Gilding the Pill: The Sensuous Consumption of Patent Medicines, 1815–1841

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Summary. This article aims to remove patent medicines from the traditional quack/orthodox binary and reconsider them as material objects within sensory networks of production, distribution and consumption. Patent medicines offer a unique perspective on material history by being twice consumed; first through traditional exchange, followed by the private act of ingestion. Recognising both these interpretations, this article deconstructs the multisensory consumer experience engineered by nineteenth-century patent medicine proprietors. It argues that proprietors, fuelled by competition and aided by manufacturing innovations, refocused branding on the sensory qualities of their product. Standardised colours, shapes, textures and flavours encouraged consumers to draw a relationship between the reliable appearance of a product and the authenticity of the contents within. Tracing these synesthetic cues from the print media campaign through to the moment of ingestion extends the medical transaction and highlights the sophistication of nineteenth-century marketing tactics.

Keywords: patent medicines; consumption; sensory history; marketing; packaging

To speak of the consumption of patent medicines is to speak of two distinct but related processes. The first is ‘consumption’ in the universal sense, referring to shoppers buying and using commodities. Here, we must consider how a consumer’s capacity, need and desire to acquire an item agree with the object’s value, use and appearance. In this sense, patent medicines are like any marketable commodity. However, the consumption of patent medicines may also be considered in the limited, literal sense of ingestion. Unlike buttons, buckles or other commodities considered in previous studies of Industrial material culture, patent medicines can become part of and thereby physically alter the user’s body. The significance of ingestion cannot have gone unconsidered by a consumer when selecting a patent medicine. Ingesting something is the culmination of popular knowledge and personal experience; the application of the verb ‘to digest’ to both food and knowledge suggests complementary processes of mediation and assimilation.¹ While I will address each type of consumption in turn, to fully appreciate the complexity of the early nineteenth-century patent medicine marketplace, the two senses of the word must be analysed as they were experienced (sensed, if you would) by the consumer.

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As a commodity, patent medicines were ‘both transformed and transformative’: exotic materials were compounded by tradesmen, distributed by myriad vendors, and consumed by an equally diverse clientele.² Given the wide application of the term, it is necessary to define my use of ‘patent medicine’ within this article. I will use ‘patent medicine’ and ‘proprietary medicine’ as interchangeable terms for popular, commercially sold, compound cures obtained without a physician’s prescription. I will further limit my study to ingested medication: pills, cordials, powders, pastilles, lozenges, etc. Topical medications, cosmetic concoctions and medical contraptions will not be considered, both for the purposes of feasibility and because they lack the important sensory experience of ingestion. My interpretation of ‘patent medicines’ includes generic versions of popular brand name medicines—a distinction which takes on particular significance given the inherent risk involved in consuming patent medicines. Patients were expected to ingest medications prepared by people they had never met which contained secret or unfamiliar ingredients. These uncertainties, compounded by rampant counterfeiting, adulteration and fear-mongering, accentuated rivalries between patent medicine proprietors. Looking to build brand credibility and consumer loyalty, proprietors turned to increasingly sophisticated tools of product design and advertising. In coordinating messages across print media, product packaging and formulation, these proprietors engineered—that is, they manipulated in a direct, targeted manner—the sensory experience of their customers. A patent medicine’s authenticity and reliability became embodied by the standardised synesthetic cues from print, package and pill. As I will argue, from the moment of purchase to the moment of ingestion, the consumption of patent medicines was an integrated, engineered and multisensory experience.

Proprietors, Pills and Sensory Perception

The Apothecaries Act of 1815 ushered in the era of medical professionalisation and placed new evolutionary pressures on the medical marketplace in Britain. The late eighteenth-century quacks championed by Roy Porter sold their medical opinions as much as (or indeed more so) than their pills, but the majority of patent medicine vendors who operated during the early nineteenth century made no allusions to the trappings of the medical profession.³ Isaac Swainson, sole proprietor of Velno’s Vegetable Syrup, maintained that although, in one of the skirmishes of these vindictive bodies [regular and irregular physicians], I have been lately included, . . . I belong to neither. I bought the property of Velno’s Vegetable Syrup, as I would a brew-house; and I prepare the syrup as a brewer prepares porter, by a recipe peculiar to the house, and known in no other. . . . I assume none of the pretentions, and perform none of the acts of a Doctor.⁴

⁴Isaac Swainson, Directions for the Use of Velno’s Vegetable Syrup (London: James Ridgeway, 1787), 10.
Swainson’s brew-house analogy highlights the shop-front character of the emerging drug trade. Whereas itinerant quacks and physicians made house calls, chemists and druggists relied on clients to initiate the medical transaction. If the consumer could not travel to the shop, the medical transaction was completed at a distance through mail order services.\(^5\) The ‘performance’ of medical consultation became ancillary to the main business of fulfilling consumers’ preconceived conclusions on their diagnosis and treatment. The emphasis on product rather than opinion produced a fundamentally different dynamic of medical practice.

