

Health, Horror and Dreams for Sale: Patent Medicine and Quackery in Prewar Finland

Riitta Oittinen



THIS ARTICLE FOCUSES ON INDUSTRIALLY PRODUCED and prepackaged preparations that were called patent medicine in Finland.¹ Secret nostrums had been on sale before the industrial era.² Still, trade on a large scale took off only with the growth of the techno-chemical industry.³ While the divide between regular and irregular doctors was clearly demarcated by law, the legal distinction between ‘deceptive’ and ‘real’ medicine was only made in the 1930s. Until then, ‘hope in a bottle’ could be sold in any way. Due to increasingly aggressive marketing, the spread of prepackaged preparations implied changes even in the most remote areas of Finland. This paper analyses the marketing of patent medicine and the struggle against it in order to shed light on the complicated health market of the day.

The Field of Health Care

UNDER A FINNISH LAW DATING FROM 1688 only ‘scientifically taught’ regular practitioners were allowed into the medical profession. Irregular practice was forbidden and punishable by fines, and the principle was upheld through the centuries despite changes in legislation.⁴ Nevertheless, the distinction between orthodox and unorthodox medicine was blurred in ‘former times’, as noted in 1933 by the obstetrician Erkki Pelkonen, who was sympathetic to folk healing.⁵ By the end of the nineteenth century medical help in and knowledge about health care was supplied by a motley crew, whose skills, practices, and conceptions of curing varied greatly.⁶ These

operators filled a vacuum that was brought about by the small number of regular practitioners in Finland (one medical doctor per 6,500 inhabitants in 1901), long distances in the countryside (Finland is roughly the size of France), and mistrust of medical doctors.⁷

When the government initiated the drafting of a new bill on the medical profession in 1920, the National Board of Health sent a survey on quackery to all district, municipal and town doctors (237) who were employed by the local authorities. Almost all of them (90 per cent) submitted a reply. Eino Suolahti MD analysed the results of the survey in a medical journal, where he estimated that some sort of 'quackery' took place in roughly every third city or town and in every fourth rural municipality. To him this showed that 'compared to foreign countries, quackery is relatively rare in Finland'.⁸

What did the respondents call quackery? Some felt obliged to report on almost all incidences of irregular practice, such as that by 'educated Russian ladies who had read books on popular medicine'. Suolahti ignored these when classifying 'quackery' under three headings. The first he distinguished was bone-setting. The second group comprised the so-called empiricists, 'who had acquired the craft of healing by experience'. The empiricists dealt either with external conditions such as eye or skin diseases and abscesses or with special chronic internal diseases. The latter were treated with home-made preparations or drugs bought in an apothecary, which Suolahti found, generally speaking, harmless. Their cures turned dangerous if they prevented recourse to adequate care or caused direct harm to the patient.⁹ All in all, there were even positive reactions by the respondents, especially towards folk healers.¹⁰

The third group, consisting of professionals seeking private gain, was severely criticised. It included both itinerant and sedentary full-time and part-time quacks: 'professional quacks are, for the most part, morally inferior people who have not succeeded in life by other means and have resorted to quackery to cheat gullible people out of considerable sums of money'.¹¹ For example, one medical doctor reported the case of a mountebank who in one-and-a-half days had earned as much with his concoctions as a medical doctor who examined 300 patients.¹²

The social status of professional quacks varied according to the survey. They included 'former students and pharmacists, former midwives, nurses, army surgeons, apprentices to apothecaries and a sundry group of women, who have hardly had any profession earlier'. Clergymen and lay preachers involved in quackery were singled out as even more condemnable than professional quacks. Hydrotherapists and 'those pushing homoeopathic

pills according to the Swedish model' were also included in this group.¹³ What Suolahti did not discuss was whether these healers came from outside the community and were working in an unknown and impersonal market, where no relationship with the patients existed.

The new law governing the medical profession that was passed in 1925 continued to proscribe the activities of professional quackery. However, occasional treatment for which payment was received was allowed, except for tuberculosis, venereal diseases and other contagious infections, but only on the condition that the patient was not harmed. Yet the law maintained tensions in the regulation of health care, just as the legislation it superseded, since it avoided taking a stand on the abuse or misuse of medicinal preparations.¹⁴

Trade in medical drugs was regulated by separate legislative decrees on apothecary shops and drugstores,¹⁵ and the debate on their regulation intensified towards the turn of the century.¹⁶ A parliamentary commission on drugstores was set up, and, according to its report (1910), Finnish drugstores 'had infinitely larger rights and powers than comparable traders in any other European country'. The statement referred to the right of drugstores to sell industrially produced patent medicines, 'the whole notion of which was hardly known at the time of the earlier decree in 1888'. In order to clarify the situation, the report proposed confining to apothecary shops

all goods, which by labelling, indications for use, references to medical histories, public advertisements, or other means are presented as preventing, alleviating, or curing illnesses in man or animals, or which are made available for such purposes, independently of whether they have the acclaimed effect.¹⁷

