting as retailers, and quacks. A discussion of what a quack really was, and if booksellers could be labeled quacks in the eighteenth century, will take place throughout the thesis.

The analysis of quacks will be based on source material from eighteenth-century London and will thus not be dependent on the modern understanding of quacks.

Sexually Transmitted Diseases & the Secret Disease

There is a cluster of names that were used for sexually transmitted diseases during the eighteenth century. Some of the names that will be used, and studied, in this thesis include: the *secret disease*, the *French disease*, the *foul disease*, *venereal disease*, the *French pox*, and the *pox*. All of the names mentioned related to syphilis, but they were also used in a broader sense, indicating more than one sexually transmitted disease.\(^{27}\) Though syphilis is a sexually transmitted disease it should be noted that children could get syphilis from their mothers or wet-nurses.\(^{28}\) The disease was thereby not exclusively sexually transmitted. The disease was nevertheless indicating that some sort of sexual relationship had occurred either prior to or following the birth of the child.

'The pox' could, besides a sexually transmitted disease, indicate that the sick had another disease characterized by ulcers and blisters, such as smallpox, but 'the Pox' was a name commonly used to describe syphilis.

The name 'Secret Disease' should not be confused with secret remedies, which sometimes during the eighteenth century was the name for proprietary (patent) medicines.\(^{29}\) We will see that throughout the eighteenth century, the word 'secret' was constantly used when describing both the disease and the treatment of syphilis.

Proprietary & Patent Medicines

In the eighteenth century the state, the proprietors and traders of medicine, used the term *patent medicine* for what we today would call *proprietary medicines*. Patent medicine was, contrary to old wives’ tale remedies, pre-mixed medicine that did not require any further preparations before it was consumed and they were said to cure a variety of different diseases.\(^{30}\) The


\(^{29}\) Eamon (2003), p. 127.

sick could consume the medicine as it was, the same way drugstore medicine can be consumed today. The name itself indicates that the medicine had a patentor. It was only possible to get a patent for a medicine from the monarch.31 Not all the medicine branded ’patent medicine’ in the eighteenth century had a patent, but the label was used when advertising medicine, making the medicine more reliable and attractive to potential consumers.32 At the end of the century stamps were put on all containers of patent medicine and the stamps came to replace patents in terms of official recognition by the state.33

When discussing patent medicines in this study, I will primarily use the term proprietary medicines. It is more commonly used in research about eighteenth-century medicine, though the term was not used during the eighteenth century. The name patent medicine may still occur in the study when referring to the source material. Other medicines said to cure sexually transmitted diseases that were not patented will also be discussed in the study but proprietary medicines is the primary focus.

Theoretical Framework

The theoretical framework of this study is built on the concept of space in relation to the medical marketplace, the medicalization of sex, and theories of gender and social exclusion.

For the trade of medicine to take place in eighteenth-century London, and allowing booksellers to participate in it, traders and consumers had to concern themselves with the concept of space. Theoretically, the space signals not only the urban landscape where the booksellers had their shops but also the structure of the market, a new pharmaceutical space.34 Booksellers took up space in what scholars today call the medical marketplace. The medical marketplace was not a physical place but a set of conditions, practices, and changes that developed the trade and consumption of medicine throughout the eighteenth century.35

Within the medical marketplace, and the physical shops of the booksellers, interactions between people created the conditions for the sale of medicine for sexually transmitted disea-
ses. These conditions were influenced by attitudes toward sex, disease and consumption. In this study, social exclusion and medicalization, can therefore be seen as consequences of attitudes toward sex and sexually transmitted diseases but should not be limited to this understanding.

The Medical Marketplace

There is no generally accepted definition among scholars of what the early modern medical marketplace was, though the consensus is that the medical marketplace is a modern analytical concept and not a concept people of the eighteenth century used or would understand in its modern context. The medical marketplace was a somewhat illusionary and invisible space for booksellers and other traders to occupy in the eighteenth century and it became visible first in interactions between people operating within that space. This indecisiveness in defining the medical marketplace turns the task of concretizing it into a theoretical patchwork.

The word marketplace implies that the medical marketplace was part of an economy, in this instance the healthcare economy of eighteenth-century England. Applying it to the sale of medicine for sexually transmitted diseases also interlinks the medical marketplace with what Roy Porter labels the sexual economy of that time. The economic aspect of the English medical marketplace set the conditions for the trade of medicine in England. These conditions were, according to literary scholar Jeroen Salman, characterized by a poorly regulated market compared to its European counterparts, which created a ‘free market defined by plurality, diversity, choice and competition.’ This allowed for healthcare professionals and common traders, such as booksellers, to turn patients into consumers.

The eighteenth-century growth of the medical marketplace would thereby not have been possible without the consumer revolution of the eighteenth century. It is not unreasonable to connect the consumer revolution to the creation of the medical marketplace, a market closely

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38 Porter (1989,) p. 146.
40 Helm (2018), p. 64.
connected to the target of the consumer revolution – consumption. With the consumer revolution, Neil McKendrick argues that we can see the first indications of a modern capitalist society and the revolution is believed to have begun in London,\textsuperscript{42} the physical space of this study.

London was associated not only with the urban medical marketplace but also with the rural and the European medical marketplace. There is evidence to suggest that apothecaries and suppliers in London sold proprietary medicines to vendors and consumers both in the countryside and in other European cities.\textsuperscript{43} London was also part of a larger colonial trade. In the eighteenth century, London had nineteen provincial quays and a large part of the English economy was built on trade with provincial ports overseas.\textsuperscript{44} The lack of regulation of the English medical marketplace, the increase of commercialization, and the colonial trade, may have contributed to the trade of proprietary medicines originating in London.

Proprietary medicines inhabited its own space in the medical marketplace. Some scholars go to the extent of calling the trade of proprietary medicines the real medical marketplace.\textsuperscript{45} Proprietary medicines was the link between tradesmen, healthcare professionals and consumers. Historian David Peter Helm states that proprietary medicines have commonly been described as the poor man’s alternative to healthcare, but Helm argues that that notion has been challenged by recent research.\textsuperscript{46} What characterized eighteenth-century proprietary medicines was its accessibility. It was easy to get the medicine through traders such as booksellers and it was cheaper than going to an apothecary.\textsuperscript{47} Proprietary medicines were also said to cure a large number of different diseases, including sexually transmitted diseases, which accounted for its popularity. Throughout the eighteenth century, proprietary medicines would, according to Salman, become the first resort for the sick and a crucial source of income for traders of medicine as well as medical practitioners.\textsuperscript{48}

Both Salman and literary historian Barbara M. Benedict indicates that advertisement was a vital part of the marketing and selling of proprietary medicines.\textsuperscript{49} Besides advertisement, the printed marketplace contributed to the medical marketplace with a variety of different medical

\textsuperscript{42} McKendrick (1982), pp. 21–22.
\textsuperscript{44} Porter (1995), pp. 135–136.
\textsuperscript{45} Helm (2018), p. 78.
\textsuperscript{46} Helm (2018), p. 80.
\textsuperscript{47} Salman (2022), p. 6.
\textsuperscript{48} Salman (2022), p. 6.
prints. This included satire depicting medicine.\textsuperscript{50} Literary historian Noelle Gallagher has shown that in eighteenth-century England, satire, together with political campaigns, was also used as a medium through which sexually transmitted diseases could be portrayed and discussed.\textsuperscript{51} Publicizing sexually transmitted diseases through print opened up the possibility for traders to advertise and sell medicine for sexually transmitted diseases. Through the world of print, medicine for sexually transmitted diseases successfully entered the market of proprietary medicines, which in its whole was a substantial part of the medical marketplace.

Medical fashions (i.e. what was sought after in the medical market in terms of treatments) was also a driving force in the sale of proprietary medicines. To know the medical fashions was to succeed in the marketplace. Historian William Eamon argues that in the eighteenth century, medical fashions changed according to the fashions of other consumer goods.\textsuperscript{52} What was wanted in the general market was also wanted in the medical marketplace. Societal issues were another factor that influenced the medical fashions. Sexually transmitted diseases were among these issues and were considered 'incurable'. Those infected with 'the French pox' were not only many in number but also desperately looking for a cure.\textsuperscript{53} According to historian Alun Withey, common traders were, in other words, selling medicine for sexually transmitted diseases as a response to circumstance.\textsuperscript{54}

Social Exclusion, Gender & the Medicalization of Sex

What many scholars tend to forget is that the medical marketplace was not only a market but a social space in a wider urban society. The eighteenth-century society took place simultaneously outside and within the medical marketplace. Barbara M. Benedict notes that class, status and gender played a major role in the medical marketplace, but that both concepts were shaped differently in the marketplace than they were in the rest of society.\textsuperscript{55} Booksellers selling medicine were, for an instance, not belonging to a set class and they did not limit their services to a specific class. They were also operating in a somewhat gray area between physicians and quacks, which made their status ever-changing, especially in the interaction with

\textsuperscript{50} M. Benedict (2018), p. 413.
\textsuperscript{51} Gallagher (2018), pp. 76–92.
\textsuperscript{52} Eamon (2003), p. 124.
\textsuperscript{53} Eamon (2003), pp. 126–127.
customers buying medicine. Disease, and the impact it had on the sufferer’s reasoning, made the customer depend on the bookseller in a way they would not if they did not have the disease they sought to cure.\textsuperscript{56}

It was not only the consumers and traders that had a social and cultural life but the medicines themselves.\textsuperscript{57} The medical marketplace was shaped by social interactions and social practices involving the consumers and traders, as well as the medicine. Therefore, every single compartment of the medical marketplace was the object of social scrutiny and social control. In this study social exclusion, the act of removing people from society, becomes a form of, and detaches itself from, social control.

Often, social exclusion is associated with poverty but that association may limit the understanding and use of the concept.\textsuperscript{58} Social exclusion can be based on poor living and not a poor income. Economist Amartya Sen states that we have to ’look at impoverished lives, and not just at depleted wallets.’\textsuperscript{59} To not be able to appear in public without shame is equal to an impoverished life, but not necessarily to a life in poverty.\textsuperscript{60} During the eighteenth century, examples of social exclusion were: being kept out of markets, being kept out of education, being kept out of social interactions, and not being part of the community.\textsuperscript{61} To not be able to mix with others was seen as social exclusion, which did not only limit social contact but also economic opportunities.\textsuperscript{62} This can be linked to people suffering from sexually transmitted diseases, who were to some extent subject to social exclusion because of their diseases.

With social exclusion, it is also necessary to mention its opposite – social inclusion. A direct act of social inclusion in the eighteenth century can be traced in what historian Kevin P. Siena has explained was the women entering the medical marketplace as professionals.\textsuperscript{63} With a poorly regulated market, women were able to compete with their male counterparts in the medical marketplace, though restricted, and Siena has found that curing sexually transmitted

\begin{thebibliography}{2}
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\bibitem{Sen2} Sen (2000), p. 3.
\bibitem{Siena} P. Siena (2001), p. 218.
\end{thebibliography}
diseases was of major importance to their success. Whether the inclusion of women in the medical marketplace was a deliberate act or not it provided an opening for women to practice medicine. Part of the study will thereby focus on women and gender in the English medical marketplace.

In eighteenth-century England, excluding people suffering from sexually transmitted diseases was partially possible through the medicalization of sex, and the medicalization of sex was in itself possible by connecting sex with disease. Sex, or rather the wrong kind of sex (adultery, prostitution, etc.), was the means through which disease spread. Medicalization can therefore in this instance be linked to social control. By turning a formerly non-medicalized phenomenon into an illness, regardless if it would cause an illness or not, was to control the people adherent to the non-medicalized phenomenon. Because of its medicalization, sex could be used to amass influence and power within the medical marketplace. This would come to affect those selling medicine for sexually transmitted diseases and the consumers they targeted. To study the trade of medicine for sexually transmitted diseases is thus partially the study of attitudes toward, and the control of, sex.

Previous Research

There is little research that has connected booksellers with the trade of medicine for sexually transmitted diseases, though the relationship has been acknowledge in previous research. Generally, booksellers selling medicine has generated the attention of few researchers, but has not fully been neglected. Though the research is scarce, it exists. Concerning booksellers dealing specifically with medicine for sexually transmitted diseases the research is almost non-existent but exists in fragments.

Consumption and advertisement in the eighteenth century has been widely researched. Neil McKendrick, John Brewer and J.H. Plumb’s The Birth of a Consumer Society: The Commercialization of Eighteenth-century England revolutionized the understanding of the commercialization of the eighteenth century and has influenced the work of many other scholars. Eighte-
enth-century London as a city steeped in consumption is a reappearing topic among historians, though booksellers are usually not the go-to object of study. Overall, research dealing with consumption in the eighteenth century is more commonly interested in consumption as a whole, and not with specific groups of traders or a set type of wares. This applies to the trade of medicine as well. Studies of specific traders and a set type of wares have occurred but are often focusing solely on the the traders and wares within their historical context, with little interest in general patterns of consumption.

Sex and sexually transmitted diseases (more precisely syphilis) are, perhaps not surprisingly, the areas of this study that have garnered the most attention, making sex and sexually transmitted diseases the most researched topics within this thesis. One of the most influential researchers within this area is Roy Porter. Porter’s *Health for Sale: Quackery in England 1660–1850* deals not only with sexually transmitted diseases but also with the medicines sold to cure the diseases. Other noteworthy works by Porter are *English Society in the 18th Century* and *Disease, Medicine and Society in England, 1550–1860*. The connection between booksellers and the treatment of sexually transmitted diseases will act as a new addition to the research that has already been done on sex and sexually transmitted diseases in the eighteenth century.