Although many of the eighteenth-century figures highlighted by Porter did not live to see the nineteenth century, in many cases their remedies did. ‘The tendency to equate proprietary medicines with quacks has led to a skewed view of the makers of these products.’\(^6\) While the names of eighteenth-century proprietors like Dr James, de Velno and Widow Welch continued to be used in the nineteenth century, the formulations, manufacturers and distributors of these products continued to change. The transfer of proprietary rights from the original vendor to a successor invited dozens of counterfeiters and competitors to contest the ownership and authenticity of the brand. What had once been secret formulas circulated widely through both public and private domains. The more successful a medicine, the more likely it was to be considered in generic terms as public property. Godfrey’s Cordial was so popular that it escaped all brand moorings and was prepared by local chemists across the country, with different additives and varying strengths.\(^7\) As yet, there has been no study of a patent medicine’s evolution from the original, eighteenth-century ‘quack’ proprietor through to the nineteenth-century syndicated brand.\(^8\) How did these products retain their credibility once their namesake had died or, indeed, when a sea of competitors threatened their brand identity?

The closest theoretical and historical counterpart to these questions of marketing and consumption is the introduction of coffee, tea, sugar and cocoa to Western Europe. In addition to undergoing similar processes of formulation, circulation and consumption as patent medicines, all of these substances had mild psychoactive properties which fulfilled both social and medical roles.\(^9\) Furthermore, coffee, sugar, tea and chocolate have received the most consideration by food and drug historians, inspiring much of the theory in the field.\(^10\) While deeply implicated in European understandings of colonialism, each


\(^7\) British House of Commons, \textit{Royal Commission on Children’s Employment in Mines and Manufactories. Second Report (Manufactures), Appendix} (London: British House of Commons, 1843), 875.

\(^8\) For an analysis of similar transformations in the twentieth century, see Maria Rentetzi, ‘Packaging Radium, Selling Science: Boxes, Bottles and Other Mundane Things in the World of Science’, \textit{Annals of Science}, 2011, 68, 375–99.


product was incorporated into distinctly European consumption rituals.\textsuperscript{11} The successful introduction of coffee, tea, sugar and chocolate to Britain required a deliberate and sustained strategy on the part of colonial entrepreneurs. Food, writes Roland Barthes, is ‘a system of communication, a body of images, a protocol of usages, situations and behaviour.’\textsuperscript{12} Knowledge of the proper method of preparation, of the rituals of consumption and of the expected sensations (taste, effects, etc.) needed to be introduced and circulated. New demand was generated through the introduction of material paraphernalia—coffee pots, sugar tongs, tea cups—and consumption habits were fostered in ever-broader social classes.\textsuperscript{13} What had once been an expensive luxury of the rich had, by the nineteenth century, come within the reach of even the lowest sectors of British society.\textsuperscript{14} While not concurrent with coffee or sugar, a similar process of social dissemination occurred with patent medicines. The academic attention paid to the social and material meaning entwined with these exotic foodstuffs sets an important precedent for my analysis of the nineteenth-century patent medicine market.

Unlike coffee or tea, however, patent medicines were not intended for displayed consumption. Ingestion was a private act, completed in the bedroom away from prying eyes. Beyond the social exchange of the purchase, there was no element of public performance involved in the consumption of patent medicines. Indeed, even during purchase consumers and proprietors went out of their way to maintain the privacy of the transaction: Dr Soloman, proprietor of the Cordial Balsam of Gilead, promised ‘to secure inviolable secrecy’ through mail order correspondence and ‘letters ... addressed for X. Z. or A. B. at the Post Office, till called for.’\textsuperscript{15} This poses a significant challenge to previous studies of eighteenth- and nineteenth-century consumption, which, to varying degrees, engage with Veblen’s theory of conspicuous consumption. Wedgewood tea sets, among other Industrial manufactures, were ‘visible symbols ... acquired and displayed to validate one’s social claims and to emulate the behaviour of higher-status groups for social gain.’\textsuperscript{16} If brands are considered as a form of this cultural communication, the private consumption of patent medicines—arguably the most branded products of the nineteenth century—appears antithetical to this agenda.\textsuperscript{17} Applications of conspicuous consumption to historical contexts must be balanced by examples of its complement, inconspicuous consumption.\textsuperscript{18} As Campbell argues, ‘there seems to be no reason ... to assume that private or inconspicuous consumption should be any less culturally


\textsuperscript{13}Helen Peavitt, ‘Why Irons are Useful and Sugar Nippers are Not’, \textit{Icon}, 2006, 12, 30–7.

\textsuperscript{14}Takahiro Ueyama, \textit{Health in the Marketplace: Professionalism, Therapeutic Desires, and Medical Commodification in Late-Victorian London} (Palo Alto: Society for the Promotion of Science and Scholarship, 2010), 5.


meaningful than its public counterpart nor any less expressive of basic cultural values.’

But how are values embedded in the private performance of consumption?