Nevertheless, drug legislation was not revised until the 1930s.¹⁸ Until then, there were no restrictions on the sale or purchase of non-prescription industrially produced goods as described above. The district doctor of a small community recounted the situation in the 1920s in the following manner:

Among the half-educated population, who have attended primary school, there is an almost superstitious belief in the printed word, however ludicrous the message. This paves the way for dangerous quacks, such as the American James Kidd, who operates by mail, the apostles of Kuhne and so forth. They 'cure' everything and charge accordingly.¹⁹

Health for Sale

SEVERAL STUDIES HAVE ALREADY SHOWN the variations in the patterns of explanation of diseases, the experiences and the survival strategies of patients.²⁰ The replies of district and municipal doctors to the quackery

survey repeatedly emphasised the prevalence of superstition, especially in the countryside, whether or not it was believed that diseases were contagious. The survey told of frustration at the vagueness of the general public's conception of health and health care.

Since the late 1800s general ignorance had been diligently fought by educators and researchers. The campaign for a healthy life was taken to the pages of newspapers and booklets, and to the meetings of educational associations around the country.²¹ The morally coached educational message of adequate clothing, diet, cleanliness and housing conditions was targeted at the common people and the working class. Cleanliness and health were presented as obligations of the good citizen.²² The fact that advertisements competed with education and reached a much larger audience has generally been ignored by Finnish research on medical and expert advice. Advertisements related to health and healthy appearance were abundant in both newspapers and in leaflets. The most appealing promises were circulated in booklets and in direct mailing campaigns. Sometimes the advertisements were peppered with claims that 'we are not selling patent medicine'. This alone reflects the problematic nature of the term, since its content has varied with its user.²³

That the concept is ambivalent and that the understanding of the drug industry was vague is evidenced by the fact that some writings on the medical industry at the beginning of the century referred to the products of the entire drug trade as patent medicine. On the other hand, the term was also used disparagingly about the concoctions made by apothecaries, healers and tradesmen.²⁴ In the discourse of Finnish specialists, 'arcane', 'humbug', 'secret', 'deceptive' and 'alleged' medicine were umbrella terms which were used to refer not only to home-made concoctions but especially to 'patent medicine'. The latter term was usually reserved for proprietary products whose effects were publicly praised, while the contents remained secret. Medical counter-propaganda, however, also counted a mixed bag of gadgets such as 'an electromagnetic belt' or 'Saabye's galvanic suspensory' as patent medicine.²⁵ In a pharmaceutical trade journal in 1915, an apothecary defined 'humbug medicine' as:

A substance that is supposed to have its effect with certainty, usually for several conditions ranging from baldness to diphtheria and consumption to corns. It costs far more than its ingredients according to official apothecary rates. Moreover, the recipe and the contents are secret, and the vigorously advertised product is distributed directly to the consumers.²⁶

As a result, self-medication was closely linked to the use of patent medicine.

The market was segmented. Ready-made drugs were sold by private individuals. The easy availability of patent drugs in several types of shops was more important, however. In addition to apothecary shops, patent medicines were sold in shops dealing in sundries, as well as in barbershops and even in cigar and fruit shops. Sometimes, however, claims of widespread availability were only a marketing gimmick. Some drugs were claimed to be available 'in all better apothecary shops and drugstores', even when this statement was patently untrue.

Products promising health were intricately linked to the emergence of modern advertising, and Finland was a meeting place for East and West. Mail order catalogues for patent medicine came to Finland from Stockholm, Copenhagen and Warsaw. Both Americans and Russians set up mail order networks in the country. Foreign enterprises had agencies in Finland, supplying additional information and samples on request. It is a sign of the globalisation of the trade that one product for toothaches had directions for use in 10 languages.²⁷

Unfortunately, it is impossible to collate comprehensive data on production and sales. No exact estimates of the imports of patent medicine can be made although, at the beginning of the twentieth century, the National Board of Health suggested that the trade amounted to 'millions of *markka*'.²⁸ Domestic industry contributed to the expansion of the market as well. The volume of advertising and, to an extent, the vociferous opposition, give indications of the success of patent medicine.