### Booksellers & Medicine

Researchers have, in passing, acknowledged eighteenth-century booksellers selling medicine. In 1998, the anthropology *Medicine, Morality and the Book Trade* was published, in which scholars investigated the relationship between the book trade and medicine. Only Peter Isaac dedicates part of his chapter in the anthology to eighteenth-century booksellers selling medicine. The rest of the anthology links the book trade with other medical areas but not to pills and cures. Isaac establishes that the trade of medicine was the most common non-book trade pursued by members of the book trade in eighteenth-century London.\(^\text{68}\) Many of the proprietors of proprietary medicines in England during that time were based in London and it was also where the sale of the medicines originated.\(^\text{69}\) London thus seems to be a central place for the trade of over-the-counter medicine in eighteenth-century England. Booksellers, operating within the city, were close to the production of proprietary medicines and may have proved an

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\(^{68}\) Isaac (1998), p. 25.

easy and accessible distributor of proprietary medicines based on their geographical location alone.

Jeroen Salman has studied the market of print’s connection to the medical marketplace in the early modern Dutch republic. He investigates not only booksellers as traders of medicine but also the role booksellers played in the advertisement of medicine. The network of booksellers in eighteenth-century Amsterdam was extensive and booksellers proved a reliable source for medical proprietors when they distributed and advertised their medicine to customers. Similarly, Alun Withey has established that the print culture, or rather the lack of one, was the reason for a languid trade of medicine in Wales. William Eamon likewise draws parallels between proprietary medicines and medical texts sold by booksellers in eighteenth-century Venice. To say that booksellers, and the world of print, created a European pattern of medical commerce in the eighteenth century is to jump to conclusions, but we can see from previous research that there were similarities in the ways booksellers incorporated the trade of medicine into their regular trade in different European countries, and most importantly in several urban societies across the continent.

In *The Patent Medicines Industry In Georgian England*, an overview of proprietary medicines in Georgian England, historian Alan Mackintosh illustrates that booksellers were most active within the trade of medicine during the eighteenth century. In later centuries, booksellers’ involvement in the trade of medicine would be reduced and eventually disappear. Mackintosh focuses his research on proprietary medicines in Georgian England and is with that naturally inclined to mention booksellers’ part in the industry. He states that booksellers sold medicine ‘in a fairly random fashion.’ Mackintosh’s view of the booksellers have not been challenged, though it should have been. I argue that the trade of medicine for sexually transmitted diseases may show not only that the booksellers acted in response to circumstance but that they were highly influenced by the eighteenth century’s demand for specific medical treatments. According to historian William Eamon, medical fashions ‘are always ahead of their times, but never too far.’ Booksellers would have been selling medicine on the basis of me-

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71 Salman (2022), pp. 1–10.
76 Eamon (2003), p. 128.
dical fashions, if we take into consideration that the popularity of proprietary medicines grew considerably in the eighteenth century and many of them were said to cure symptoms of sexually transmitted diseases. This would have made the act of selling proprietary medicines conscious rather than randomized.

Other scholars have also mentioned eighteenth-century booksellers’ relationship to proprietary medicines but few have investigated the relationship further than stating that the relationship existed. Kevin P. Siena, who I will return to later, explains that London bookshops were anonymous medical spaces for people suffering from syphilis. The shops worked as a way for sufferers to obtain medicine without being recognized. Olivia Weisser draws the same conclusion as Siena and highlights that secrecy was key in buying medicine for sexually transmitted diseases in both the seventeenth and eighteenth century. Those who sought treatment from physicians likewise mostly did so in secret. Booksellers’ part in the trade of medicine for sexually transmitted diseases and their secret position in the market have thus been commented upon but not fully explored in previous research.

The question is to what extent the booksellers played into the customers’ anonymity and by doing that made the act of buying medicine for sexually transmitted diseases a secret? It has been left undisputed by scholars that buying medicine for sexually transmitted diseases was both secret and shameful. But the nature of the secrecy connected to the consumption of these remedies has not been examined. Perhaps the modern understanding of secrecy should not be applied to eighteenth-century secrets, the same way modern feelings should not be translated into its historical counterparts. What is deemed 'secret' in the trade of medicine for sexually transmitted diseases needs to be re-visited and looked at not as something secret today but as a something secret in the eighteenth century.

Mentioning booksellers and the trade of medicine in the eighteenth century in relation to secrecy can hardly be done without quacks and quackery. The most substantial research on the topic has been done by Roy Porter and his Health for Sale – Quackery in England 1660–1850 is often referenced by other scholars. Lisa Forman Cody has referenced Porter in her study of quack advertisement in Great Britain in the eighteenth century. In her study, she concludes

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that the view on quackery was that the sufferer ’lost all his private person to the quack.’ In the secrecy of buying medicine from a quack, the sufferer surrendered his own secret to the quack, or in some cases the quack vendor. Though this can be applied to booksellers selling medicine, booksellers should not be confused with the quacks Forman Cody writes about. The quacks she mentions in her study did not have their own shops and usually only occupied a single table in a coffeehouse. The confusion surrounding what was considered quackery, and what likewise was not considered quackery, makes it hard to study booksellers as quacks, but it is possible to call their act of selling proprietary medicines quackery. This may open up the possibility that there was a difference between quacks and quackery in the eighteenth century, or at least that there were advantages in dealing with quackery without being labeled a quack, which would have made it possible for booksellers to dissociate themselves from quacks while openly partaking in quackery.

Advertisement & Consumption

Scholars have talked about the eighteenth century’s financial revolution, economic revolution, and consumer revolution. The financial and the economic revolution will not get any more recognition in this study than this mention of them but they are important in their connection to the consumer revolution. Most famous for conceptualizing the consumer revolution of the eighteenth century is Neil McKendrick in *The Birth of a Consumer Society*. The consumer revolution was a revolution that elevated the trade of consumer goods, while simultaneously reinventing what could be consumed. McKendrick marks the consumer revolution as ’one of the great discontinuities in history.’ It included all commercialized goods and set in motion not only the consumption of goods but also the advertisement of them.

As previously mentioned, Jeroen Salman have studied advertisement in the early modern Dutch republic. He argues that traders of medicine needed to use cheap communication, such as advertisements in newspapers, to get a foot in the highly competitive medical marketplace.

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Commercial acts of medicine, such as advertising remedies, was seen as a consequence of that and quickly became viewed as the quack’s way of publicizing his goods. According to David Peter Helm, the act of advertising medicine was viewed similarly in London during that time. Advertisement, just like quacks, came to symbolize unprofessionalism, which must have impacted booksellers advertising medicine.

While discussing unprofessionalism in the eighteenth century, gender quickly becomes a topic of conversation. Barbara M. Benedict states that a ‘good woman healer’ during the eighteenth century was one who did not compete with men within her profession. Women sometimes advertised as ‘the delicate alternative to their male relatives.’ Advertisement pointed the customer in the direction of a woman only if the other alternative – going to a man – was not possible. Often, the services of women were advertised to other women that were in the need of privacy in order to solve their issues. From this notion of privacy, closely related to the secrecy of the female body, I argue that the relationship between advertisement made by women and women suffering from sexually transmitted diseases becomes apparent. One way for women to sell, administer and practice medicine in the eighteenth century was through diseases that affected the female body. Sexually transmitted diseases fit into that category and were dependent on secrecy and privacy to be treated. There may also be reason to believe that the secrecy of the trade in itself could have given women the opportunity to sell and advertise medicine. A medicine bought in secrecy could very well have been sold by someone working in secret.

Maxine Berg and Helen Clifford have studied consumption in the eighteenth century through trade cards and have found that so called ‘persuasive’ advertising included either sexually alluring motifs to draw in costumers or the promise of discomfort for the one who decided not to buy a certain product. The advertisement was persuasive because it, through sexual allure or discomfort, made the costumer buy what they were not in need of. Booksellers that advertised medicine for sexually transmitted diseases must have garnered more sales from the promise of discomfort if the remedy was not bought, rather than through sexual allu-

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87 Salman (2022), p. 3.
re, though the medicine was unmistakably linked to both areas. Sexual allure may still have occurred in the advertisement if the bookseller was to describe that the sick would be able to return to sexual actives once they recovered from their disease. If this was the case, booksellers would have exploited both discomfort and recovery when advertising medicine for sexually transmitted diseases. Berg and Clifford does not mention booksellers’ part in the trade of medicine in their study and have thus not investigated this further. One part of this thesis is therefore to study the correlation sex–discomfort through booksellers’ advertisement in the eighteenth century.

Historian Philippa Hubbard has, like Berg and Clifford, studied trade cards and the growing consumer culture that came with printed advertisement. She highlights that printed advertisement was connected to both commercial activity and economic exchanges. Printed advertisement, especially trade cards, were culturally transformative objects. As such, the reception of the advertisement would depend on the society in which it was circulating. In London, booksellers’ advertisement should, according to this, have been targeting the eighteenth-century urban society. The state of sexually transmitted diseases in the city would have been used and exploited by traders to sell medicine for the diseases. If cases of infected were greater in English urban cities than in the English rural countryside, that could have been used as an advantage in marketing medicine for sexually transmitted diseases in cities. Attitudes toward sex in London would likewise have affected advertisement targeting Londoners suffering from sexually transmitted diseases.

Studying urbanity and medicine, historian of ideas Hjalmar Fors proposes that the trade of medicine helped shape Stockholm as a city by 'enlarging it, shaping it, filling it and connecting it to other cities and regions.' New medicine helped turning Stockholm into a European city. Fors, in his study, talks little of traders of medicine and more of apothecaries and medical practitioners. The conclusions can still be applied to booksellers’ part in the trade of medicine because the commercialization of medicine, that Fors connects to the making of the city, influenced not only apothecaries but common traders as well. Fors opens up the possibility that new medicine helped shape not only Stockholm but other European cities, including London. London booksellers in the eighteenth century would thereby have been an important aspect in the making of the English capital both before and after the century.

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96 Fors (2016), p. 484.
Sex & the Secret Disease

Much research has been done on one single surgeon in eighteenth-century London: Daniel Turner. Throughout his career as a surgeon, Turner wrote several texts on the state of medical practitioners, on his profession, and on the patients he met as a surgeon. Interesting for this study is Turner’s involvement in the assessment and treatment of syphilis. Two scholars that have researched Turner and his work are Philip K. Wilson and Emily Cock. Wilson discusses, in connection to Turner’s work as a surgeon, the secrecy in treating syphilis as well as the secret nature of obtaining syphilis. Despite the secrecy of the disease, Wilson states that the secret disease was “among the most visible diseases of the early Enlightenment.” It was not only visible in the society but also on the sufferers. Daniel Turner, as a surgeon, would come to treat several of the symptoms that were visible on the body, such as deformed noses, ulcers, and other skin-related signs of syphilis.

Emily Cock writes about the concept of shame and its transfiguration during the eighteenth century. She has studied the ways in which Turner wrote about syphilis and the shame that came, and did not come, with the disease. Historian of emotions have recounted that the eighteenth century was a century when Western culture changed the experience, understanding, and use of shame. Shame became a tactic in advertising medicine for sexually transmitted diseases but a hindrance when physicians tried to treat the sick. There is a possibility that booksellers would have used shame as a way to sell medicine but there are no clear existing evidence of it in previous research. If booksellers were to use shame as a marketing strategy would it have, in some shape or form, influenced the physicians’ work and perhaps made it harder for physicians to communicate with, and thus treat, people suffering from sexually transmitted diseases? Shame would in that case have worked in booksellers’ favor in more than one way. Firstly, by being a marketing strategy when advertising medicine. Secondly, by ensuring that the medicine would be bought because shame hindered the sick from going to physicians or surgeons. Buying medicine from a common trader would, if shame was used in this way, have become the sick’s only option if they wanted to be cured.

Some research goes against this understanding of shame and sexually transmitted diseases in the eighteenth century, which shows that there are more than one way of studying attitudes toward sexually transmitted diseases, and that much of it is still unexplored. Historian M. A. Waugh has studied hospitals’ attitudes toward sexually transmitted diseases in eighteenth- and nineteenth-century London. Waugh presents a reality that proves that the sick would not always shy away from seeking treatment outside of the proprietary medicines that could be bought from traders. Hospitals treating patients suffering from sexually transmitted diseases grew in number over the two centuries and the patients did as well. The patients were admitted to a special ward at London hospitals at the beginning of the eighteenth century and later on in the century to special hospitals that only treated patients with sexually transmitted diseases. People were thus not entirely against going to medical practitioners when they fell ill with a sexually transmitted disease but some of the shame can still have veered them in the direction of traders of medicine instead of medical practitioners or hospitals.

In The “Foul Disease” and Privacy, Kevin P. Siena talks of embarrassment rather than shame when discussing people suffering from sexually transmitted diseases in early modern London. According to Siena, it was because of embarrassment related to sexually transmitted diseases that people bought medicine from common traders instead of seeing a medical practitioner face-to-face. Whether out of shame or embarrassment, booksellers could have made use out of both shame and embarrassment when selling medicine for sexually transmitted diseases, since both shame and embarrassment drove the sufferers in the booksellers’ direction.

Noelle Gallagher has studied the portrayal of sexually transmitted diseases in eighteenth-century British literature and art. Whereas most researchers focuses on syphilis when studying sexually transmitted diseases in the eighteenth century, Gallagher has chosen to also study gonorrhea and genital scabies, though the distinction between different sexually transmitted diseases was hard to make during the century. In Itch, Clap, Pox, Gallagher argues that eighteenth-century literature often portrays sexually transmitted diseases in men as something

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prevalent in those of a higher social status. As such, the diseases were seen as a 'crucial marker of male courage' and became almost desirable. Booksellers might have used this image of the "gentleman" when marketing medicine for sexually transmitted diseases. The cures may not only have been necessary, they may have been fashionable.

The same cannot be said about women suffering from sexually transmitted diseases. Often, women associated with sexually transmitted diseases were wives deceived by their husbands or prostitutes spreading sickness among men. In the eighteenth century it was said that sexually transmitted diseases originated in prostitutes and that women walking the streets were the primary transmitters. Historian Tony Henderson has studied eighteenth-century prostitution, mainly focusing on female prostitutes, and explains that prostitutes were not only seen as responsible for men’s morally decline in the eighteenth century but also for their physical decline.