In attempting to reconstruct this private form of consumption, I have found it helpful to consider the consumption of patent medicines through an individual’s sensory perceptions. The recent sensory turn in cultural history engages with the senses as both individual and collective phenomena, reviving a debate which has been ongoing since antiquity and one which also reflects the duality of patent medicine consumption. Considering questions of what patent medicines looked, felt or tasted like emphasises an understanding of the senses as ‘private, internal, ahistorical and apolitical.’ Sensory perception is a source of immediate, ‘natural’ knowledge, seemingly un-transmuted by networks of communication and exchange. However, as sociologists have argued, sensory perception is not wholly immune from cultural and social framing. Steven Shapin’s discussion of the aliment can be extended to any of the five senses: ‘the cultural bit has to do with the networks of expectation and understandings about how things should taste, with frameworks relating taste both to the nature of aliments and to bodily consequences, and with the available vocabularies for talking about them and describing them to others.’ If the intimate consumption of patent medicines—and the knowledge gained therein—was vulnerable to commercial influence, how then did patent medicine proprietors penetrate the sickroom to manipulate this consumer experience?

Print culture and print advertising has already assumed a central role in nineteenth-century sensory history. Championed by Marshall McLuhan, the ‘great divide’ theory argues that the printing revolution and the Enlightenment caused a shift in western sensory dependence from the ear (and other ‘lower’ or proximate senses) to the eye. Roses were bred for visual appeal rather than fragrant potency, and chemists relied less on ‘sensuous technology’ in favour of visually-based quantitative experimentation. Foucault’s ‘medical gaze’ not only supports this visual-modern complex, but also shows how the sensory experiences of physicians have been privileged over those of patients. Bynum and Porter’s edited anthology *Medicine and the Five Senses* focuses on the role of the senses as a tool of diagnosis, as well as the medical understanding of sensory organs.

To use Mark Smith’s definitions, Bynum and Porter offer a history of the senses, while I aim to write a sensory history. I do not seek to study a particular sense in isolation, nor

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23 Shapin, ‘Changing Tastes’, 7–8. The understanding of the five senses is itself a Western cultural construct; for discussion of other sensory hierarchies, see Constance Classen, *Worlds of Sense: Exploring the Senses in History and across Cultures* (London: Routledge, 1993).
do I argue for the independent agency of consumers’ senses. Rather, I wish to understand how a patient’s collective sensory experience of a product was mediated by commercial technologies.

The nature of inconspicuous consumption, however, complicates any study of this process. Few first-hand accounts of the private experience of patent medicine consumption are readily available or sufficiently detailed to reliably reconstruct consumers’ sensory experiences. Furthermore, as Monica Smith suggests, inconspicuously consumed commodities are more frequently bought and, conversely, more disposable. Despite, or perhaps because of, this high turnover, physical evidence of patent medicines is hard to come by. Once the contents were consumed, glass bottles shattered, cardboard pill boxes degraded and paper labels decomposed. While this evidentiary lacuna forces us to return to periodical advertising, the methodology is not wholly unprecedented or unwarranted. Mark Smith rightly argues that ‘sensory history should not give up too quickly on print’ as it ‘constitute[s] the principal medium through which we can access the senses of the past and their meanings.’

Furthermore, print was an effective medium for contemporaries to access and interpret their own sensory environment. Consumers did not objectively engage with the physical commodity; their sensory expectations were informed by a variety of cultural factors, most especially printed advertising. Sensory and textual communication were mutually reinforcing parts of a single marketing strategy, and in some cases, they were one and the same. Handbills for Dr Anderson’s True Scotch Pills that circulated in the streets also served as wrapping paper for the products themselves. Through material and semiotic manipulation, the product became both ‘both [a] commercial …[and] an epistemic’ device of the proprietors’ knowledge exchange with the consumer.

By studying the manipulation and reception of the physical qualities of a commodity, therefore, I hope to follow in the steps of David Howes and produce a ‘materialist history of the senses’. For Howes, the deliberate manipulation of a consumer’s total sensory perception by marketers is characteristic of late capitalism and directly in contrast to earlier industrial and consumer capitalist modes. Although modern technologies have allowed companies to develop more immersive sensory strategies, I have found historical analogues of this so called ‘sensual logic’ of marketing in the nineteenth-century patent medicine industry. Be it through packaging or taste, proprietors transformed otherwise worthless ingredients into recognisable and valuable brands. Distinguishing colour, shape and flavour offered patients the assurance of a standard, safe and effective product. Just as the printing revolution accelerated and stabilised knowledge communication, ‘multiplying the sensory channels through which the message is communicated enhance[d] the likelihood of the message being registered and acted upon by the customer.’ By standardising the sensory experience of their customers, proprietors of patent medicines added value and credibility to their products and thereby stabilised their knowledge claims.