The press had an ambivalent attitude towards promoting health-related information. On the one hand, the press provided health education with a voice and reported the latest progress in medical research. On the other hand, lucrative advertisement income was an incentive to publish any kind of copy. For example, Doctor Kidd, who had been identified as a charlatan at the turn of the century, managed to get the editors of a newspaper in Helsinki to vouch for his integrity. His advertisements were regularly printed on its pages. Yet, the same paper also disapproved of the fact that 'there is hardly a newspaper, however small, which does not publish advertisements for Kidd's medicine, Volta corsets, Williams' pills, electric belts and the like'.²⁹ The apparent contradiction between advertising and editorial copy cannot but have confused the readers, all the more so, since the advertisements were frequently fashioned after news items on the latest discoveries of regular medicine.

Mail-order Cures

WHAT DID PATENT MEDICINE PROMISE? Let me point out at the outset that there was no uniform pattern. The archives of K.H. Wiik, an active opponent of patent medicine and a Social Democratic MP, give us an overview of the marketing strategies. Believing that the working class was especially vulnerable to exploitative patent medicine sellers, he studied the market and organised his findings in a collection of newspaper clippings and direct mailing letters which included the following:³⁰

- The Indux electric belt: for rheumatism, neurasthenia, back pain, palpitations, insomnia, stomach catarrh, toothache, headache. Strengthens the muscles and increases overall well-being.
- Myogen: for the sick and ailing.
- Cascarine Lepringe: migraine, indigestion, prenatal complications.
- Doctor Cinn's Electric Life Belt: general weakness, melancholy, hysteria, rheumatism, cramps.
- Nokah II: beard and moustache growth.
- Lecital: sins of the youth, abnormal lifestyle and degenerated nervous system leading to sexual insufficiency.
- Kubenal: gonorrhoea – the disease of the twentieth century.
- Spirosiini: consumption and other conditions of the respiratory system.
- Kneipp's medicinal herbs and pills: stomach problems, cough, weak nerves.

The advertisements were not always intended as isolated messages. There were series of advertisements complemented with correspondence, product samples and contacts by representatives. To understand better how the potential consumer was induced to purchase patent medicine, let us trace the sequence of the marketing campaign of the famous American mail-order business named Doctor Kidd, which was operating across Europe. According to Wiik, who had collected the documents related to this campaign, in 1900 the firm Doctor Kidd had started an advertising campaign promising to treat 'sexual insufficiency' in Swedish language newspapers (Swedish was Wiik's mother tongue) published in Finland. The campaign was expanded in 1910 by adding direct mailing to support the advertisements and leaflets.

How did the sequence progress? There were several ways to take the first step. For example, the potential client may have noticed an advertisement

in the newspapers for the book *The Pains of Mankind, the Reasons and the Cure*. A coupon for ordering the book requested information on the client's age and the duration of the condition, and asked the question, 'What is the main problem of the correspondent?' A contact led to the mailing of the book and 'as many kinds of medication as deemed necessary, there being such drugs as affect the condition directly by removing the causes of disease from the body'. The advertisement contained a list of 30 ailments for the reader's self-diagnosis. These included rheumatism, dropsy, chronic coughing, indigestion, headaches, heart disease, impure blood, feminine weakness, partial paralysis, weak nerves, malaria, boils and asthma.³¹

Representatives were recruited with the booklet 'A Simple Way to Earn Money', which asked the question, 'Would you not want to earn some money by selling medicines, when doing so also provides an invaluable service to your friends and fellow creatures?' Should the representative not have enough prospective clients, the booklet suggested that the best way to get leads was by contacting a priest, a teacher, a midwife or a life insurance agent, who knew people with health problems. The representative was to pass on the data concerning contacts with their friends and neighbours to Doctor Kidd as well, which earned the representative a rebate on personal mail-order purchases, or a commission on the orders of new clients.³² Old clients were made use of at several stages of the marketing strategy.

Independently of the way in which the contact was established, the prospective clients on the direct mailing list were sent the 100-page book entitled *The Pains of Mankind ...* with lists of symptoms, diseases, suggested cures and order forms. The idea seems to have been that, having read the descriptions of the various conditions, the client would diagnose himself or herself on a separate form. The 67 questions on the form inquired, for example, as to whether the respondent felt poorly, unhappy or had a 'secret', that is, venereal disease. It also asked what the patient believed to be the cause, and what diagnosis had been received from a doctor. There were also questions on the functioning of the body and the respondent's mental state, including melancholy and poor memory. This was only the first stage.

When the contact with the prospective client was established, the serious correspondence started. Our client (Wiik or his collaborator) was first contacted by the enterprise 'Doctor Kidd' in June 1910, when he received free samples. The Wiik collections include the boxes containing their yellow and maroon pills, which were indicated as suitable for rheumatism, neurasthenia, stomach pains and general weakness, probably the conditions indicated by the client's self-diagnosis. The pills were to be administered once daily, with a different pill for a different condition at a different time of

the day (before breakfast, dinner, supper and going to sleep). 'All pills exactly the same', commented Wiik in his notes, although he did not sample a single one.