Anna Clark stresses that at the end of the century, gossiping about, and questioning, a woman’s sexual reputation was a way for men to control the behavior of women engaging in commerce and public life. Clark explains that women in London were sensitive to being called a whore because it limited their involvement in doing business with others but also because the reality was that many women ended up as prostitutes. Linking female traders with prostitution put the female traders in a perilous situation. Through that connection, working women became associated with illicit sex and with illicit sex they become associated with sexually transmitted diseases. Gallagher states that connecting prostitutes with sexually transmitted diseases was ‘part of a wider attack on the economics of prostitution.’ Taking into consideration the possible labeling of female traders as whores, no matter their means of making money, prostitutes may have been used as part of a wider attack on the economics of not only prostitution but of women in general. There is research to be done in this area. Research that studies the link between female traders and sex, and research that studies the use of

women as a symbol of disease but also as a necessity in the marketing of cures against the diseases they were said to spread to men.

Sex could, as stated, be a tool for financial gain. According to political economist Nicola J. Smith, prostitution is a clear example of sex as a bringer of economic profit, no matter how insignificant the amount of money prostitution generated when looked at as individual cases. Roy Porter argues that the sexual economy – everything from buying sex to the influence sex had over fashion – was interlinked with every-day life in the eighteenth century. In this economy, people bought medicine before sex to enhance the appearance and sexual performance. Booksellers’ trade of medicine for sexually transmitted diseases might have proved to be medicine bought after sex. There would therefore have been a market for medicine both before and after sex.

This market was, as mentioned earlier, steeped in secrecy and privacy. According to Kevin P. Siena, cures that promoted treatments for sexually transmitted diseases were in print promised to be both secret and private. Here it would have been necessary to make a distinction between secret and private but Siena makes no such distinction. A key word in Siena’s research seems to be discretion, though discretion could be applied differently in cases of privacy and in cases of secrecy. Things could be private without being secret, such as childbirth or sex in marriage, while secret things are almost always private. Something private can include a collection of people, while secrets are rarely shared among more than a few.

In the eighteenth century it was important for people to still be able to work when being treated for an illness. Discretion, in Siena’s study, is rather indicating that the sufferer would be able to treat their diseases in secret, to be able to continue with their every-day life, than in private, though the assessment of the diseases could be done in private. Booksellers would have fit right into the promise of discretion, secrecy and privacy. They could have sold medicine without having to ask questions connected to the customer’s disease, which would have been private while keeping the customer’s identity and disease secret to others. Booksel-

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Makrina Hjälm Ellnemyr

lers’ relationship to secrets, and the secret disease, deserves to be investigated but so does the relationship between secrecy and privacy.

Source Material & Method

To study something secret in history, the source material is bound to be fragmentary. Due not only to the secrecy of the subject but also to the reluctance of saving material associated with obscurities.\textsuperscript{119} It was therefore out of necessity that I searched through different archives and databases to collect the source material for my study. The Swedish historian Janken Myrdal has described the method as \textit{source pluralism}, which in short allows the researcher to make use of several different sources within different fields of study.\textsuperscript{120} Besides the interdisciplinary approach, source pluralism also creates a bridge between historical material that would without the method have been isolated to their own archives. The interdisciplinary approach is limited within this study, though both written sources and visual material will be studied, but source pluralism will be implemented with focus on collecting and analyzing sources with different origins.

On the topic of obscurities, Myrdal mentions everyday occurrences related to sexuality that were historically practiced by ordinary people.\textsuperscript{121} Both the secret aspects of it and the fact that it was part of everyday life makes those obscurities hard to trace in the archives. Sexually transmitted diseases, and their treatment, are thus included in what can be deemed as obscurities and material related to it was, throughout history, rarely saved or collected. Source pluralisms creates an opportunity to study booksellers as traders of medicine for sexually transmitted diseases through source material collected from different archives.

In the case of this study, new technology made it possible for source pluralism to be implemented. Digitalized archives, independent from its physical location, allows for a wider search of source material. For this study, I have searched through the digitalized catalogues of the British Museum, the Wellcome Collection, Harvard University Library, Eighteenth Centu-

\textsuperscript{120} Myrdal (2012), pp. 155–187.
\textsuperscript{121} Myrdal (2012), p. 156.
The search has been limited to advertisement and prints from the eighteenth century that are in some regards related to booksellers, quacks or medical practitioners in London. For the historical context, a few examples of advertisement from outside of London have been added into the study.

The advertisement has mainly been found within eighteenth-century periodicals and newspaper, especially Old Bailey Proceedings and Ordinary of Newgate Prison, or in the shape of bill heads and trade cards. Advertisement in periodicals and newspapers can be seen as an open way of marketing goods and services in the eighteenth century, contrary to trade cards and bill heads that can be considered a more personal, perhaps even private, way of marketing. Trade cards and bill heads were advertisement targeting an already existing costumer and they were, contrary to other advertisement, deployed after a sale and not before it had taken place. Both trade cards and bill heads were accompanying wares bought in a store, or by a trader, to remind the costumer of the trader or their store. Trade cards have commonly been described as a 'precursor to the modern-day business card.' They were usually put inside of a book, under the lid of a container or used as wrapping, while bill heads were the ornamented top of a shop-bill. Both types of advertisement usually displayed the name of the shop or the trader and examples of goods that could be bought from them. Often, these kinds of advertisement changed hands, from the costumer to their friends or staff, and were thus circulating within the society without ever being displayed publicly in a periodical or newspaper.

Besides listing wares for sale, advertisement was created to visually draw the attention of potential costumers. Some of the advertisement is therefore containing visual elements in the form of illustrations and imagery. The prints depicting booksellers, medical practitioners and quacks are also visual sources. It is thereby necessary that in addition to source pluralism use a method that focuses on visual material. I will analyze the visual elements of the advertisement using Peter Burke’s method of iconography. The purpose of iconography is to investi-

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122 A detailed list of the sources can be found in the references.
125 Hubbard (2012), p. 31.
128 It should be noted that Peter Burke criticized Iconography as a method for not being inclusive enough, but that Iconography is a method needed when studying visual material. Iconography should, according to Burke, be used together with other methods. In this study, Iconography will be used when studying visual material but the visual material will also be analyzed together with written sources.
The method enables the researcher to understand history by reading and interpreting images. It is a way to study hidden moral messages through everyday objects, in this case through illustrations put on advertisement and through print. It creates an interdisciplinary approach, linking cultural history with art history, and forges an opening to understanding the eighteenth century’s view on consumption, sex and sexually transmitted diseases, as well as understanding society in eighteenth-century London.


Limitations

As stated, the source material is limited to the eighteenth century and London, though some advertisement from outside of London will be included in the study, as will source material that is not advertisement or prints.

There are limits with both the source material itself and with source pluralism as a method. One of the basic questions historians ask themselves is who made the source material, and why and when they made it. The aim of this thesis is in part to answer the questions of why the booksellers advertised medicine for sexually transmitted and how they did it. In short, the booksellers’ advertisement was created for the purpose of marketing and selling their goods and services. The advertisement can be seen as solely working in the interest of trade, which allows us to understand eighteenth-century society through strategies and choices of marketing.

In the creation of eighteenth-century advertisement, ‘who’ can be seen as plural. The creation of an advertisement included the trader themself, as well as potentially an artist, an engraver, a printer, and the publisher of a periodical or newspaper. The trader or maker of a medicine (i.e. the advertisement’s originator) is often known through their name in the advertisement or through the name of their shop. Sometimes the engraver or printer is also stated on the advertisement, though it is an exception rather than a rule. The anonymity of the engraver or printer will not affect the result of this study but should be taken into consideration when zeroing in on the production of the advertisement.

Regarding the date of the source material, advertisement in periodicals and newspapers are fairly easy to date, trade cards are not. A majority of the trade cards only have an estimated date of production. All of the trade cards in this study are estimated to have come from the eighteenth century, and in some instances between the end of the eighteenth and beginning of the nineteenth century, and can be said to come either from the first half or the second half of the century, though worth mentioning is that some trade cards do have set dates.

As for the method itself, source pluralism comes with a few pitfalls that needs to be navigated around. For once, when using different archives, there’s a tendency to isolate the source

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material to its archive and the context in which the source material was preserved.\textsuperscript{132} Every source material then provides a different answer to the research questions. The task is to connect material from different archives and offer an answer to the research questions based on the correlation between them, but also as separated and isolated from each other.\textsuperscript{133}

Secondly, one of the challenges with source pluralism is its omniscient stance. Usually, interdisciplinary research is being constructed by a group of scholars within different disciplines.\textsuperscript{134} With source pluralism, the interdisciplinary becomes individual. It is up to the individual researcher dealing with source pluralism to acquire knowledge that surpasses their own area of expertise. This can create challenges in interpreting the source material. Janken Myrdal acknowledges the challenges with source pluralism and interdisciplinary research, but states that it should be taken into consideration that source pluralism methodological only can be applied to historical sciences working with sources.\textsuperscript{135} Source pluralism therefore always applies to a science the researcher should be accustomed to but with the challenge of widening the area or research. The method should above all be seen as an opening to make use of several different sources, rather than several different disciplines, but with interdisciplinary aspects.

\section*{Research Questions}

The overall aim of this thesis has already been stated earlier on in the introduction. More precise the aim of this study is to trace booksellers’ part in the trade of medicine for sexually transmitted diseases in London during the eighteenth century. The purpose of the thesis is to learn whether and how booksellers’ advertisement was used in the marketing and selling of medicine for sexually transmitted diseases. The research questions are as follows:

- How did booksellers in eighteenth-century London advertise medicine for sexually transmitted diseases?
- In what ways did the English medical marketplace enable booksellers to advertise and sell proprietary medicines, including medicine for sexually transmitted diseases?

\textsuperscript{132} Myrdal (2012), p. 166.
\textsuperscript{133} Myrdal (2012), p. 157.
\textsuperscript{134} Myrdal (2012), p. 159.
\textsuperscript{135} Myrdal (2012), p. 160.
What was conceived as ‘secret’ in the trade of medicine for sexually transmitted diseases?

• What can booksellers’ advertisement of medicine for sexually transmitted diseases tell us about attitudes toward sex and sexually transmitted diseases in the eighteenth century?

• How did gender play into booksellers’ marketing, selling and buying of medicines for sexually transmitted diseases in eighteenth-century London?

Disposition

Following the introduction, the thesis will be divided into five shorter chapters: Curing the Secret Disease, Getting into the Trade, Advertising Medicine, and Women & Medicine, ending with Discussion & Conclusions.

In chapter two: Curing the Secret Disease, I discuss the treatments available for sexually transmitted diseases in eighteenth-century London, how they were advertised and how sexually transmitted diseases were connected to sin. A discussion on the view of sex and sexually transmitted diseases is also part of the chapter, focusing on medical publications sold by London booksellers.

In chapter three: Getting into the Trade, I study booksellers as traders of medicine and their entry into the trade of medicine for sexually transmitted diseases. In the chapter, I also study the trade of proprietary medicine, distribution of medicine and quackery.

In chapter four: Advertising Medicine, the focus is on advertisement for medicine. Booksellers’ advertisements are highlighted and compared to other professionals’ advertisement. I study how medicine for sexually transmitted diseases were advertised, together with the advertisement for medical publications on the topic.

In chapter five: Women & Medicine, the relationship between women and the trade of medicine is investigated. Female traders and the treatment of women are the main focus but some focus will also be on prostitution and the spread of sexually transmitted diseases.

In chapter six: Discussion & Conclusions, I present the conclusions of the thesis and discuss the findings. At the end, I discuss the possibility, and potential, of future research on the topic.
Chapter 2
Curing the Secret Disease

Since the seventeenth century, sexually transmitted diseases were seen as an immense medical problem amongst the English population, especially in urban societies, and 75 percent of the hospital beds in seventeenth-century London were occupied by patients suffering from sexually transmitted diseases.\(^{136}\) In the eighteenth century, sexually transmitted diseases, especially syphilis, had gone from being classed as a medical problem of great concern to being an epidemic.\(^{137}\) Kevin P. Siena has found that many medicines and medical treatments found in advertisement from the eighteenth century were specifically targeting people suffering from sexually transmitted diseases,\(^{138}\) probably as a response to the rapid spread of the diseases and the high number of infected.

Sexually transmitted diseases were thus everywhere in eighteenth-century London, and while medical practitioners were still trying to classify and label the diseases, creators of medicines, according to William Eamon, saw the possibility to treat the patients the medical practitioners were neglecting.\(^{139}\) This in itself created the opportunity for booksellers, among other traders of medicine, to sell and distribute medicine for sexually transmitted diseases together with publications on the topic of sexually transmitted diseases.

In 1708, seven London booksellers (N. Crouch, S. Crouch, J. Knapton, W. Hawes, P. Varenne, Ch. King and J. Isted) were stated as retailers in an advertisement for *A Treatise of all the Degrees and Symptoms of the Venereal Disease*.\(^{140}\) The publication was advertised to include:

Explicating Naturally and Mechanically its Causes, Kinds, earous Ways of Infecting; the Nature of Hereditary Infection; Certainly of whether Infected or not, Infallible Way to prevent Infec-

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\(^{138}\) P. Siena (2001), p. 204.


tion, hasiness of Cure when infected, why so many miss of Cure; how to know when, and when not, in Skilful Hands for Cure; and the use and Abuse of Mercury in the Cure. Necessary to be Read and Observ’d by all Persons that Now have, Ever had, (many other Diseases being occasion’d by the venereal Taint and Mercury,) or at any time May have the Misfortune of that Distemper, in order to prevent their being Ruin’d by Ignorant Pretenders, Quacks, Mounted impostors, etc. whole Notorious Practices are clearly evinc’d.  

Often, the term 'venereal disease' was used to describe all sexually transmitted diseases in the eighteenth century, the same way the name was used in the advertisement mentioned. In an attempt by sufferers to conceal their disease, the diseases also acquired the name 'the secret disease'.