30Morning Post, 3 November 1821, 1.
33Ibid., 293.
34Ibid., 288.
Consumption and Packaging

In both form and function, packaging was the material embodiment of periodical advertising: it facilitated the separation of the product from the producer, allowing pills and potions to travel the world, yet it also served as an essential medium of communication between proprietor and consumer. Packaging transcended the divide between public and private worlds of consumption. It could be displayed in stores and discussed in newspapers, but, unlike periodical advertising, packaging accompanied patent medicines right up to the moment of consumption. It was an intimate element of the consumer experience, with the power to reinforce or undermine patient compliance and dosage regimes. As such, it offered proprietors a means of manipulating private consumption through individual sensory experience. The visual and tactile elements of bottles and wrappers were used to signify reliability, credibility and authenticity. The integrity of packaging to proprietors’ marketing strategies is evident across the nearly 500 periodical advertisements sampled for this study. Not only did they describe their packaging in detail, but they also warned of increasingly elaborate means of counterfeiting. An 1826 advertisement for Dicey’s Family Medicines warned its readers, ‘not to rely merely upon the glass bottle bearing the name of Dicey & Co. as there are unprincipled people who buy up the empty bottles, for the purposes of filling them with their own counterfeit preparations, and which are thus imposed upon the public as the True Daffy’s Elixir’ (Figure 1).

Both proprietors and impostors recognised that the appearance of a bottle, box or label spoke volumes about the nature of the product contained therein.

Brand-specific packaging had been a pioneering feature of the patent medicine industry since its origins in the seventeenth century. However, a number of nineteenth-century innovations increased the standard of production and the diversity of designs. In 1809, James Goddard patented ‘chip’ boxes constructed of willow shavings and glue for packaging pills. Later, in 1832, John Mosely and George Bell received a patent for ‘improvements in the making or manufacturing of pill and other boxes from pasteboard, paper or other materials’. The use of a press to cut and fold these boxes facilitated their mass production and significantly lowered costs. Bottled medicines, though, underwent the most significant change in packaging and production. At the beginning of the century, every bottle was hand-blown into moulds, an altogether crude and slow process. Imperfections, including pontil scars, side seams and irregular thickness of the glass commonly distinguished one bottle from the next (Figure 2).

36J. Heton, 'Valuable Family Medicines (warranted Genuine), 1826', John Johnson.
38Griffenhagen and Bogard, Drug Containers, 11.
40Griffenhagen and Bogard, Drug Containers, 27.
of the split mould for the production of narrow-neck bottle designs was one of many innovations that mechanised bottle production. In an age of heightened public concern over impurities and adulteration, eliminating even these slight imperfections in the bottle suggested to the customer standardization of the bottle’s contents.

Advances in the mechanisation of glass blowing helped to develop lasting consumer recognition of patent medicines and their novelty bottles. Amateur patent medicine bottle collectors have amassed the best collections of these vials, as well as a wealth of information about their provenance and production. For those proprietors who could afford a mould, bottles could be blown into any shape they desired. Unique designs offered the consumer a means of instantly distinguishing between brands while offering the proprietor a means of reducing counterfeiting (Figures 1 and 2). Turlington’s Balsam of Life is arguably the most fantastical example; shaped like a violin, it featured the name and the phrase ‘by royal patent’ embossed into the glass. Not only were these bottles seen, they were also handled, and the text on the bottle had texture as well. The feel of an embossed name on a glass bottle offered a tangible reinforcement of visual, or, more specifically, typographical cues.

By the early nineteenth century, the strength of this association between bottle and brand was such that the Philadelphia College of Pharmacy remarked,


Figure 1. Three variations of the Dicey’s True Daffy Elixir Bottle c. 1820–1840. Reproduced with the kind permission of Jeremy Kemp from his private collection.
We are aware that long custom has so strongly associated the idea of the genuineness of the Patent Medicines, with particular shapes of the vials that contain them, and with certain printed labels, as to render an alteration in them an affair of difficulty. Many who use these preparations would not purchase British Oil that was put up in a conical vial, nor Turlington’s balsam in a cylindrical one.43

Like the Coke bottle today, patent medicine bottles in the nineteenth century evoked visual and tactile signals of authenticity that came to represent the medicine itself. In an etching by George Cruikshank (c. 1830s), the ‘Council of Health’ does not consist of caricatures of their quack proprietors, but rather personifications of patent medicine packaging (Figure 3). This cartoon provides a striking comparison to eighteenth-century caricatures of medical quackery. No longer do Roy Porter’s larger-than-life charlatans represent the commercial medical market; rather, the credibility and personality of a branded medicine is embedded in the product, an altogether more concrete and stable vehicle.