The client was left to digest the information, the book and the pills in July. In late August 1910 he found a new letter in the mailbox, now in an accusatory tone. It reminded the client of all the free goods already received, emphasising the trouble to which Doctor Kidd had gone in diagnosing the patient. The respondent was ill and in need of medical aid, as had been numerous patients Doctor Kidd had cured. The patient was assured of the particular interest felt towards his case and was admonished that a quick response was expected. Because the letter was used for a mass mailing, it was written in vague terms.

Although the client never replied, a third letter followed. It started with a syrupy wish from Doctor Kidd for the best of health, happiness and joy. Then the tone of the letter suddenly changed: 'Had you but responded to my first offer, your illness and your worries would be gone by now'. As evidence of this, the letter told of testimonies of satisfied customers and a flood of letters thanking Doctor Kidd. In order to bolster the authority of the letter, it was signed by four 'consulting medical doctors'. This time Doctor Kidd's title was head physician.

The client still did not order anything, and a letter dated November 1910 arrived. It said that, although Doctor Kidd did not wish to frighten the patient, it was his duty as an honest doctor to warn the patient of the consequences of neglecting treatment. The letter, which was a form letter, made no reference to the patient's particular condition. Instead, it merely said that there was no disease that could not be cured in time and with adequate treatment. Should the patient refuse help, he would face a ghastly future as an incapacitated wage labourer dumped by his employer. As its last trump card, the letter offered a price reduction.

Despite the best efforts of Doctor Kidd, the client remained unenthusiastic. Doctor Kidd and his assistants did not give up yet. In January 1911 the client received another proposal (the fifth letter). If he ordered the drugs now, he was offered, at no extra cost, an electronic belt to improve the absorption of the medication. 'Electro-medical treatment is exactly what you need, and you will make A BIG MISTAKE if you do not take advantage of this offer RIGHT NOW'. After this six months' long process, the direct marketing efforts tapered off. Either Doctor Kidd ran out of resources or the prospective client was deemed hopelessly obstinate.

Unfortunately, we do not know how many Finnish clients were subjected to Doctor Kidd's marketing press, let alone how often it worked.

According to counter propaganda, the frightened patient 'completely submits to doctor Kidd's deception until he has been made to depart with all his money'.³³

The Means and Contents of Marketing

DOCTOR KIDD'S MARKETING METHODS were not unique, although they were singularly aggressive and versatile. I have compiled a list of typical marketing arguments from a wide variety of advertising copy for patent medicine (including Wiik's collection) and from the counter propaganda, which may be characterised as follows:

1. Appeals to authority and expertise (of a professor, the most famous foreign doctors, a royal judge, the directorate of the Red Cross in St Petersburg, recommendations by famous personalities).
2. Appeals to the latest discoveries and science (tested by clinical laboratories, produced by a technical laboratory, based on scientific research, distributed by a government medical institute).
3. Appeals to ideas from folk healing and folk traditions (theories of the humours, e.g. curing poisonous blood).
4. References to the effects of modernity and industrialisation (e.g. conditions of the nervous system).
5. References to co-sufferers (thankful letters and testimonials from cured patients; most letters were from the Nordic countries, but some from as far afield as Argentina).
6. Appeals to the patient's judgement by having them diagnose their own condition (the separate self-diagnostic form).
7. Appeals to the patient's sense of guilt and reciprocity (sending free samples, booklets and direct mail, recruiting representatives).
8. Giving hope and making promises (curing illnesses that regular medicine found incurable, curing 'all' diseases, prevention).
9. Scare tactics ('Your health will decline unless you order our products').
10. Raising health concerns (listing names of diseases, describing symptoms).
11. Offering an opportunity to correct a dysfunction or a blemish (avoiding ageing, increasing hair growth, restoring sexual functionality).
12. Arousing curiosity (Would it be possible to feel better?).

Some product advertisements focused on symptoms or problems, while others named the conditions to be cured. In addition, the adverts might promise either instant or imminent 'increased strength' and 'well-being'. The effects ranged from preventing death (curing the incurable) to improving looks (e.g. increasing hair growth and alleviating headaches with the same product). The pattern of use conformed to that of modern medicine at its most mechanic: diagnosis – treatment (medicine) – outcome (cured/not cured).

All in all, advertising was eclectic. It sought influences from different countries and cultures, the oldest as well as the latest in medicine. Clever entrepreneurs tapped into folk beliefs and life style counselling and, more generally, into current social debates on so-called diseases of civilisation.