The diseases were known to be inherited from parent to child, as the 'Hereditary infection' indicates in the advertisement. Noelle Gallagher explains that there was a tendency to above all link inherited sexually transmitted diseases to the father and not to the mother. The threat, and possibility, of the man transferring the diseases to his wife or kids was constant throughout the century.

*Lockyer’s Pills* was one medicine sold by booksellers and advertised to restore the ‘speramatick vessels’ in men and cure barrenness in women. The advertisement for *Lockyer’s Pills* indicates that both men and women were blamed for the inability to produce children, though men’s shortcomings were emphasized and listed first. That 'Hereditary infection’ was used when advertising publications on sexually transmitted diseases shows an awareness among the eighteenth-century people of how the diseases could spread. They knew that it spread beyond illicit sex, which might show that eighteenth-century people knew more about the spread and appearance of sexually transmitted diseases than what has previously been thought.

Many remedies for sexually transmitted diseases contained mercury. An example is *Prince’s Powder*, which unlike proprietary medicines was not ready to be consumed when it

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was bought and had to be prepared by the customers themselves at home.\textsuperscript{148} There were several kinds of mercury that could be used, some considered good and some considered bad. Philip K. Wilson has stated that eighteenth-century surgeon Daniel Turner argued that metallic or crude mercury was bad for the body and that only quacks used them in mercurial treatments.\textsuperscript{149} The above mentioned publication sold by the seven booksellers was advertised to discuss the 'use and Abuse of Mercury in the Cure'. This and several more advertisements show that many eighteenth-century cures for sexually transmitted diseases did contained mercury but that mercury was not always seen as something good, sometimes it was even considered unnecessary or dangerous.

There was always the overhanging threat that mercurial remedies would poison the sufferers instead of curing them.\textsuperscript{150} Instead of just having a sexually transmitted disease, the sufferer could be left with one more ailment that needed treatment. Historian Olivia Weisser explains that 'some treatments provided only temporary relief, leaving behind scars and poisons that materialized years later.'\textsuperscript{151} Proprietary medicines could thereby not in reality promise to cure sufferers of sexually transmitted diseases in the eighteenth century, though they did so in advertisement. This fear of mercurial treatments might nonetheless prove that eighteenth-century people knew of the dangers of the medicines they consumed.

An eighteenth-century medical practitioner famously said: 'It is an old saying, that Mercury cures the Pox, but what cures Mercury?'\textsuperscript{152} There were medicines specifically aiming to cure mercurial poisoning but it seems to have been more common to advertise medicines explicitly not using mercury than medicines curing mercury poisoning. One medicine advertised as an alternative to mercurial treatments was made by chemist A. Downing in 1718. His water, supposed to cure the Itch, was stated as curing the sufferer without 'the dangerous use of


\textsuperscript{149} K. Wilson (2016), p. 162.

\textsuperscript{150} Gallagher (2018), p. 45.

\textsuperscript{151} Weisser (2017), p. 701.

Mercury’. A. Downing wrote in his advertisement that his water was sold ‘only by’ himself. A year later, in 1719, the advertisement reappeared without the words ‘only by’. Perhaps this indicates that the water was being sold at other outlets as well, including bookshops.

Over the century, new remedies were introduced that made sure the sufferers did not have to stay in bed to be cured, which had been the downside of mercurial treatments. Health was, according to Gallagher, seen as money, since a healthy person could work and do their daily chores without fault. To spend money on medicine that allowed the sufferer to continue working was equaliement to making money. Medicine that did not hinder you from doing your work was saving both your finances and your social reputation. Beside the treatments, the diseases themselves were also kept secret because sexually transmitted diseases could render men to seem unfit for work, for being the head of the family, or in a specific case, unfit for being the head of the state. George IV was famous for his liberal purchase of sex and as a result suffered from sexually transmitted diseases. The habit of consumption in the eighteenth century thus bled into the habit of consuming not only goods but also services, where sex was one such service.

Medicines for sexually transmitted diseases, especially for the French disease, were in vogue in the eighteenth century, generating a great profit for those who made and sold them. Kevin P. Siena claims that many traders advertising medicine for sexually transmitted diseases were more concerned with immediate economic factors than ethical arguments. In other words, advertisers used any available trick to manage to sell their medicines. When marketing medicine, Lisa Forman Cody states that the advertiser often highlighted different diseases and


156 Gallagher (2018), p. 34.


symptoms of diseases, sometimes even inventing diseases and symptoms that did not exist.\textsuperscript{161} Medicines for sexually transmitted diseases were targeting diseases that did exist and were, according to Olivia Weisser, often marketed as safe, discreet, and effective.\textsuperscript{162} An example is bookseller J. Sherwood, who in his trade card from 1750 described the \textit{Paris Pill} and \textit{Balsamick Electuary} as "the cheapest and safest".\textsuperscript{163}

The economic aspect of the marketing of medicine for sexually transmitted diseases might explain most booksellers', and other trader of medicine’s, unbothered stance toward medical practitioners and quacks. In advertisement, booksellers seem to be neither against, nor pro, the publishing and selling of medical publications critiquing, or defending, traders of medicine and quackery. In 1783, London bookseller G. Wilkie sold the publication \textit{Physical Prudence or, the Quacks Triumph over the Faculty}, in which the author discussed the new tax on proprietary medicines (the stamp duty mentioned in the introduction).\textsuperscript{164} Wilkie himself made no comment regarding the publication or the matter it discussed.

Another explanation to booksellers’ indifference to medical practitioners and quacks might be found in the general interest for diseases in the eighteenth century, which M.A. Waugh claims especially was the interest for sexually transmitted diseases.\textsuperscript{165} With sexually transmitted diseases being the focus of many in the society, booksellers might not have seen their own interest into the trade of medicine for the diseases as something un-accounted for. The normalcy of the diseases might have been what allowed booksellers to neutrally express their interest for the diseases through the trade of medicine.

One socially constructed view of sexually transmitted diseases, that was constant throughout the century, according to Philip K. Wilson, was that they were secret.\textsuperscript{166} Advertisements for the publications \textit{The Practical Scheme of the Secret Disease}\textsuperscript{167} and \textit{The Venereal Dispen-
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Satory, containing descriptions of the secret disease, emphasizes the connection between secrecy and sexually transmitted diseases. When advertising medicines for sexually transmitted diseases, the secrecy of the diseases and the secret compartments of the remedies themselves are often highlighted. Still, how secret the secret disease really were should be questioned. Considering the openness of the advertisements, both advertisements found in newspapers and periodicals and advertisement in trade cards and bill heads, could be evidence that sexually transmitted diseases were not thought of as secret in the eighteenth century, at least not in its modern understanding. The 'secret' in the secret disease might prove to have been an indication of the disease’s origin but not its position in society.

Sexually Transmitted Diseases & Sin

According to historian Roy Porter, England was turning into a secular country by the eighteenth century. In 1712, the stamp duty on official documents was introduced, rendering the church too poor to maintain legal processes. With that, the church had less interactions with parishioners and was no longer able to decide what was right and what was wrong among the English people. It affected not only the church but the moral and social habits of the people. This laid the foundation for a society free from the every-day involvements of the church, ultimately creating new ideas of sin and virtue.

With the decreasing influence of the church, eighteenth-century people sought new ways to confess their sins and, eventually, to absolve their sinful behaviors. As a response to this, physicians came to act as secular confessors. According to Olivia Weisser, who has studied sexually transmitted diseases in eighteenth-century medical publications, approximately two-thirds of these confessions were related to sexual misdemeanor, a consequence of the fast-paced spread of sexually transmitted diseases in the eighteenth century. Patients suffering

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from sexually transmitted diseases thus confessed their sins to their doctor, who, in return, just like a reverend, relieved them of their ailments.

Medical practitioners treating sexually transmitted diseases were often accused of treating sinners and by that making it possible for sinners to go back to sinning. In 1719, one physician stated, when advertising his services in *Old Bailey Proceedings*, that he cured diseases with 'God’s blessing', perhaps as a response to those accusing medical practitioners of allowing for sinners to sin. Medical historian Philip K. Wilson explains that most sufferers of sexually transmitted diseases opposed to the notion of them sinning by stating that they had gotten the disease through accident or misfortune, rather than through sin. What was considered an accident, and likewise misfortunate, was individual, though the sufferers were presumably still influenced by the church’s view of sin.

The sinful acts of someone suffering from sexually transmitted diseases were thought to include not only illicit sex but also pedophilia and masturbation. A publication on the topic of masturbation; *Onania, Or, The Heinous Sin of Self Pollution, and all its frightful Consequences (in both Sexes) considered, with Spiritual and Physical Advise to those who have already injured themselves by this abominable Practice*, was advertised in 1722 by bookseller Thomas Crouch. Nine years later, in 1731, the same publication was advertised by J. Isted after Crouch’s death. In the years between, the publication was advertised several times together with other publications on the topic of masturbation, sold by different booksellers.

In Isted’s advertisement, he stated that the publication on masturbation also contained answers 'concerning the Use, and Abuse of the Marriage-Bed.' Publications on sex, and the advertisement of them, are common within newspapers in eighteenth-century London. This

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also includes publications on the topic of sexually transmitted diseases. One famous publication – reappearing in several newspapers and periodicals – *The Practical Scheme of the Secret Disease and Broken Constitutions*, was given for free at Mr. Cooper’s Toyshop and at Mrs. Garraways shop.\(^{180}\) The same publication was also given for free at Mr. Greg’s, bookseller in Charing Cross, where the publication *The Venereal Dispensatory* could also be bought.\(^{181}\) Booksellers thus seems to not have been the only common traders with an interest in sexually transmitted diseases.

A conclusion taken from these publications, and how freely they were advertised, is that sex and sexually transmitted diseases were not of major moral concern to the general public in eighteenth-century London, at least not in text. The relaxed attitude toward publications on sex might have been due to an overall relaxed attitude toward sex in the English society. The American war at the beginning of the century, and the Napoleonic war at the end of the century, forced men to be separated from their wives or sweethearts, which made premarital sex, common-law marriage, and bigamy somewhat accepted in the English society.\(^{182}\) Anna Clark claims that in reaction to that, at the end of the century, tradesmen were not bothered if their daughters became kept mistresses or gave birth to children out of wedlock.\(^{183}\) Half a century later, in the middle of the nineteenth century, premarital sex, common-law marriage, bigamy, being kept mistress or giving birth to children out of wedlock, would have been out of the question.\(^{184}\)

Some evidence from advertisements not made by booksellers reveals that this attitude toward sex and sexually transmitted diseases was not fully accepted in the eighteenth century either. One such publication was *The Danger and Folly of Evil Courses*, consisting of a collection of texts from archbishops and bishops on the ‘vile Nature of Sin, and the dreadful Consequences of it, (…) with such effectual Remedies as (i rightly apply’d) will prevent it,


\(^{183}\) Clark (2012), p. 234.

\(^{184}\) Clark (2012), p. 234.
and bring Men to a true Love of GOD and Religion. The advertisement of this publication can be seen as an opposition to the otherwise liberated advertising of publications concerning sex and sexually transmitted diseases. It can also be seen as an attempt by the clergy to regain control over the moral and social habits of the people.

Though the every-day life of the people was distancing itself from the church and its concept of sin, sufferers of sexually transmitted diseases were still seeking atonement. Medical practitioners and traders of medicine offered it in the form of punishing remedies and 'infected men and women suffered for their sinful ways by enduring the physical toll of mercury ointments, fumigations, and pills.' Booksellers, and other traders of medicine, can therefore be seen as more than just retailers of medicine. They were in the middle of the medical marketplace, selling both medical prints and medicines. But they were also acting as an extension to eighteenth-century medical practitioners and, by that, challenging the moral and social standing of the church.


Chapter 3

Getting into the Trade

To understand the scale of the market of proprietary medicines, we can direct our attention to Francis Newbery, bookseller and trader of medicine in eighteenth-century London. In 1769, Newbery purchased 19,584 packages (or 136 gross) of *Dr. James’s Fever Powders*. A century later, between 1825 and 1849, Morison, another trader of medicine, sold an estimate of 800 million pills in 24 years. Morison’s estimated sale in the nineteenth century is based on stamp duty paid and the numbers are thus more reliable than Newbery’s. Stamp duty was still not in use in 1769 and Newbery’s sale may therefore have been much higher than what is indicated.

Jeroen Salman explains that ‘in the long eighteenth century, selling drugs became a crucial source of income in England for medical practitioners, and newspaper advertising became the main tool with which to communicate this to consumers.’ Not only medical practitioners but traders of medicine, including perfumers, grocers and booksellers, used printed advertisement to sell medicine, which in their relationship to medical practitioners indicates a highly competitive market.

Besides marketing medicine, booksellers were looking for a way to market fast-selling printed publications. Historians Maxine Berg and Helen Clifford have found that many booksellers were selling newspapers and periodicals that included other traders’ advertisement. Through booksellers’ distribution of newspapers or periodicals, traders were able to sell their goods. Salman adds, in his research, that booksellers also helped proprietors to advertise proprietary medicines through printed advertisement.

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187 Isaac (1998), p. 34.
188 Isaac (1998), p. 34.
Advertisement for medicine, made by other traders of medicine, proprietors or medical practitioners, thus found their way into the bookshops before they found their potential costumers. Booksellers may from this be seen as traders of medicine in their own right but also as influencers of the trade of medicine in a wider sense, working as an intermediator in the medical marketplace.

In the eighteenth century, there was a strong sense of what was a physician’s area of expertise, opposed to the work of a surgeon or an apothecary. Historian William Eamon has noted that in eighteenth-century Italy, a surgeon caused an uproar because he had crossed the invisible line between surgeons and physicians by administering medicine that was supposed to be taken internally, a practice previously done by physicians alone. With the growth of the medical marketplace other, un-trained, professionals, such as booksellers, would enter the trade of medicine and repeatedly cross that invisible line put up by medical practitioners. Tellingly, bookseller Lewis Meryon stated in his shopbill from 1797 that ‘Physick too is Meryon’s trade!’