Although bottles are the most recognisable elements of the patent medicine industry to modern minds, the government stamp was the most common element of patent medicine packaging identified by proprietors in periodical advertising. The 1812 Medicines Stamp Act amended previous statutes of 1783, 1802 and 1804 taxing proprietary medicines, including, but not necessarily limited to, a list of 550 specific nostrums which


Figure 2. Three variations on the Turlington’s Balsam of Life bottle. Dated (left to right) c. 1760s–1800, c. 1890–1910, c. 1790–1830. Reproduced with the kind permission of Jeremy Kemp from his private collection.
Figure 3. The Sick Goose and the Council of Health, etching by George Cruikshank (c. 1830s). Courtesy of the Wellcome Library, London.
accompanied the bill. The tax was easily and frequently evaded, for many proprietors the marketing benefits of the tax outweighed the minor imposition of the duty. The vendors of James Cockle’s Antibilious Pills, as with Morrison’s Pills, Dixon’s Pills and others, insisted that their products could only be genuine if ‘the name [of the proprietor] is engraved in white letters on the Government Stamp.’ The strategy’s effectiveness had far reaching and long-lasting effects, even in 1833 Philadelphia, where ‘the stamp of the excise, ... the seal and coat of arms which are to prevent counterfeits, the solemn caution against quacks and impostors ... ha[d] not ... lost their influence.’

However, the enduring symbolism of the government stamp was in part due to the misinterpretation of its imagery. The royal coat of arms and the phrase ‘by royal authority’ used on the stamp were understood as royal patronage of the product. As a later commentator recalled,

the vendors of quack medicines soon discovered that the stamp tax was of the greatest possible value to them, since it is a well-known fact that many people believe its presence to be an indication that the medicine has been examined and found pure—a misleading and delusive endorsement. The patent-medicine proprietor, so far from objecting to the Act, or wishing to have it repealed, is decidedly anxious for its retention, for it serves him as an excellent advertisement. His remedy would appear to have received the Government recognition of its curative properties; and the practice of representing the stamp to be an official endorsement of the excellence of the medicine has become very general.

If the benefits of this unexpected interpretation were not lost upon opponents of the tax—who decried it for promoting quackery—then they were certainly not lost upon the proprietors. After all, they promoted the government stamp above all other elements of their packaging. In the government stamp, proprietors had found the visual equivalent of the patent: both appropriated government authority for commercial use and in so doing had assumed cultural meanings far beyond their official definitions. While Leake’s Patent Vegetable Pills could include ‘By his Majesty’s Royal Letters Patent’ in their advertising copy, the same allusions to authenticity, accountability and prestige could be broadcast from the lid of every box of pills sold. Regardless of what name appeared,

46The Era, 15 December 1839, 1.
50Morning Post, 16 August 1822, 4.
the government stamp acted as a visual symbol of authenticity and quality: a logo before modern logos. Sensory semiotics thus helped proprietors not only by conferring extraordinary cultural meanings upon patent medicines, but also by projecting those meanings to audiences and spheres untapped by the printed word.

The government stamp’s distinctive design also conferred an important element of colour to patent medicine packaging. Given the disproportionate survival of periodical advertising, it is important not to allow this black and white text to overpower the colourful packaging of the product itself. The government stamp’s white lettering on a red background was the most common colour palate for patent medicine labels, as multi-coloured printing only became feasible on a large scale in 1835. Nevertheless, even the slightest touch of colour was a signal to consumers of genuineness: bottles of Rowland’s Alsana Extract could not be ‘genuine without the signature, in red ink, “A. Rowland and Son.”’ Again, it is important to recognise the implicit visual elements of the printed word—its colour and its font—as elements of communication in and of themselves. High profile cases of forgery in the 1820s familiarised and sensitised consumers to signs of counterfeiting. The cost and technical complexity prohibited the automated replication of a signature in coloured ink; Rowland’s red signature must have been hand-written, and therefore more likely to be genuine. By planting even these subtest of cues in their printed advertising, proprietors established a metonymic relationship between their packaging and their product. If there was an agreement between the colour described in the advertising and the colour on the packaging, it would not be too great a leap for the consumer to grant credibility to all the product’s knowledge claims.

Besides the red, black and white lettering, proprietors found other ways of adding colour to their products. Dr James’ Fever Powders were known for using marbled paper in their packaging, likely a survival from its days of being distributed by the Newbery printers, who used it in bookbinding. Clear glass was expensive so many proprietors opted for bottles of blue, green or brown glass (Figure 1). The exception, of course, was if colour could be infused directly into the medicines themselves. Cochineal and henna, two ingredients in Roche’s Embrocation, had mild medicinal properties, but arguably their more potent effect was the visual appeal they conferred upon the medicine. Jewel-like, the bright red colour added by these ingredients added a distinguishing exotic cachet. Colour could also be associated with safety and standardisation. The proprietor of Purified Roseate Epsom Salts advertised that ‘its distinguishing and inviting rose-colour, precluded the possibility of mistake or substitution either through carelessness or ignorance, of oxalic

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51 Davis, Package and Print, 87–8.
52 The Times, 17 April 1820, 4.
55 Davis, Package and Print, 53.
acid, or any other deleterious matter’. The nineteenth century was marred by a number of fatal poisonings after oxalic acid was mistaken for Epsom salts: both were white powders of similar appearance and availability. The characteristic colour allowed this brand to be distinguished not only from dangerous doppelgangers, but also from competitors. Like Coca-Cola red or Tiffany’s blue, Purified Roseate Epsom Salt pink allowed the consumer to evaluate the genuineness of the product immediately and accurately.