In appealing to emotions, patent medicine marketing created both positive and negative images. It raised fear and concern as well as hope.³⁴ Its rhetoric was a blend of the binary opposition of the modern and the traditional. The promises offered something to everyone. The advertisements contained both detailed lists of diseases and appealed to a traditional notion of the common source of all ailments. There were products (such as an amulet curing consumption) for those who believed in magic, something also associated with secretiveness about ingredients. Yet, clients who sought scientific evidence could find explanations in medical terms of 'new inventions' and 'distinguished practitioners' who backed the products.

There may have been motives other than purely pecuniary ones involved in the marketing process: a desire to help, an offer of opportunities for self-improvement or, simply, an alternative conception of health. It is not possible, however, to discuss the relationship of patent medicine to alternative medicine within the confines of this article.³⁵

The Struggle against Humbug

MEDICAL DOCTORS AND APOTHECARIES took a stand on what they called humbug products. Such wares undermined their authority and professionalism, neither of which could be taken for granted during the period concerned. In suggesting that 'foreign doctors' (who recommended patent medicine) were better than Finnish ones, the competence of the domestic profession was called into question. Moreover, the style of the 'doctors' in advertisements inadvertently ridiculed the smugness of the regular professionals. The bottom line was that the money put into patent medicine did not come into the hands of doctors and apothecaries, unless the latter sold the product in question.

In addition to economic considerations and prestige, the physicians were undoubtedly sincerely concerned about the health of the users of patent medicine. The Finnish counterattack was partly modelled after the Swedish Office for Information on Medical Advertisements. The Swedes also had a laboratory in Uppsala for analysing the ingredients in patent medicines, and Finns, too, could send queries there.³⁶ A Finnish society was set up on lines similar to the Swedish one, and numerous doctors, apothecaries and social luminaries joined its ranks.³⁷ The society classified patent medicine available in Finland as 'inefficient, dangerous or of unknown effect'. The last-mentioned attribute belies some uncertainty about the nature of the products.

Booklets warning against patent medicine were distributed free of charge to apothecary shops and folk high schools, the latter an important source of popular education. Thousands of leaflets were printed. The key arguments of the counterattack were:

1. Dismissing the authority and expertise of patent medicine marketing. 'Famous doctors' were exposed as charlatans. One famous doctor turned out to be a butcher's apprentice recently released from solitary confinement. In another case, Pestalozzi's photograph was being used. Another way of misusing photographic material was to present a Swedish post office box as the headquarters of a 'medical company'.
2. Demystification: the ingredients of patent medicine were revealed: casein, iron salts, egg white, sugar, sulphur, rubber, perfume, turpentine, lactic sugar, camphor, asafoetida, grease, oil, aromatic spirits, strychnine, arsenic, etc.
3. Economic arguments: comparing apothecary shop rates to prices of patent medicine.
4. Rebutting claims of efficiency and revealing the true effects: the products were classified according to their active ingredients – or lack thereof – and had effects such as 'causes heartburn' or 'does not have the advertised effect'.

Over and above the informative function, quite a different objective emerges from the texts countering patent medicine and, at times, all quackery, namely, an attempt by the regular professions to define their own identity. Although medical doctors and the pharmacists were by no means a monolithic group, a dichotomy does emerge from the texts. Ethically motivated medical doctors or – depending on the author – apothecaries guided by their honest desire to help and cure were the exponents of modern

science. What patent medicine producers, drugstore owners, 'irregular' doctors and itinerant traders were, regular professionals believed themselves not to be. The professionals were opposing, on the one hand, 'superstitions of the past' and, on the other hand, the 'filthy deception' of the day carried out by unethical entrepreneurs in their greed. Humbug made a good enemy. Attacking it provided an opportunity for defining one's own identity and bolstering claims to usefulness.

In practice, the situation was more complicated and less clear cut than the dichotomy allows. For example, trade journals repeatedly accused apothecaries, especially those in the countryside, of selling patent medicine or even setting up shops for that purpose.³⁸ In the 1920s some doctors still complained that apothecaries were the 'worst quacks', because they abused their clients' confidence by selling them worthless drugs that were either home-made or purchased.³⁹ In the same vein, medical journals accepted advertisements for products identified by the publicists as patent medicine.⁴⁰ An activist in the association against patent medicine, the apothecary Walter Karsten, summarised the uncertainties of the period by noting that 'doctors found it increasingly difficult to tell the harmful from the purely harmless or worthless among imported drugs'.⁴¹ If the medical profession faced such difficulties, the enlightened customer must have had an even more difficult time sorting out the contradictory flood of information and advice. It is not at all certain that novelties were always readily approved of. The frustrated letter of a Swedish woman to the Uppsala doctors investigating patent medicine epitomises the confusion that health and, more generally, beauty advertisements created:

Since I have read reports that the English mineral water is humbug, I would like to know if your office is acquainted with Miss Harriet's anti-wrinkle product called 'Meta Smith's Triplex System'. According to an ad in Bonnier's monthly magazine, it 'removes wrinkles over night'. I have not received the product but neither have I been refunded despite numerous letters to the effect.⁴²

Reasons for Using Patent Medicine

IT IS EXCEEDINGLY DIFFICULT TO FULLY CAPTURE the process of consumption of patent medicine. No single explanation captures its popularity. Was 'the patient childish enough to allow himself to be carried away by the showy labelling, distinctive bottle, and the classy name of the product', as one medical doctor arrogantly suggested? Did they throw away their money to con men, thinking that 'the more expensive, the better', or did they 'continuously look for novelties'?⁴³

The consumers did not look at themselves through the spectacles of the health educator. They did not think they were ignorant or superstitious, but rather that they behaved rationally according to their own logic. High prices or vague descriptions of contents hardly put off someone in pain when promised a cure, freedom from pain, or merely an improvement in their condition. Patent medicine was in all likelihood a more pleasant prospect than the surgeon's scalpel.

Counter propaganda was difficult to sell as long as advertisements appealed more to the world view and needs of the buyer. The consumers of patent medicine thought that these cures were the best solution available. They might reason that patent medicine prevented illness or, at least, was not harmful. Consumers who were fed up with the demands of health enthusiasts perhaps jumped at the chance of an easier solution. The easy way out is epitomised by a letter of testimony from 1926, according to which the limbs of a man of 70 had become as supple as those of a 20-year-old. Thanks to Fredriksson's radium bandages, the old man could 'race with anyone'.

It is paradoxical that the demand for patent medicine was fuelled by the progress of regular medicine. At the turn of the century, medicine had made headway in identifying and diagnosing diseases, but the capacity to cure them lagged behind. This created a market niche presciently noted by a newspaper article in 1884: 'The flamboyant doctors in the advertisements [for patent medicine] list the most vicious of illnesses that modern medicine still has to struggle against'.⁴⁴ But what was it that made the marketing of a soap promising to 'get rid of tens of years' more acceptable than that of an electronic belt promising 'that the veins beat again at the pace of youth'?

The impulses to buy were many, and the purchasers were a heterogeneous group. Illiteracy alone meant that some would get their information as well as the medicine from others. The decision to buy was sometimes made together with others in the peer group. The importance of collectivity is underscored by marketing stories and letters, where the miraculously cured created a peer group for the suffering. If the health of Mister X had gone 'down the drain', but was now improved by using an iron elixir, why would it not work for me?

Demand for patent medicine was motivated by general discontent, resentment and distrust towards regular medicine. Folk healers and other irregulars were considered as a viable alternative. Regular doctors were not always available, let alone able to offer a cure. They did not necessarily listen to or understand the patient. They withheld information and were difficult to comprehend.⁴⁵ In the survey on quackery a self-critical doctor expressed the belief that ordinary people would stop seeing quacks if medical doctors

were more open and willing to explain the causes of the patient's illness.⁴⁶

There was advertising copy for patent drugs that exploited the incomprehensibility of medicine by, as it were, popularising it. For example, Doctor Kidd pointed out that, in addition to causing fatigue and apathy, neurasthenia 'feels as though cold water had been poured on the head. When you comb your hair, it hurts'. The description undoubtedly rang true to many of Doctor Kidd's readers. Nevertheless, some attempts to make sense failed spectacularly. Or how should we understand this statement made in 1912?

Note, that the English Mineral drink is never claimed to cure deafness although, as the above testimony evidences, it may so happen that deafness is cured by taking the Mineral drink, but only in those cases where the causes of deafness are such that the Mineral drink affects them.⁴⁷

An old adage says that a sickness named is a sickness half cured.⁴⁸ It can be put the other way round, too. Less serious symptoms became classified as diseases at the turn of the century. The debate on diseases of civilisation caused by modernity was launched. I believe that with increasing health information, more attention was paid to the state of the body, which may have brought about a novel type of anxiety and confusion. Many people did not necessarily have a clue about the conditions about which they had read. A modicum of introspection could reveal some sort of trouble. It was easy to interpret all sorts of moods or, more broadly, norm-breaking behaviour as signs of 'nervosity'. Products that defined ageing itself as something in need of prevention and medication formed a class of their own.⁴⁹

What were the effects of patent medicine? At worst, they were, as claimed by their opponents, unhealthy or, in extreme cases, lethal.⁵⁰ The ingredients could be directly harmful or their consumption could delay or be completely substituted for an effective regular treatment. Even if not physically harmful, the consumption of patent medicine advertisements combined with general health advice of the time may have contributed to feelings of anxiety, guilt or unfounded hopes.