Already in the middle of the seventeenth century, booksellers were known to enter the trade of medicine by selling nostrums (medicine prepared by an unqualified person). It would become a long-standing practice and in the middle of the nineteenth century, research has shown that booksellers were still selling proprietary medicines from their shops. The eighteenth century was the hey-day period between the century in which booksellers entered the trade of medicine and the century in which booksellers eventually left the trade.

One of the earliest accounts of booksellers advertising medicine in eighteenth-century London is William and Joseph Marshall, booksellers at The Bible in Newgate-street, located against the Blue-Coat Hospital Gate, who in their trade card mentioned that they sold ‘Daffy’s Elixir, Balgrave’s Spirits of Scurvygrass both Golden and Plain. The Queen of Hungary’s water. Pawlet’s Chymical Water for Teeth and Gums; Bromfield’s and Matthew’s Pills rightly Prepared.’ The first medicine listed, Daffy’s Elixir, was an all-purpose remedy that was, by the medicine’s proprietor himself, said to cure ‘dropsy, physic, stone and gravel rheumatism,

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197 Helm (2018), p. 76.
gout, scurvy, green sickness, cholick, King’s-evil, consumptions, agues, and many other diseases incident to men, women and children.” This account does not list sexually transmitted diseases, though some of the sicknesses and symptoms stated could be symptoms of a sexually transmitted disease.

In a later account, from 1719, Anthony Daffy, the proprietor of Daffy’s elixir, stated that his medicine also cured any noxious humor invading or offending the Noble Parts.” Book-sellers’ trade of medicine for sexually transmitted diseases was not visible in William and Joseph Marshall’s advertisement, estimated to have been printed between 1690 and 1710, but at least one of the medicines they sold would later, through the addition made by Anthony Daffy, be said to cure diseases affecting the genitals. Daffy’s elixir might from the beginning have been known as a cure for sexually transmitted diseases, but stating that it cured sexually transmitted diseases might also have been an addition made in retrospect by Anthony Daffy as a response to the rising numbers of infected in eighteenth-century London.

Other medicines in the eighteenth century were specifically said to cure sexually transmitted diseases, such as Hendrick Vandor’s Balsamick Water, sold exclusively by bookseller Mr. Parker at the Bible and Crown, and Lockyer’s Pill, sold by bookseller Mr. Horne under the South-Gate of the Royal-Exchange in London.

Bookshops set themselves apart from official places for buying and selling medicines. Visiting a pharmacy, the costumers were pulled into the world of medicine, with the smell of spices and the look of exotic wares on shelves. There was a range of curios in London apothecary shops, from stuffed or preserved animals to foreign artifacts and wonders, which could sometimes be deployed to emphasize the esoteric arts of the (medicines’) proprietor. The wares the apothecary sold, and the display of them, helped creating a retailing space for medicine.

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Historian of ideas, Hjalmar Fors, claims that a pharmacy could, with its attractive interior and exoticism, act as a public space in the eighteenth century.\textsuperscript{205} Historian Kevin P. Siena states that in contrast to pharmacies, the bookshop could act as an anonymous place, especially when buying medicine for sexually transmitted diseases.\textsuperscript{206} Walking into a bookshop in eighteenth-century London was entering the world of print, with seemingly no visible connection to medicine. When booksellers advertised a medicine, the medicine itself was supposed to attract potential customers, not the shop.

In advertising medicine, the booksellers that sold medicine were often mentioned with just a name and a shop at the end of the advertisement, with no other description of them or their shop. This might indicate that those suffering from a disease in the eighteenth century went to the bookshop for the sole purpose of buying medicine, with no interest in the bookseller’s other wares.

Historian David Gentilcore sees mountebanks in early modern Italy as 'bridges and brokers between different sectors of the health care system, (…), learned and popular, formal and informal.'\textsuperscript{207} Booksellers in eighteenth-century London may be seen as the mountebanks of England,\textsuperscript{208} trading cures with no formal qualifications for practicing medicine. With Gentilcore’s explanation in mind, booksellers, not unlike apothecaries, were not a separated, unwanted, part of the medical marketplace but interlinked with the production, distribution, consumption, and trade, of the marketplace as a whole. Booksellers selling medicine was a necessity in the medical marketplace.

The Trade of Proprietary Medicines

In the eighteenth-century publication \textit{Physical Prudence; or the Quacks Triumph over the Faculty}, the Devil Tavern at Temple Bar was said to house good wine and the meetings of

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\textsuperscript{205} Fors (2016), p. 485. \\
\textsuperscript{206} P. Siena (2001), p. 212. \\
\textsuperscript{207} Gentilcore 2003, p. 93. \\
\textsuperscript{208} In the eighteenth century, mountebanks sold quack medicine, and were thus not themselves labeled quacks but dealt with quackery.
\end{flushright}
The meetings were secret, as were the proprietors’ medicines. It was by keeping the ingredients secret that eighteenth-century people started calling proprietary medicines ‘secret remedies’. Keeping the ingredients of the medicines secret was new for the eighteenth century, making ‘new’, perhaps even ‘in fashion’, synonym with ‘secret’. To own something new was to own something secret. Proprietary medicines thus provided the eighteenth-century consumer with something both secret and exclusive.

In *Physical Prudence*, the author wrote: ‘There are bad men in the world, there are also good one’s too. Are there bad medicines as well as excellent ones?’ Proprietary medicines were, already in the eighteenth century, controversial. Alan Mackintosh has shown that the medicines were the target of critiques, who blamed patentor and traders of medicine for making costumers buy medicine for diseases they did not have. Jeroen Salman explains that to prescribe secret remedies, or secret treatments overall, was in addition to this a problem because it hindered the improvement of the standard of healthcare. By keeping the ingredients of medicines secret, the healing qualities of the medicines stayed with the patentors.

Some eighteenth-century medical practitioners in *Physical Prudence* also voiced their skepticism toward proprietary medicines by questioning that it would take a quack, or a proprietor, to discover the medical ‘secret’ of the medicines.

One of the eighteenth century’s most famous proprietary medicines was *Bateman’s Cordial Drops*. It got its royal patent at the beginning of the century and was sold by booksellers.

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213 Mackintosh (2018), p. 27.


215 Salman (2022), p. 3.

216 Sometimes called *Bateman’s Original Pectoral Drops*, *Bateman’s Drops*, *Dr. Bateman’s Drops*, or *Dr. Bateman’s Cordial Drops*. The medicine is also connected to *Bateman’s and Stoughton’s Drops*, though it should not be confused with *Dr. Stoughton’s Elixir*. 

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and other vendors all over England.\textsuperscript{218} The medicine was patented by Londoner William Dicey and Benjamin Okell. Another famous proprietary medicine was Ward’s Pills & Drops. Joshua Ward, the medicine’s patentor, was uneducated with no knowledge of physics, pharmacy or surgery.\textsuperscript{219} Although uneducated, Ward could freely prosper as a medicine proprietor because of the lack of regulation of the English medical marketplace.\textsuperscript{220} The public relied on medicines such as Bateman’s Cordial Drops and Ward’s Pills & Drops,\textsuperscript{221} no matter the background of the patentor, and part of the need for proprietary medicines lay in the eighteenth century’s need for miracle-cures.\textsuperscript{222}

Proprietary medicines were advertised to cure a wide variety of diseases but most of them were still listed to cure a narrower range of problems.\textsuperscript{223} Some proprietary medicines said to be a cure-all in eighteenth-century advertisements and pamphlets included Mr. Pittan’s Drops, Pectoral Lozenges of Tolu, Daffy’s Elixir, Dr. Stoughton’s Great Cordial Elixir, Stomachic Lozenges, Lockyer’s Pill, Dr. Johnson’s Yellow Ointment, Dr. Steer’s Chemical Opodeldoc, Turlington’s Balsam of Life, and Dr. Bateman’s Pectoral Drops.\textsuperscript{224} All of which were sold by booksellers, though only a few were said to be exclusively sold by booksellers. Of the ten medicines mentioned, all were said to cure sexually transmitted disease or symptoms of sexually transmitted diseases, with stoppage of urine being the most common symptom cured. The amount of medicines said to cure symptoms that were specific to sexually transmitted disea-


\textsuperscript{220} Salman (2022), pp. 6–7.

\textsuperscript{221} Stebbings (2017), p. 21.

\textsuperscript{222} Helm (2018), p. 77.


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ses tells us something about how wide-spread sexually transmitted diseases were in the eighteenth century. They also let us know that it was not uncommon for sufferers of the diseases to buy medicine.

All proprietary medicines were not advertised and the assumption, according to Mackintosh, is that only medicine that was sold in large quantities was advertised.225 With this in mind, medicine curing sexually transmitted diseases, which many proprietary medicines claimed to do, must have sold in large quantities. That sexually transmitted diseases and symptoms of them were listed among diseases cured by proprietary medicines, together with diseases such as tuberculosis and nervous disorders, proves that there was a market for curing sexually transmitted diseases.

**Distribution of Medicine**

Medicines in the eighteenth century traveled. The medicines that were sold in London could come from different parts of Europe, but also from outside of Europe through the colonial trade, and medicines produced in London were likewise sold in other European cities. English proprietary medicines dominated the medical marketplace in other European countries.226 Many eighteenth-century physicians studied abroad. Universities in Germany housed a vast amount of European physicians and the English people were used to immigrant medical practitioners practicing medicine throughout England.227

A 'regular bred Surgeon and Man-Midwife' advertised his medical treatments in *Ordinary of Newgate Prison* by stating that he had practiced 'many Years in various Countries, and under several Governments, by Land and Sea,' which had led him to acquire 'a Method of curing the Venereal Disease.'228 It is clear that the advertiser used his education outside of England as a way to legitimize his profession. Foreign countries were also used in other contexts. In 1714, the song *The German Doctor’s Cure for All Diseases*, was printed and sold by Lon-

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don bookseller Anne Boulter ahead of king George I’s arrival in England.\textsuperscript{229} The song begun with the words ‘Welcome brave Monarch to this happy Isle, On us at length the Gods propitious smile,’ and continued with comparing George I with a German doctor heading to England to cure the country. The idea of the foreign doctor coming to England to practice medicine must therefore have been a rather common occurrence.

Medicines in England were often distributed from the patentor or chemist’s warehouse in London to other parts of the country.\textsuperscript{230} Kevin P. Siena highlights that advertisement from the eighteenth century promised the possibility to ship medicine to the countryside, as well as to other cities in England.\textsuperscript{231} Alun Withey has proved that medicines were also sent to Wales.\textsuperscript{232} Often this was made through the mail. Evidence show that although pharmacies were located in urban communities, they had a strong connection to the countryside.\textsuperscript{233}

Booksellers were constantly used as distributor of medicines in cities and towns outside of London. M. Allison, bookseller in Falmouth, advertised that he sold medicines including Dr. James’s Fever Powder, Daffy’s Elixir, Stoughton’s Elixir, Bateman’s Pectoral Drops, and Pittan’s Nervous Drops,\textsuperscript{234} all of which were produced in London. Durham Bookseller P. Sanderson likewise sold Daffy’s Elixir and Stoughton’s Elixir,\textsuperscript{235} as did bookseller William Grigg in Exeter.\textsuperscript{236}

The Trade of Medicine or Quackery

A long-standing understanding of the eighteenth-century medical marketplace is that those in the upper part of society went to a physician when they fell ill and those with limited resources went to booksellers.
ces went to an apothecary. Those without the means to go to an apothecary, on the other hand, turned to the unqualified individuals who invented, manufactured and sold medicines, or, put in other words; they went to quacks.

Were booksellers, and similar ‘non-medical’ traders of medicine, defined as quacks in eighteenth-century London? It is a question that has been given little attention, and generated just as few answers. The current understanding is that quack was a name used as a non-specific abuse against irregular medical practitioners. Eighteenth-century quacks were associated with alternative medicine and ‘itinerancy, showmanship, dishonesty, panaceas, magic charms and self-acknowledged separation from regular practice.’

Several satiric prints from the eighteenth century depicting quacks have survived and they support the general understanding of what a quack was but they also contradict the understanding of the quack vendor. A famous satirical print called The Infallible Mountebank, or Quack Doctor, first produced in 1670 and reappearing in print in 1707, proclaimed that a quack or mountebank was someone who claimed to be able to cure all diseases, including sexually transmitted diseases, with his own pills or other kinds of treatments. Another satirical print, first published in 1713, gives a similar description of the quack doctor. As does a print from 1710. In the print Mutual Accusation from 1773, two quacks are quarreling over who has the right to sell a certain medicine. Outside one quack’s house is a sign with the text ‘Dr. Walker’s veritable antiscorbutic pills’ and outside the other quack’s door hangs a sign with the text ‘True antiscorbutic pills.’

A reoccurring theme in these satirical print is the quack doctor. There is no indication that a trader or a shopkeeper was the quack in these satirical prints, though the medicines they sold could be considered quack medicine if a quack was the medicine’s creator. Chantal Stebbings

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claims that quack medicines were sold with the purpose of making profit off self-medication. \footnote{Stebbings (2017), p. 1.} Making profit off the treatment of diseases was thus seen as 'the hallmark of quackery.' \footnote{Weisser (2017), p. 695.} Quacks tried treating the sick both through medical treatments and with medicines distributed through traders of medicine.

Evidence that booksellers might not always have been considered quack vendors can be found in the satirical print \textit{A Reply, for the present, to the Unknown Author of, Villany Detected} from 1754, showing a quack doctor trying to steal Dr. James's fever powder from Dr. James himself. \footnote{\textit{A Reply, for the present, to the Unknown Authors of, Villany Detected}. British Museum. Museum number: J,1.134. Production date: 1754. Link: \url{https://www.britishmuseum.org/collection/object/P_J-1-134} [Accessed: 11 May 2023].} Dr. James is in the scenery portrayed as the genuine doctor, while the quack is portrayed as an irregular medical practitioner. Several booksellers, including J. Newbery (who’s name appeared on Dr. James’s own trade card)\footnote{Trade Card for Dr. James’s Fever Powder, issued by John Newbery. British Museum. Museum number: D,2.3512. Production date: ca. 1740–1755. Link: \url{https://www.britishmuseum.org/collection/object/P_D-2-3512} [Accessed: 11 May 2023].} and Lewis Meryon, were selling \textit{Dr. James’s Fever Powder}. Not all proprietary medicines sold by booksellers were therefore labeled 'quack medicines'.