**Ingestion and Taste**

There was one colour, however, which held universal meaning: gold. The tradition of gilding (or silvering) pills dates back to ninth-century Arabic medicine. Although gold had once been considered to have medicinal properties, the coating of pills had come to be a means of disguising the unpleasant taste of some medicines. By the nineteenth century, the practice was becoming obsolete in academic pharmacy, but it remained firmly entrenched in Britain’s cultural vocabulary. Between 1837 and 1838, Mr Cockle’s Antibilious Pills advertised an additional service, no doubt for a significant fee, by which ‘persons who have an aversion to the taste of medicine may have Mr Cockle’s Pills beautifully SILVERED, which renders them tasteless’. It was a practice which appealed to a synesthetic perception of ingestion: not only were they tasteless, but they had the ‘convenience of pleasing the eye’. ‘Gilding the pill’ was a byword for duplicity; a testament to the susceptibility of sight and taste to the manipulations of patent medicine proprietors. What had once been a mixture of relatively worthless apothecary’s simples was transformed into a valuable commodity even, perhaps, a luxury. Like the related adage ‘a bitter pill to swallow’, ‘gilding the pill’ is an example of how sensory perceptions ‘broke free of their physical space, slipping into the social and cultural realm.’ It reminds the modern reader of the complex web of contemporary association between taste, ingestion, knowledge and truth.

The association between taste and knowledge in Western thought had been well established since antiquity. Galenic medicine promoted a philosophy of ‘*quod sapit nutrit* (if it tastes good, it’s good for you)’ that fundamentally tied taste to health. Taste was an immediate indicator of the substance’s eventual bodily effects. However, taste, like the other proximate senses, fell victim to the Enlightenment’s ‘great divide’ of sensory knowledge which ‘shattered . . . [the] substantial links in academic science between the experience of taste and the knowledge of real properties and effects of foods.’ The decline of tasteful knowledge is captured in the phrase ‘a bitter pill to swallow’. No longer was medicine meant to be agreeable to an individual palate, but quite the opposite. By the early

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58Morning Post, 1 January 1830, 1.
62Manchester Times, 7 April 1838, 2.
64Smith, ‘Producing Sense’, 852.
66Ibid., 36.
nineteenth century, medicines were ‘proverbially disagreeable’. While to some degree an aversion to bitter tastes is inherent to the human palate, the maxim highlights, while simultaneously reinforcing, the cultural components of taste. Medicines were expected to be unpleasant; one broadside for Pritchett’s Worm Powder lamented that ‘there . . . still exists . . . a mistaken and fatal prejudice in favour of violent means’. In response, Thomson’s Domestic Management of the Sick-Room suggested a number of harsh techniques for the administration of bad tasting medicines to children. After a child’s arms were held down and head steadied, pinching their nose would force their mouth open. Barring that, the use of a medicine spoon was helpful to ‘force the teeth apart when resistance is made’. Such forceful measures were contingent on the expectation of beneficial medicinal effects. Taste was still a powerful component of the patient’s medicinal experience, but no longer underpinned theoretical understandings of efficacy.

Released from its moorings to objective knowledge, taste in the nineteenth century assumed an unlimited number of subjective meanings and was subject to the commercial manipulation of patent medicine proprietors. They promoted their cures as the solution to the unappealing taste of prescriptions; metaphorically—and in some cases literally—patent medicines were the silver bullet, both effective and appealing. Dr Perrengton’s Tonic Aperient’s ‘fine aromatic flavour render[ed] it unequalled as a pleasant and effectual remedy.’ These advertisements clearly appealed to a basic consumer preference for pleasant tastes, but more can and should be said about the significance of this engineered sensory experience. Although he writes on the late twentieth-century food industry, Roger Haden’s call to examine ‘how informative technologies “instruct” nature’ resonates in the early nineteenth-century patent medicine trade. The technologies of modern food science and artificial flavours might have been a futuristic dream, but nineteenth-century patent medicine proprietors already used print advertising to condition consumers’ sensory response to medicine. The pleasant tastes of medicines played to concepts of convenience: the agreeable taste of Patent Seidlitz Powders allowed them to ‘be given with ease and advantage to children and adults who cannot take salts in any other form’. No longer was there a need to force disagreeable medicines down one’s child’s (or one’s own) throat, one could just buy a patent medicine! ‘Serving as advertising referents, tastes appear to have a sustaining semiotic power’ that added value to patent medicines.

Of course, these semiological manipulations of gustatory experience were contingent upon patent medicines actually tasting better than their prescription counterparts. However, making medicines that were both effective and flavourful became increasingly challenging with the advent of modern pharmaceuticals. Quinine and alkaloids introduced during this period were known for their bitter, unappealing tastes, leading proprietors to add more inventive flavourings.