The significance of patent medicine was not entirely negative. As noted, part of the copy – such as that encouraging a healthy life or illustrating human anatomy – was no different than regular health education. Moreover, the thick books distributed by patent medicine companies contained information on subjects⁵¹ – such as sexuality – which were largely ignored by official health advisers. In terms of efficaciousness, given the relatively underdeveloped state of regular medicine, patent drugs were no less efficient than their inefficient competitors. Sugar pills may have had a placebo effect as well.

There were products that were in demand for their effects, even if not for their advertised ones. For example, Hoffman's drops were sold in the apothecary shops in the Nordic countries. The product had a high alcohol content and was recommended for fainting, hysteria and shortness of breath. In practice, it was used for terminating pregnancies⁵² and, more commonly, for getting drunk.⁵³ Together with comparable products, such as 'Doctor Fromme's antimorphine', which contained morphine, it probably redeemed its promise of 'well-being', if only temporarily.

The history of patent medicines is contradictory and ambivalent. Their consumption can be read as a sign of distrust of the medical profession and of a desire to do one's own doctoring and to control one's own body. It can be reasonably claimed that it betrays a belief in authority and a desire to give the power to cure to an outside partner. From this perspective, it made no difference whether the title of the doctor was fake or earned.

It seems that the 'doctors' who promoted patent drugs and gave written directions for their use to a degree supplanted or complemented the work of folk healers. Some of the latter did adjust to the new situation by combining natural remedies and patent medicine.⁵⁴ During the period at hand, heavenly and magical power was reallocated both to the regular practitioners and the purely commercial-minded irregulars. At the same time, individuals were to bear greater responsibility for their health. Patent drugs came with information that enabled the consumers to process the state of their body and mind. Advertising copy guided the consumer to brood over exotic sounding diseases, inspect their bodies, and make choices.

Many patients opted for a plurality of means. According to the doctors in the survey we have discussed, some patients had already consulted 'a quack, a folk healer, an apothecary or a friend' before consulting a medical doctor. Some had bought drugs at an auction or swapped pills with their friends. All of the medicine might be consumed at once or the treatment swiftly abandoned. Their health status, knowledge and expectations decided how the patients would be motivated, if at all, to improve their health. So it was with patent medicine, too. If the patient ran out of money or the promises of the drug were not fulfilled, the patient's mind could quickly change.

Notes

- 1 An earlier version of this article has been published as 'Terveyttä, kauhua ja unelmia kaupan. Patenttilääkkeiden markkinat 1900-luvun taitteen Suomessa' in Timo Joutsivuo and Heikki Mikkeli (eds.), *Terveyden lähteillä. Länsimaisten terveyskäsitusten kulttuurihistoriaa* (Helsinki, 1995), pp. 169–203, where the sources and references are discussed in more detail.
- 2 See e.g. Matthew Ramsey, *Professional and Popular Medicine in France, 1770–1830 – the social world of medical practice* (Cambridge, 1988); Frank Huisman, 'Itinerant medical practitioners in the Dutch republic. The Case of Groningen', *Tractrix. Yearbook for the History of Science, Medicine, Technology and Mathematics*, 1 (1989), 63–83.
- 3 On the genealogy of modern advertising and patent medicine, see Pasi Falk, *The Consuming Body* (London, 1994), pp. 151–85.
- 4 The most important laws and decrees on the regulation of the medical profession date from 1688, 1816, 1823, 1830, 1890 and 1925.
- 5 Erkki Pelkonen, 'Lääkintätaidon varhaisemmasta kehityksestä', *Duodecim* 5 (1933), 431–47. See also Roger Cooter, 'Introduction. The Alternations of Past and Present' in Roger Cooter (ed.), *Studies in the History of Alternative Medicine* (London and New York, 1988), pp. x–xx.
- 6 The key archival sources for health care and healers are The Annual Reports of the District Medical Officers 1891–1893 and 1910 and 1903–04, Lääkintöhallituksen arkisto, Kansallisarkisto (The National Board of Medicine, National Archives of Finland). The Finnish National Board of Medicine conducted a survey on quackery in 1920, in which district, municipal and town doctors were required to participate. The primary data provide a unique opportunity to appreciate the range of responses of the medical profession to quackery in varied circumstances during the first decades of the century. Kysely puoskaroinnista 1920, Lääkintöhallituksen arkisto, Kansallisarkisto (The National Board of Medicine, National Archives of Finland). There are large collections on the oral and folk history of folk healing in Finnish archives, e.g. at the Suomalaisen kirjallisuuden seura (Finnish Literature Society), which I have used.
 I have used the following periodicals that focus on health issues: *Duodecim* 1885–1914, *Farmaceutiskt Notisblad* 1892–1920, *Finska Apotekareföreningens Tidskrift* 1912–20, *Finska Läkaresällskapets Handlingar* 1885–1914 and *Terveydenhoitolehti* 1889–1920. *Farmaceutiskt Notisblad* in particular has numerous features on the trade in medicines, and it would be pointless to refer to each article separately. Until 1890 newspaper articles were collected on the basis of the thematically organised index at the Helsingin yliopiston kirjasto (Helsinki University Library). In addition to newspaper advertisements, I have used the handbill archives (title: pharmacy) at the Helsinki University Library.
- 7 As in many other countries, medical history in Finland has 'typically been written as the history of orthodox medicine' as Roy Porter writes in his article 'Before the