The image has been removed for copy right reasons.
David Peter Helm argues that many eighteenth-century chemists and shopkeepers labeled ‘quacks’ were in fact reputable men and women who had shops in prestigious parts of the city and ‘provided and important and trusted community resource.’ Philip K. Wilson, on the other hand, states that contrary to shopkeepers selling medicines, quacks were said to use the fear of a potential patient when trying to lure them into getting treated by them. Olivia Weisser highlights that eighteenth-century quacks had to rely on advertisement to sell their wares and services, similarly to traders of medicine and patentors, which turned the printing of advertisement for medical treatments into a ‘scandalous practice’.

Another reason for deeming quack’s advertisement scandalous in the eighteenth century could be because of their connection to sexually transmitted diseases. When advertising treatments and cures for sexually transmitted diseases, quacks, according to Lisa Forman Cody, did not only use the image of the wretchedly afflicted body but were also known to use different other attributes, such as ‘attaching their products to astronomy, astrology, causes célèbres, statesmen, popular figures, hoop-skirt and patches, the family, prostitutes, politics, nationalism, the exotic and foreign, commerce, money, gold, God; in short, everything.’

Eighteenth-century satirical prints used the same method when trying to evoke the interest of potential customers. Highlighting this parallel between satire and quacks, it may no longer feel unaccounted for for eighteenth-century people to associate quacks with showmanship and dishonesty.

In 1768, the *Stomachic Lozenges*, granted with a royal patent and sold by bookseller Newbery and by bookseller Carnan at the *Bible and Sun*, was advertised by the proprietor as ‘well known by thousands’.

In a similar fashion, *The famous Specifick Injection or Lotion*, said to be treatment for gonorrhea (or the claps) and the pox, had, according to its advertisement, cured thousands of people. *The famous Specifick Injection or Lotion* was outside of London sold by booksellers William Evans in Bristol and Thomas Price in Gloucester, and within

London by the author of the advertisement who 'those that use this Medicine, always know where to find.' The account of the medicines having treated thousands of people may have drawn new customers because it simply illustrated strength in numbers, indicating that consumption of medicine was, as Clifford and Berg have stated, a way of life. But the notion that thousands had already bought the medicines also illustrated that thousands of people had been *in need* of the medicines to recover from their illnesses. This tactic of advertising may have generated more consumers of medicine, increasing the consumption of medicine in London, and eventually in England as a whole.

Not all booksellers were only selling and advertising medicine. Some booksellers could in a strict way be called quacks. In 1787, London bookseller Catherine Kearsley and her husband started the production and advertisement of *Widow Welch’s Female Pills*.

G. Wightman, another London bookseller, took over the business after Kearsley’s death. In Wightman’s trade card, he stated that he was the ‘sole agent for the sale of *Widow Welch’s Pills*’ but that he also sold ‘Genuine Patent Medicines’. *Widow Welch’s Female Pills* could thus have been considered a quack medicine and Catherine Kearsley, her husband, and G. Wightman, quacks. Notable is that the first maker of the medicine, Catherine Kearsley, was not only a bookseller but a woman, which comes to show that women were active within several different areas of the medical marketplace.

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Chapter 4
Advertising Medicine

In the beginning of the eighteenth century, the physical shops had shop signs that advertised what could be bought from the shopkeeper.\textsuperscript{259} By the end of 1760, the shop signs had disappeared from the streets of London because they were known to fall down on people walking on the street, but many trade cards and bill heads still wore the shop sign as an ornamented illustration.\textsuperscript{260} The trade cards could also have an illustration of the shop itself.

Close to London, in Windsor, \textit{C. Knight}, bookseller, printer, stationer and bookbinder, owned a bookshop. The exterior of the shop can be seen on his trade card, which let the customer know that the store was located on the entry level of a house shared with the \textit{Printing office} and the \textit{British fire office}.\textsuperscript{261} Likewise, on the opposite side of London, in Rochester, \textit{Mr. Gillman}, bookseller and stationer, advertised his shop with an image of the storefront.\textsuperscript{262} Mr. Gillman’s shop was, just like C. Knight’s, on the entry level and it shared a house with \textit{Phoenix printing office} and \textit{Rochester, Chatham & Strood bank}. Both C. Knight and Mr. Gillman stated in their trade cards that they were selling medicines. C. Knight did so in the text of the trade card, where the medicines were listed as ‘most approved Patent Medicines’, and Mr. Gillman mentioned the sale of medicines with a small text on the exterior of the illustrated shop.

Street numbers were not in use in the beginning of the eighteenth century and were first introduced in London from the late 1760s.\textsuperscript{263} Directions to a shop or a professional’s house therefore often relied on visual descriptions of the house, as in C. Knight and Mr. Gillman’s case, or on written descriptions of, or directions to, the house. A surgeon specializing in sexually transmitted diseases, described his house, when advertising his services in the periodical

\textsuperscript{263} Philippa Hubbard (2012), p. 35.
Ordinary of Newgate Prison, as 'the first house on the right hand in Crane-Court, near Fetter-Lane, in Fleetstreet, a golden heart and square lamp at the door.' Similar descriptions can be found in advertisement for other shops and professionals’ houses as well.

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Looking at advertisement from eighteenth-century London, directions to places where people could get treated for diseases or buy medicines are more common than directions to places that sold other wares or services. This pattern becomes even more apparent when the advertising is for treatments and cures for sexually transmitted diseases. The cause for this can be manifold. Firstly, it might only signal what has already been stated – that medical advertisement was more popular than other kinds of advertisements, thus generating more descriptions of direction. Secondly, it can be a reaction to the eighteenth century’s ‘idea of shopping as a leisure activity (which) became firmly rooted in the public imagination.’

While commodities such as clothes, perfumes and jewelry could be displayed openly in the hopes of catching the attention of window shoppers, medicines, especially medicine for sexually transmitted diseases, might not have been publicly displayed since they were not bought as a leisure activity. Then to find, and eventually to buy, medicines for sexually transmitted diseases, customers had to rely on mouth-to-mouth directions to the shops that sold the medicines. Or they had to rely on directions found in newspapers, which the large number of advertisement indicate that they did. This might be one reason why advertisement for medicines and medical treatments dominated the advertisement-section of eighteenth-century newspapers.

Some economists have stated that advertisement can not change the taste of a potential costumer but that advertisement can use already pre-existing tastes in the consumer to market what the consumer potentially want to buy. Another argument could also be that advertisers of medicine can use already pre-existing diseases in potential costumers to market what the consumer potentially have to buy to be free from their ailments. J. Sherwood, bookseller at Popings alley Gate in Fleet street, wrote in his trade card that one pill of The Paris Pill and two boxes of Balsamick Electuary was sufficient to cure ‘any one not very far gone in the distemper (the secret disease) and double the number will heal the patient if in great extremity.’ With that, J. Sherwood, tries to persuade sufferers of sexually transmitted disease.

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265 Hubbard (2012), p. 35.
Makrina Hjälm Ellnemyr

ses to buy his remedies by promising them that the medicines he sold would cure what was otherwise known as ‘in-cur-able’.  

The language used in eighteenth century advertisement can, according to Maxine Berg & Helen Clifford, be described as ‘pedestrian’, contrary to the language in for example books and medical publications that was more variable and rather elaborate.

London bookseller Wightman wrote, in his trade card, that he sold ‘Genuine Patent Medicines’. The writing on the trade card of Wightman resembles other booksellers’ trade cards advertising medicine in eighteenth-century England, though Wightman’s trade card is estimated to have been printed in the early nineteenth century. Stainbank, bookseller in Boston, and John Norton, bookseller in Bristol, also described the medicines they sold as ‘Genuine Patent Medicines’. James Norton, another bookseller in Bristol, Campbell & Gainsborough and J. Browne, booksellers in Bath, and Merridew, bookseller in Warwick, advertised the medicines they sold either as ‘Patent Medicines’, ‘Genuine Medicines’, or simply ‘Medicines’. Though these descriptions are not pedestrian, they are limited in descriptions, which perhaps is an indication that most consumers knew what proprietary medicines booksellers sold. Or it might just have been a consequence of the lack of space in a trade card.

Many of the medicines were advertised as ‘genuine medicines’, others only as ‘patent medicines’, though, as legal historian Chantal Stebbings has noted, the vast majority of proprietary medicines in the eighteenth century did not have a patent. The word ‘patent’ was still widely used when marketing any sort of medicine but the word ‘genuine’ sometimes replaced

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269 ‘Pedestrian’ in this instance is an indication of a more simple choice of wording.
it in advertisement. One of the most famous proprietary medicines, *Daffy’s Elixir*, did not in fact have a patent. Many booksellers in the advertisements sold *Daffy’s Elixir* nonetheless, without it being a true patent medicine. It might indicate that traders of medicine were not concerned with patents but rather with what they thought of as ’genuine’ medicines.

One reason for the language of advertisement being described as ’pedestrian’ can also be the limited space in advertisement. Often, advertisers had to list their wares, or the qualities of a specific product, with just a few sentences, or in some cases with just a word, as can be seen in the trade cards of London bookseller Newbery. On Newbery’s trade card the medicines he sold were listed, without any further explanation or introduction, as ’Dr. James’s Powder for Fevers. Dr. Hooper’s Pills. Greenough’s Tincture. Stomachic Lozenges (as stated above in the proprietor’s own advertisement). Lozenges of Tulu. Hallen Essence. Turkish Restorative. Bateman’s Drops. Scot’s Pills. Etc. Etc.’

The outlay of his trade card, with the list of medicines sold at the bottom of it, resembles the outlay of other trade cards from the eighteenth century. Linnen-drapers Francis Williams and Charles Flameng listed different types of fabrics at the bottom of their trade cards. Milliner Mary Cartwright likewise listed her wares at the bottom of her trade card, and wig maker George Laidler had a list of different hairs at the bottom of his. This might signal that the medicines sold by Newbery was an inclusive part of his trade, as natural to him as a bookseller as fabrics were to a linnen-draper and hair to a wig maker.

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Circulation of Advertisement

Advertisement was everywhere in eighteenth-century London. The inhabitants of the city would find advertisement posted on boards, handbills passed around, and advertisement in newspapers, many of which were advertising medicines or cures for sexually transmitted diseases.

It was common for a specific advertisement to reappear in several different issues of a newspaper or periodical, sometimes for over a year, making certain advertisements circulate within the society for an extended period of time. An example is the medical print describing the cure for venereal distempers, written by surgeon T.C. and sold by bookseller Edmund Curtain. The publication was advertised at least two times in 1708 in *Old Bailey Proceedings*, first on 14th April and later on 13th October, and the texts advertising the publication are identical in the two separate issues of the periodical.

*Old Bailey Proceedings* was a periodical describing accounts of criminal trials at Old Bailey, but was, just like other periodicals and newspapers, including columns of advertisement. Another example of a reoccurring advertisement of a cure in the periodical is the advertisement for Mr. Edmund Searle’s famous Issue-Plaister, said to treat ulcers from the Pox, and sold by several different retailers, among them London bookseller Mr. Dancer. Searle’s advertisement is, with promises of curing ulcers from the Pox, thus yet another evidence that booksellers were selling medicines for sexually transmitted diseases.

The first advertisement for Searle’s Issue-Plaister appeared in *Old Bailey Proceedings* on 15th January 1700 and a second appeared on 28th August the same year, though there may have been more advertisements between those two dates. At the end of the advertisement, Mr. K. Wilson (2016), p. 156.

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Searle writes on 15th January that ‘to prevent Counterfeits my Coat of Arms is upon the Paper. The Plaister Roll’d up viz. A Lyon Passant between three starrs index. Beware of the Garways Fruiterer who Counterfeits.’ In August, the first sentence of that statement was removed but ‘Beware of one Garway a fruiterer, who Counterfeits’ remained. Advertisers of medicines did thereby not only advertise whom to buy their medicines from but also whom to not buy their medicines from. Booksellers are often stated as official retailers, and rarely as counterfeiters.

The amount of people that saw advertisements was of major importance for the popularity of advertising in the eighteenth century. Trade cards were popular because they were known to change hands, from shopkeeper to maidservant, and from maidservant to the housekeeper and from them to the mistress or master of the house. Bill heads and trade cards were, contrary to newspapers and periodicals, not ‘mass advertising but closely targeting advertising focused on local, metropolitan, national and international costumers, on other tradesmen and on other merchants.’ Trade cards and bill heads were targeting a specific costumer and were thus not anonymous, which advertisements in newspapers and periodicals could claim to be. Medicines for sexually transmitted diseases were more openly advertised in newspapers and periodicals, which becomes apparent when studying J. Newbery’s trade card in comparison with advertisement advertising medicines he sold for sexually transmitted diseases. Perhaps because the newspapers and periodicals were more likely to respect and maintain the anonymity of someone suffering from a sexually transmitted disease?

Images were used in trade cards and bill heads for the consumer to ‘read’, the same way they read the text of trade card, though this should not be seen as a sign of an illiterate society. In contrast to advertisement in newspapers and periodicals, trade cards were hea-


vily ornamented with illustrations. One such illustration is the one that can be seen on the trade card of *Dr. James’s Powder for Fevers*. At the top of the trade card, there is an image of the Good Samaritan tending to an injured traveller on the road. Above the image is the royal coat of arms, perhaps indicating that the medicine had acquired a royal patent. The medicine was ‘sold only by J. Newbery’, the bookseller that has previously been mentioned selling other medicines, including *Stomachic Lozenges*.

\[\text{The images have been removed for copyright reasons.}\]

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One distinction that needs to be made is the difference in booksellers advertising medicines versus the creator, or the patentee, of a medicine making an advertisement where a bookseller was stated as a retailer. As mentioned, many booksellers only stated that they sold medicines in their trade cards, with no indication of what kind of medicines or which diseases they cured, though there are exceptions. Besides booksellers’ own advertisement, booksellers were also often mentioned in advertisements for medicines and treatments as the retailer of the medicine. In some advertisements for medicines, the specific retailers were not listed or mentioned, such as in J. Hayman’s trade card for his drops, where the retailers were described as ‘different Venders of the Drops’, and in advertisement for Delescot’s Conserve of Myrtle Opiate for the Teeth where the patentee described that the medicine could be bought from ‘many Coffee-Houses and Shops in London and Westminster’. It would not be unaccounted for, based on evidence from the advertisements, to assume that some of these retailers were booksellers.