70 London Standard, 7 June 1831, 1; The Times, 7 November 1840, 7.
74 Estes, Protopharmacology, 3.
Lozenges as particularly suited for children, because ‘the introduction of the chocolate nut into these lozenges completely covers the earthy and unpleasant taste of the medicine, and renders them agreeable to the most delicate stomachs.’ Today, the use of chocolate by food chemists would resonate with a common taste vocabulary, but when Morson distributed these lozenges in 1825, chocolate was still a luxury good. Although chocolate did have medicinal properties, Morson did not promote them. His emphasis on the taste of his product highlights the importance proprietors and consumers placed on the sensory experience of ingestion. Taste had become a commodity that could add novelty and luxury to a standard remedy.

Beyond chocolate, though, the single most promoted taste of patent medicine was tastelessness. Lockyer’s Pure Calcined Magnesia was ‘quite tasteless’, and Leake’s Genuine Pills boasted the effects of ‘one small tasteless Pill’. The descriptor was even used in the brand names of Butler’s Tasteless Seidlitz Powder, and Graham’s Tasteless Aperient Lozenges. The meanings of tastelessness are less well studied than other flavours; indeed, Carolyn Korsemeyer’s definitive *Taste Cultural Reader* does not consider lack of taste as a flavour in and of itself. By contrast, its olfactory equivalent, odorlessness, has received significant consideration by modern sensory historiography. However, the sensory neutrality of tastelessness carried significant semiological meaning in the nineteenth century outside of narratives of sensory decline. Contemporary literature, not just patent medicine advertising itself, associated tastelessness with purity. The scientific understanding that ‘water, when pure, is tasteless’ is reflected in a travel writer’s description of the ‘tasteless purity of Irish whisky’, as well as in the 1837 advertisement for the proprietary remedy Rheumalexema which boasted that ‘the particular virtues of this Medicine are carefully extracted and purified; it is almost tasteless’. These associations with purity are indicative of a more fundamental connotation: the true significance of tasteless proprietary remedies lies in their standardization. Taste is generally constructed in a strict binary; while ‘agreeable’ or ‘disagreeable’ each encompass wide ranges of flavours, ‘the zone of neutrality is relatively small’. Today, the compendium of artificial flavours offers marketers and consumers a common and replicable taste vocabulary. In lieu of such technology, ‘tastelessness’ offered a nineteenth-century consumer the same reassurance of sensory familiarity.

The pursuit of tasteless medicines encouraged a number of new dosage forms over the course of the nineteenth century. Pills, powders and tinctures increasingly overtook ancient Galenic forms such as lohochs, electuaries and confections in popularity. The most significant innovation in dosage form was the invention of the gelatine capsule in 1834 by the

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77*Derby Mercury*, 22 April 1819, 4.
Frenchmen Dublanc and Mothes. Gelatine masked the taste of medicines at much lower cost than precious metals, and an even cheaper technique of coating pills in sugar would follow.\(^{83}\) Despite this explosion of diversity, there was little if any advance in drug delivery. The keratin-coated pill, which was the first to dissolve selectively in the upper intestine, was developed in 1884. There was no difference between Dr James’ Fever Powders and Dr James’ Fever Pills; the latter was made by mixing the former with some inert binding agent like gum arabic. Differences in dosage form were largely cosmetic, suggesting they had little to do with medicinal effect and everything to do with consumer perception. Compared to other dosage forms, pills were considered to limit the taste of unappealing medicines.\(^{84}\) What is more, mass-produced pills were discreet, standard dosages. Britain became a pill-popping nation. The sensory refinement of medicines in this way, to appeal to the consumer aesthetically and gustatorily, made the consumption of patent medicines into a rote sensory experience.

The rise of pills as the dominant form of medication did come with its disadvantages. The challenges of swallowing pills became fodder for serious and satirical pundits alike (Figure 4). Domestic medicine manuals wrote extensively on the various tricks to administer medications in the sick room. Pills could be ‘put into a morsel of soft bread, or into a mass of any conserve’ or else sandwiched between wafer papers.\(^{85}\) Pill size was a primary barrier to consumption, a feature cast in patriotic terms by one 1836 pharmacopoeia; while English pills were the appropriate ‘size of small peas’, the Germans make their pills small enough to resemble ‘mice turds’ and the French so big as to ‘resemble . . . boluses’.\(^{86}\) Amidst this discussion, patent medicine proprietors were keen to assure their customers that their medicines were easily taken. Norton’s ‘truly valuable’ Chamomile Pills were prepared ‘by a peculiar process by which all the medicinal properties or rather more than one ounce of the flowers are concentrated into four moderate-sized pills.’\(^{87}\) Likewise, Leake’s Vegetable Pills wrote that ‘one small pill is a dose’.\(^{88}\) Other preparations were marketed for those who could not swallow pills at all. Morson promoted his Calomel Lozenges as ‘particularly advantageous’ for children due to the ‘difficulty of administering [the drug] to them in the form of pills or powder’.\(^{89}\) The emphasis on dosage size and ease of consumption reminds us that ingestion was a series of distinct sensory experiences and that proprietors designed their medicine’s appearance, taste and texture to appeal to the consumer’s sensory experience.