Oldman, a chemist in eighteenth-century London, stated in his trade card that he ‘makes & sells all manner of chymical & galenical medicines with all sorts of druggs wholesale or retail at reasonable rates.’ What is notable in Oldman’s trade card is the notion that he sells medicines ‘wholesale or retail’. Booksellers might not have had an individual contract with the proprietors for the medicines they sold. They might have, which Oldman’s advertisement indicates, gone to the proprietor’s house and bought a stock of medicine for themselves to sell in their bookshop. The booksellers would thereby not have been mentioned as an official retailer in the proprietor’s advertisement. If this was the case, all retailers would not have been stated in the proprietor’s advertisement, and it is likely that more booksellers than those mentioned in advertisement sold medicine.

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Chemists and proprietors regularly targeted booksellers, among other traders of medicine, when advertising their cures.\textsuperscript{296} Advertisements on publications were similarly targeting booksellers.\textsuperscript{297} Booksellers were thereby linked with all parts of the production and use of advertisement, as advertisers, potential costumers, distributers, and sometimes even as the printer of the advertisement.


Chapter 5
Women & Medicine

In the eighteenth century, as in the seventeenth century, being born a woman was equal to being the object of constant social scrutiny. Women were socially vulnerable through their gender and low social status in society, and physically vulnerable through their bodies and the dangers that came with it. Besides the obvious dangers of childbirth, abuse and rape, the dangers of an eighteenth-century woman could also be found in her trade, in her reputation, and in the men she chose to have sex with.

According to Noelle Gallagher, women in eighteenth-century London could be seen as men’s counterparts intellectually but not when it came to economical and social opportunities.298 Anna Clark states that, despite this, women in London engaged in commerce and public life much more openly than women did in many other European cities.299 The eighteenth century therefore was a special time for women in the English capital. It was a time when they could partake in the public life of the city and engage in trade, while still having to be cautious of their womanhood and constantly protect their sexual reputation.

It was not uncommon for women in London during the eighteenth century to be identified as prostitutes if they were caught on the street at night, sometimes walking home from work.300 If a woman was seen ’conversing with a prostitute, ”she (was) immediately marked, as one who, if not already gone, is, at least, on the high road to destruction.”301 Bourgeois women were afraid that their daughters and husbands would come in contact with prostitutes and thereby be tempted into unseemly influence and illicit temptations.302 Women were even warned against becoming milliners, dress-makers, haberdashers and other dealers in vanity, in-

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301 Clark (2012), p. 245.
302 Clark (2012), p. 244.
including cosmetic and medicines, \(^{303}\) since those professions were seen as "seminaries of prostitution", \(^{304}\)

Insulting a woman by calling her a whore became a way for men, and sometimes other women, to control women engaging in commerce and trade, or other areas of the society where women needed to be controlled. \(^{305}\) This became evident in both women who practiced medicine and in women in need of medical attention.

**Curing Women**

In 1715, Anna Avery, a house-keeper in London, stated in an advertisement for treatments for sexually transmitted diseases that she had been successfully cured from the secret disease, transmitted to her from her husband, by taking 'the Specifick Remedy mention’d in the 12th Edition of, *The Practical Scheme of the Secret Disease.* \(^{306}\) Avery clarified several times in the text that she had gotten the disease from her husband and not from somewhere else. Possibly to maintain her reputation because, as Siena argues; 'women felt the stigma of venereal infection even more acutely than did early modern men.' \(^{307}\) The stigma of having a sexually transmitted disease made the female sufferers hesitant to seek treatment.

In the eighteenth century, it was not uncommon for men to spread sexually transmitted diseases to their wives after having contracted the disease either before or after the wedding. \(^{308}\) Philip K. Wilson explains that men were thought to be easier infected and sooner cured. \(^{309}\) It took longer time for women to seek treatment since they were unsure if their 'running' was natural or a symptom of a sexually transmitted disease. \(^{310}\) Some advertisement aimed at women may thus have provided women with the opportunity of seeking treatment without being stigmatized.

\(^{305}\) Clark (2012), p. 231.
Below Anna Avery’s testimony, another advertisement appeared for B. Lilburn, a female non-specific trader selling cures for sexually transmitted diseases.\textsuperscript{311} The advertisement is not specifically targeting women but indications of female-only-cures can be found in the advertisement, though Lilburn states that she cures ‘most Distempers incident to Human Bodies’. One such indication is ‘The Girdles [an article of clothing connected to women] for curing the Itch’. Lilburn mentioned several other treatments and remedies she provided, together with medical advice, but might not, despite her expertise, have been seen as a real medical practitioner. Women’s home-made remedies were repeatedly compared to apothecaries’ and chemists’ medicines, rendering medicine made by women ‘housewifery’.\textsuperscript{312}

Most booksellers were not targeting women suffering from sexually transmitted diseases in their advertisement. Female sufferers were only mentioned in passing, as in J. Sherwood’s trade card where he mentioned that he cured the secret disease in ‘man or woman’.\textsuperscript{313} What some booksellers did advertise was \textit{Hooper’s Pills}, sometimes referred to as \textit{Hooper’s Female Pills}, which was a medicine used to self-induce abortions.\textsuperscript{314} London bookseller Newbery put Dr. Hooper’s Pills as number two in his list of medicines sold,\textsuperscript{315} perhaps indicating that Hooper’s Pills was one of the more popular medicines in the eighteenth century.

While many women suffering from sexually transmitted diseases were rejected by society, Noelle Gallagher has found evidence that the diseases could be seen as something positive in men.\textsuperscript{316} Male infections ‘correlated with elevated social status, and often (seemingly paradoxically) with sexual or physical prowess as well.’\textsuperscript{317}


\textsuperscript{312} M. Benedict (2018), p. 420.


\textsuperscript{314} Henderson (1999), p. 42.


\textsuperscript{316} Gallagher (2018), p. 15.

\textsuperscript{317} Gallagher (2018), p. 18.
Female Traders

Barbara M. Benedict claims that many women in the eighteenth century made a living from medicine even though they were prohibited from doing it.\textsuperscript{318} According to Kevin P. Siena, advertisement from the period shows that a substantial amount of women practicing medicine in London had the treatment of sexually transmitted diseases as their speciality.\textsuperscript{319}

An example of an eighteenth-century woman practicing medicine is an un-named midwife at the Sign of the Queen’s Arms that in 1717 advertised that she cured ‘Gentlewomen and others of that Sex’ who had ‘contracted an evil Habit of Body.’\textsuperscript{320} Another female medical practitioner in 1718 labeled herself ‘Gentlewoman’ and claimed in her advertisement that she had cosmetics that beautified the face, removing traces of the pox and mercurial poison.\textsuperscript{321} Many women practicing medicine were, just like in the second advertisement, dealing with cosmetics.\textsuperscript{322} Barbara M. Benedict explains that eighteenth-century women were known to appreciate luxurious items both in terms of buying and selling them.\textsuperscript{323} Examples of luxurious items sold by female traders were often related to the body, like cosmetics and potions.

Beauty was in the eighteenth century, as in other centuries, desirable and always in fashion. It was advertised that London bookseller J. Morphew, a principal bookseller of the period 1706–1720,\textsuperscript{324} sold the publication The Secret History of the Lives of the Most Celebrated Beauties together with booksellers J. Brown.\textsuperscript{325} Next to the advertisement for the publication, was an advertisement for a water that ‘perfectly cures the Itch’ without the use of mercury that

\begin{footnotesize}
\begin{enumerate}
\item M. Benedict (2018), p. 412.
\item P. Siena (2001), p. 218.
\item M. Benedict (2018), p. 420.
\item M. Benedict (2018), p. 411.
\end{enumerate}
\end{footnotesize}
was known to ruin teeth and skin. The periodical in which the advertisements were published was printed and sold by J. Morphew himself.

In the advertisements made by women (the midwife and the Gentlewoman), the midwife and the female trader were anonymous, which is rarely the case with men with the same professions. Barbara M. Benedict has shown that women were not supposed to compete with their male counterparts and they were generally supervised by a man, usually the husband or father. Working on their own, women had to be cautious. Perhaps it was caution that generated a lot of anonymous advertisements from medical practitioners that were women? Or it might have been a strategy for assuring their female costumers that the costumers themselves would remain anonymous.

It has been argued that women could sell and practice medicine because they could work in private and thereby used their own privacy to sell their cures and services privately to their costumers. Those women who were not anonymous in advertisement in newspapers and periodicals were often widows maintaining the practice of their late husbands.

The widow of Dr. Purvey is one, perhaps semi-anonymous, woman practicing medicine rather openly in eighteenth-century London. She advertised her late husbands’ medicines for teeth and gums that could be bought from her house in the Strand. Looking at a dictionary of booksellers in England and Scotland between 1668 and 1725, most female booksellers mentioned by name were also widows who kept their late husbands’ bookshops and continued with their businesses. It is unsure of how much of the late husbands’ stock widows maintained. If they resumed the business ”as usual”, women may have continued selling medicines if their husband had sold medicines, just like widows of medical practitioners kept practicing medicine, as has been shown by the advertisement mentioned above.

Female booksellers advertising medicines did so in the same fashion as men, which may indicate that female traders were less cautious about their reputation than what has previously been thought. At the end of an advertisement from around 1750, made by bookseller Elizabeth Rogers, the following list of medicines appeared:

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329 See: Henry R. Plomer, A Dictionary of the Printers and Booksellers who were at work in England, Scotland and Ireland from 1668 to 1725 (Oxford: Oxford University Press, 1922).
The list, and the placement in the advertisement, follows the same pattern seen in previously mentioned male booksellers’ advertisements. But it also correlates to other eighteenth-century traders’ advertisements, as has been discussed earlier.

*Bailey’s Itch Ointment* is the only medicine stated in Roger’s advertisement that openly cured sexually transmitted diseases, though a number of the medicines in the advertisement were used for treating sexually transmitted diseases or the symptoms of them, which comes to show that at least some female booksellers, like male booksellers, were selling medicine for sexually transmitted diseases. According to Kevin P. Siena, women who practiced venereology did so to meet the patient demand in eighteenth-century London. Perhaps female booksellers who sold medicine for sexually transmitted diseases, among other medicines, did it for the same reason.

There was, in the eighteenth century, an erotic undertone to inspections of the genitals. For this reason, it was generally accepted that women practiced medicine when treating sexually transmitted diseases in other women. It may be because of this that most advertisements by female medical practitioners are for treatments for sexually transmitted diseases, which advertisement from the eighteenth century show. No one would oppose to their business. That only a few female booksellers advertised medicine for sexually transmitted diseases, or publications about diseases or sex in general, may also be for this reason. Since there was no physical treatment involved in the booksellers’ trade of medicine, female booksellers could have been labeled competitors to male booksellers selling medicine and publications on sex and sexually transmitted diseases, limiting them in their business.

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For shopkeepers, it was crucial to maintain a good reputation, more so for female traders than for male traders. A female trader’s reputation was often related to her sexual reputation. If a female trader was found guilty of being a whore, for example, she had to stand inside the parish church or at the church door, dressed in a white sheet, publicly apologizing to the community. A female trader labeled a whore could thereby make her whole family end up among the poor, excluding them from their trade and eventually the life they were accustomed to.

Prostitution & the Spread of Sexually Transmitted Diseases

At all hours of the day, men in eighteenth-century London were said to hunt for streetwalkers on the streets between Charing Cross and Drury Lane. Even tourists coming to the capital for either leisure or to trade could get help finding harlots through pamphlets and guidebooks. Sex was seen as a 'commercially available pleasure.' Selling sex was seen as sinful, as was buying sex, but it was not something that neither the people nor the rule of state wanted to abolish. Streetwalkers were, by the name ‘streetwalker’ itself, an image of the early modern urban society. Prostitution was because of this, just like sexually transmitted diseases, deemed an epidemic in eighteenth-century London.

Those who were blamed for spreading sexually transmitted diseases in eighteenth-century London were, according to Olivia Weisser, high-status married men and low-status single women. Among these women, maids and prostitutes were most notable.

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336 Clark (2012), p. 239.
A satirical print from 1796 titled *Sandwich-Carrots! dainty Sandwich-carrots*, depicts a young woman, possibly a greengrocer, pushing a barrow with carrots followed by Lord Sandwich, who is taking a hold of and twitches her apron.\(^{345}\)

The scene is set in front of Faulder’s bookshop, bookseller to the king, on the corner of Little Maddox Street and New-Bond Street. In the windows of the bookshop, different publications are on display, including ‘List of servant maids’, ‘A chip of the old block’, ‘Doe hunting an ode by an old buck hound’ (Sandwich held the office of Master of the Buckhounds in the British Royal Household),\(^{346}\) and ‘The Beauties of Bond Street’. Interpretations of the print can vary, from being an illustration of notable men hunting after young women to royals’ involvement in affairs concerning pleasure, rather than state, and the portrayal of ‘honest’ women, the maids and the beauties, turning to prostitution. All interpretations may well be true.

The scene is, rather tellingly, set in front of the shop of a royal bookseller. Booksellers, among others, were the ones to sell the pamphlets and guidebooks guiding men to the city’s prostitutes. They were also selling publications on sex and sexually transmitted diseases, said to spread through sex with prostitutes.