Having manufactured this sensory experience of their products, proprietors had all but ensured the consumption of their proprietary remedy. The act of ingestion remained particularly significant in a lay culture once dominated by Galenic medicine. It should not go unnoticed that the modern phrase ‘you are what you eat’ derives from the contemporary 1826 French phrase ‘Dis-moi ce que tu manges, je te dirai ce que tu es’ from Anthelme Brillat-Savarin’s *Physiologie du Gout, ou Meditations de Gastronomie Transcendante*. In ingesting something, one enforces the oppositional analogy between inside and outside,  

\(^{85}\) Thomson, *Sick-Room*, 249.  
\(^{87}\) The Times, 30 November 1835, 8.  
\(^{88}\) Morning Post, 3 November 1821, 1.  
\(^{89}\) T. N. Morson, ‘Catalogue of Drugs’. 
good and bad. These decisions constitute essential qualities of an individual’s cultural and personal identity. Consuming a patent medicine—an item of dubious quality and distant origin—is an act of extreme faith in the knowledge transmitted through print, package and pill. As one satirical print suggested, taking patent medicines was a literal assimilation of the remedy’s truth claims (Figure 5).

Figure 4. Swallowing a Pill, anonymous satirical print, 1827. Courtesy of the Wellcome Library, London.

Beyond acknowledging the authenticity of a product, swallowing a pill ‘is a conscious act that affirms a particular course of medical action and agreement with a diagnosis, as well as recognition of the individual as a medicated self.’[91] Certain brands of patent medicines encouraged their consumers to take dozens, if not hundreds, of pills daily, requiring repeated identity performances (Figure 5). But more often than consuming dozens of a single kind of branded pill, it appears that patent medicine consumers were consuming

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diverse cocktails of medication. Prints depicting medicine ingestion do not simply remind us of the private spaces in which patent medicines were consumed, but expose the range of other cures that accompanied it. The mantle depicted in ‘Swallowing a Pill’ is strewn with other medicine bottles and boxes (Figure 4). The medicated self was not embodied by one medicine, but by many. While the standardisation of patent medicines might have limited a patient’s vocabulary of disease construction, patients continued to arrange and assemble these products to meet their own needs. In fact, the standardisation of sensory and semiotic meaning might have even facilitated this combinatorial framing process.

**Conclusion**

Tracing the elements of sensory consumption from the unwrapping of patent medicines to their ingestion has shown that private acts of consumption are still vibrant processes. Behind closed doors, proprietors and consumers continued to exchange knowledge through synesthetic cues. Nevertheless, the surviving material I have used for this analysis derives from the public domain and thus offers only a narrow window into this multisensory world. Diaries and letters referring to the purchase and use of patent medicines would far more accurately reflect patient opinions on these products, but such notes are fleeting at best. Developing a representative assessment of sensory experience will require an extensive search of both digitised and un-digitised archives—a task which I have reserved for subsequent research. Likewise, a great deal remains to be uncovered about the people on the other end of this commercial transaction. While no known archive exists of the business papers of early nineteenth-century patent medicine companies, the back rooms of patent medicine shops undoubtedly held as many sensory experiences as the sickroom.

Such business documents would provide a valuable comparison with those of the late nineteenth century. A number of patent medicines introduced in the second half of the century experienced a longevity that now surpasses even the greatest Georgian remedies. Beecham’s Pills, Lydia Pinkham’s Pills and a number of other late-nineteenth-century remedies, not to mention some pharmaceutical companies, survive today from their early commercial success. While these later brands had the benefit of more sophisticated commercial technologies, early nineteenth-century patent medicines antedated many modern marketing strategies. Their approach to product design shared the same tactics, if more primitive execution, as that of twentieth-century commercial chemists. In their attention to taste, appearance and packaging of their remedies, patent medicine warehouses resemble modern day multinational conglomerates like Kraft Foods or Coca-Cola.

For then, as today, the senses were an essential element of a proprietor’s rhetoric of persuasion. Patent medicine packaging fulfilled a metonymic relationship with its contents. Its standard and reliable colour, texture and design lent credibility to the cure inside. Meanwhile, proprietors formulated the colour, texture and taste of the medicine itself to make their product appeal to the gustatory faculties of their consumer. Although medically inert, these additives manipulated cultural associations between appearance and value. Perpetual and subliminal cues accessed consumers’ most private moments, moments hitherto untapped by conventional print marketing. After all the marketing...
claims had been read and after all the products purchased, the circulation of patent medicines culminated in the sensory experiences of sight, touch and taste. Standardisation, not in the metrological sense, but rather in the consumer’s experience of a physical commodity, completed the transfer of authority from the eighteenth-century charlatan to the modern autonomous brand.