Contrary to other women, prostitutes were prone to seek treatment for sexually transmitted diseases as soon as symptoms appeared, since they knew the signs of disease. Emily Cock states that prostitutes were not seen as ‘modest’ in the same way wives of honorable men were and would thus get treatment faster than ‘modest’ women.\(^{347}\) One of the first signs of disease was trouble urinating, incident to those suffering from syphilis, and prostitutes were known to look for cures as soon as that symptom appeared.\(^{348}\) A medicine for treating all disorders incident to the urinary passage was the *Mephitic Alkaline Water*. Orders of the medicine were, at the West side of London, received by bookseller J. Ridgway.\(^{349}\) From this account, it would seem that booksellers, together with other traders of medicine, could have been prone to selling medicines to prostitutes.

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\(^{345}\) *Sandwich-carrots! dainty Sandwich-carrots*. By James Gillray (1756–1815), Wellcome Collection. Reference number: 35893i. Link: [https://wellcomecollection.org/works/vesuqc6z](https://wellcomecollection.org/works/vesuqc6z) [Accessed: 11 May 2023].

\(^{346}\) See curator’s comment. *Sandwich-carrots! dainty Sandwich-carrots*. By James Gillray (1756–1815), Wellcome Collection. Reference number: 35893i. Link: [https://wellcomecollection.org/works/vesuqc6z](https://wellcomecollection.org/works/vesuqc6z) [Accessed: 11 May 2023].


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Prostitution was seen, by the middle classes, as a 'sign of the degeneracy of the poor'.\textsuperscript{350} Becoming a prostitute was thus climbing 'down the social ladder',\textsuperscript{351} but the prostitutes could also evoke sympathy for being poor, isolated and suffering physically from their diseases.\textsuperscript{352} The eighteenth century saw the attitudes toward prostitutes change from malice to concern.\textsuperscript{353} They became a problem that could be solved.

In the eighteenth century, Bridewell Royal Hospital was one the London hospitals that worked as a correctional facility for disorderly women where women could get help leaving prostitution.\textsuperscript{354} In 1708, the hospital had three approved governors; Mr. John Martyn, Mr. Robert Burton, and Mr. Christopher Bateman, bookseller in Pater Noster Row.\textsuperscript{355} Bateman was not the only bookseller connected to hospitals treating the wages of sex in eighteenth-century London. In 1725, bookseller Thomas Guy founded Guy’s Hospital,\textsuperscript{356} a hospital in London that provided treatment for people suffering from sexually transmitted diseases.\textsuperscript{357} Booksell- ers’ involvement in the treatment of sexually transmitted diseases can therefore be seen as more extensive than just selling medicine, and their role in the English medical marketplace can have been of a much greater importance than what previous research has discovered.

\textsuperscript{350} Clark (2012), p. 232.
\textsuperscript{352} Gallagher (2018), p. 98.
\textsuperscript{353} Gallagher (2018), p. 113.
\textsuperscript{357} Henderson (1999), p. 40.
Chapter 6
Discussion & Conclusions

Eighteenth-century booksellers’ part in the trade of medicine was not limited to the sale of medicines. Medical publications and advertisement of medicines sold by other traders was as commonly advertised by booksellers as the medicines they sold themselves. This might indicate that the booksellers were acting as an intermediator in the English medical marketplace. The book-trade was thus used as a channel through which medical practitioners and traders of medicine could both sell medicines and medical publications, and acquire new knowledge within the field of medicine.

Many medical publications advertised by booksellers were on the topic of sex and sexually transmitted diseases. Several medicines sold by booksellers were, likewise, said to cure sexually transmitted diseases or the symptoms of sexually transmitted diseases. Some of these medicines were not initially targeting sexually transmitted diseases but would later in the eighteenth century reappear in advertisement as medicine for sexually transmitted diseases. This might show an awareness among the makers of medicines of the current state of diseases, but might also indicate that the number of infected were high in London.

Mercurial treatments have in previous research been claimed to be the most used form of treatment for syphilis, and probably other sexually transmitted diseases, in the eighteenth century. Though this may very well be true, advertisements for medicines for sexually transmitted diseases and medical publications on the topic, show that eighteen-century Londoners were actively looking for cures that were not containing mercury. Advertisements highlight medicines that did not contain mercury and medicine curing mercurial poisoning or other side effects of mercurial treatments. This may show that eighteenth-century people had a greater understanding of medicines than has previously been stated.

There is also indications that eighteenth-century people may have been aware of how sexually transmitted diseases spread. Advertisements for medical publications on sexually transmitted diseases discussed the hereditary of syphilis, which shows that it might have been common knowledge that syphilis was not only a disease connected to sex. This might have
removed the stigma of having syphilis as a child. Advertisement also show that women could claim that their husbands gave them the disease, which seems to have removed the possibility of labeling them 'whore'. In eighteenth-century London, this may have proved vital for not being excluded from the community.

In advertisement for medicines, it is relatively hard to decipher which medicines were cures for sexually transmitted diseases and which were not. Some symptoms can more closely be connected to sexually transmitted diseases than others. A few examples are: stoppage of urine, treatment of ulcers and scalding of urine. Other medicines are straightforward in their advertising, stating to cure 'the secret disease', 'the venereal disease', 'the pox', 'the French disease', 'the Itch', 'Gonorrhea', etc. Booksellers are in the advertisements stated to have sold both medicines that were specifically treating sexually transmitted diseases and medicines said to cure symptoms of sexually transmitted diseases.

Studying the advisement for medicines for sexually transmitted diseases and medical publications on the topic, much less is secret than what the name 'the secret disease' indicates. Medicine and treatments for sexually transmitted diseases are as openly advertised as other products and services. 'Secret' rather seems to be the name of the disease than an indication of the disease's position in society.

Prostitutes were often blamed for the spread of sexually transmitted diseases, but were also known to get treatment quickly. With this in mind, prostitutes may have been part of booksellers' costumers. This might have proved that prostitutes were included in society through economical transactions, when they normally would have been excluded. Previous research has claimed that sexually transmitted diseases were normally seen as something good in men and something bad in women in the eighteenth century, but there is nothing to suggest that medicines were advertised differently to women than men, though medical treatments requiring a medical practitioner were.

The sexual reputation of women was used to control women’s economic and social opportunities. The same can not be said about men, at least not high-status men. This might have made the social exclusion of women based on their sexual reputation easier than to exclude men for the same reason in the eighteenth century.

Female booksellers advertised medicine the same way male traders did. Many female booksellers were widows that had taken over their late husbands’ bookshops. If the women took over the whole business, and kept the same stock as their late husbands, it might indicate that women sold medicines if their late husbands had sold medicines.
When advertising medicine, booksellers did not always put it in the text of the advertisement. Sometimes, the information that they were selling medicine was instead put in the illustration on their trade card. It may have been a consequence of the lack of space on trade cards. This lack of space may also have been why many medicines were only mentioned by name on trade cards. That the medicines were only mentioned by name might also indicate that the majority of the consumers of medicines in eighteenth-century London already had a pre-existing knowledge of the different medicines.

The illustration on the trade card was sometimes depicting the bookseller’s store front, which might have been because all of the streets in London and England did not have street numbers at the beginning of the century. It might also have been a way for booksellers to show off their shops to attract new costumers. Another way to attract new costumers was through international trade.

The national trade was also important and there is evidence to suggest that booksellers created a network of retailers of medicine in the English medical marketplace. There was also an intra-London trade of medicine, which formed a substantial part of the medical marketplace in London. That booksellers were repeatedly stated as retailers of medicine in eighteenth-century advertisement suggests that booksellers had a lasting relationship with medicine proprietors that was consistent throughout the century. All bookseller were not stated as retailers and not all medicines were advertised. This may indicate that more booksellers were active as traders of medicine than those mentioned in the advertisements.

That booksellers sold medicines did not automatically label them ‘quacks’. There seems to have been no consensus of what a quack was, and simultaneously was not, in the eighteenth century. Some booksellers could have been called quack vendors, but most seem to not have been labeled as neither quacks nor quack vendors. The booksellers’ sale of medicine can still be labeled quackery.

There is evidence to support that some booksellers created medicine, which would have turned them from traders of medicine into quacks or proprietors. Booksellers were involved in medicine in other ways as well. At least two booksellers were involved in the building and development of two London hospital, one which treated sufferers of sexually transmitted diseases and the other which treated disorderly women. Booksellers were thus not only selling medicine in the medical marketplace. They might have been a much more important actor in eighteenth-century London’s medical scene than has previously been discovered.
Future research

Only a limited amount of source material found on the topic of booksellers, the trade of medicine and sexually transmitted diseases have been used in this thesis. There is thus still much research to be done on the topic. Two areas that deserves more attention are the nineteenth-century trade of proprietary medicines and the relationship between death and quack remedies.

The trade of proprietary medicines continued, and grew, in the nineteenth century and booksellers were still part of the trade, though they slowly started leaving it. This changing dynamic between booksellers and the trade of medicine may have been part of the changing view on sex and other morally grey areas in Victorian society. The connection between the sale of medicine for sexually transmitted diseases, and medical publications on the topic, would thereby benefit from being the object of a much more thorough study, without the limits of a master’s thesis.

The relationship between death and quack remedies also deserves more attention. Though there is an existing understanding of quack medicines as dangerous, not all eighteenth-century medicines were dangerous. Recent studies have shown that several component plant substances of the popular medicine *Swedish Bitters* had 'beneficial psychological effects on the human body.' *Swedish Bitters* were thus far from a 'quack' medicine and the research shows that the ingredients in the medicine had the qualities that they were said to have in the eighteenth century. The idea that all historical medicines were fraudulent is thus partly false, though most of the medicines did contain one or a few unsafe ingredients.

Death was still always present in eighteenth-century England. The average life span was short and death rates were high. London, with its urban society, brought death rates that had not been witnessed in earlier centuries. It was claimed that it was not only diseases and

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358 As can be seen when studying source material. Medicines started to leave booksellers advertisements, while other commodities remained.


362 Stebbings 2017, p. 22.

malnutrition that claimed victims, but the cures that were meant to save them. An account from the eighteenth century reported that the medicine *Godfrey’s Cordial* killed many, and that ‘nurses (gave) it to children to sleep them to death.’\(^{364}\) An Italian surgeon, famous for making cures, was likewise more than once accused of killing his patients by making them overdose on his medicines.\(^{365}\)

This view of death, thought to be related to quack medicines, needs more research. It should be studied with the possibility in mind of it being a false statement, perhaps even a narrative constructed by regular medical practitioners in a bid to stop the trade of quack medicines. With the competitive consumer market in eighteenth-century London, there is a possibility that much information in advertisement, and other publications on the matter, were created by medical practitioners to steer potential customers away from quacks – their competitors.

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\(^{365}\) Eamon 2003, p. 125.
Sammanfattning/Summary in Swedish

Den dolda handeln: Bokhandlare, reklam och könssjukdomar i 1700-talets London


Det finns också indikationer på att personer på 1700-talet kan ha varit väl medvetna om hur könssjukdomar spreds. Medicinska publikationer om könssjukdomar belyser ärftlighet som en smittfaktor, vilket visar att det kan ha varit allmänt känt att syphilis inte bara var en sjukdom kopplad till sex. Detta kan ha tagit bort stigmat av att ha syphilis som barn under 1700-talet. Reklam från tiden visar också att kvinnor kunde hävda att de blivit smittade av sina makar och på det sättet kom de undan titeln ’hora’. I 1700-talets London kan det ha varit avgörande för att inte bli exkluderad från samhället.


Skulden för spridningen av könssjukdomar las ofta på prostituerade. Prostituerade var samtidigt kända för att snabbt behandla sina sjukdomar. Med detta i åtanke kan prostituerade ha varit en del av bokhandlares kunder. Detta kan indikera att prostituerade var inkluderade i samhället genom ekonomiska transaktioner, när de normalt sett skulle ha blivit exkluderade. Tidigare forskning har hävdat att könssjukdomar normalt sett sågs som något bra hos överklass män på 1700-talet, och något dåligt hos kvinnor, men det finns inget som tyder på det i marknadsföringen av medicin mot könssjukdomar.

Kvinnors sexuella rykte användes för att kontrollera kvinnors ekonomiska och social möjligheter under 1700-talet. Detsamma kan inte sägas om män, i alla fall inte män med hög status. Detta kan ha gjort den social exkluderingen av kvinnor, baserat på deras sexuella rykte, lättare än att exkludera män av samma anledning.

Kvinnliga bokhandlare marknadsförde medicin på samma sätt som manliga bokhandlare. Många kvinnliga bokhandlare var änkor som tagit över deras makars bokhandlar. Om kvinnorna tog över hela verksamheten och det lager som deras makar hade haft kan det betyda att kvinnor sålde medicin om deras makar hade gjort det.
När bokhandlare gjorde reklam för medicin gjorde de det inte alltid i reklamens brödtext. Ibland informerade de om att de sålde medicin i illustrationen på deras handelskort. Det kan ha varit en konsekvens av bristen på utrymme på ett handelskort. Denna brist på utrymme kan också ha varit anledningen till att många mediciner endast nämndes vid namn. Att medicinerna endast nämndes vid namn kan indikera att majoriteten av läkemedelskonsumenterna på 1700-talet redan hade existerande kunskap om de olika medicinerna.

Den nationella handeln i England var viktig för bokhandlare och det finns bevis för att bokhandlare skapade ett nätverk av återförsäljare av medicin i den engelska medicinska marknaden. Att bokhandlare upprepade gånger nämns som återförsäljare av medicin tyder på att bokhandlare hade ett betydelsefullt förhållande till läkemedelsinnehavare som var konsekvent under hela 1700-talet.

Att bokhandlare sålde medicine gjorde de inte per automatik till kvacksalvare. Det verkar inte ha funnits någon konsensus om vad kvacksalvare var på 1700-talet. Vissa bokhandlare kan ha kallats kvacksalvare, men de flesta verkar inte ha blivit kallade för det. Bokhandlarens del i försäljningen av medicin kan trots det fortfarande betecknas som kvacksalveri.

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