- Fringe: "Quackery" and the Eighteenth-Century Medical Market' in Cooter (ed.), *Alternative Medicine*, pp. 1–27. This attitude is evident, for example, in Bertel von Bonsdorff, *The History of Medicine in Finland 1828–1918* (Helsinki, 1975); Niilo Pesonen, *Terveiden puolesta – sairautta vastaan. Terveiden- ja sairaanhoito Suomessa 1800- ja 1900-luvulla* (Porvoo, 1980); Markku Pelttonen, *Apteekki suomalaisessa yhteiskunnassa. Keskustelu Suomen apteekkilaitoksesta 1900-luvulla* (Helsinki, 1987); Kerttu Peldan, *Suomen farmasian historia* (Helsinki, 1967). For the most recent Finnish work in social and cultural history of medicine, see Joutsivuo and Mikkeli (eds.), *Terveiden lähteillä* and in ethnomedicine, more precisely tapeworms, Mervi Naakka-Korhonen, *Vaiivasta taudiksi. Lapamatoon liittyvä kansanparannus erityisesti pohjoiskarjalaisen aineiston valossa* (Helsinki, 1997).
- 8 Eino Suolahti, 'Puoskaritoiminnasta Suomessa', *Duodecim* 37 (1921), 253, 246–63.
 - 9 Suolahti, 'Puoskaritoiminnasta Suomessa', 256–57.
 - 10 Kysely puoskaroinnista 1920 (A survey on quackery 1920), e.g. the municipal doctor of Iisalmi.
 - 11 Suolahti, 'Puoskaritoiminnasta Suomessa', 257.
 - 12 Kysely puoskaroinnista 1920 (A survey on quackery 1920), the municipal doctor of Heinävesi.
 - 13 Suolahti, 'Puoskaritoiminnasta Suomessa', 253.
 - 14 Laki lääkitöiminnasta Suomessa 1925:20 (The Law on Medical Practice 1925:20); on the background to the legislation, see Komiteamietintö 1921:11 (Committee Report 1921:11).
 - 15 Legislation on apothecaries was passed in 1688, 1698, 1756 and 1799 and the decree on drugstores dates from 1888; The Parliamentary committee reports on the trade in medicines are Committee Reports 1907:10, 1910:3 and 1912:6.
 - 16 See Pelttonen, *Apteekki suomalaisessa yhteiskunnassa*, pp. 108–24; e.g. 'Selostus Suomen lääkäriseuran neljänneistöistä kokouksesta', *Duodecim* 9 (1893), 180–81.
 - 17 Komiteamietintö 1910:3 (Committee Report 1910:3).
 - 18 On the trade in medicine, see laws 1888:9, 1928:4, 1931:5 and 1934:184; 1935:374 and 1936:139.
 - 19 Kysely puoskaroinnista 1920 (A survey on quackery 1920), the municipal doctor of Impilahti.
 - 20 See e.g. W.F. Bynum and Roy Porter (eds.), *Medical Fringe and Medical Orthodoxy 1750–1850* (London, 1987); Ramsey, *Professional and popular medicine in France*.
 - 21 For a survey, see Antti Karisto, *Sosiaalilääketiede ja yhteiskunta. Katsaus suomalaisen terveyden sosiaalisia eroja koskevaan tutkimustoimintaan autonomian ajalta 1930-luvulle* (Helsinki, 1981).
 - 22 See e.g. Turo-Kimmo Lehtonen, 'Bakteerit ja henkisten ruttotautien siemenet. Puhdas elämä suomalaisessa terveysvalistuksessa 1890-luvulla' in Joutsivuo and Mikkeli (eds.), *Terveiden lähteillä*, pp. 205–52; Anssi Halmesvirta, 'Kansallisen

- vastustuskyvyn puolesta: Konrad Reijo Waara ja degeneraation idea 1880–1918' in Merja Lahtinen (ed.), *Historiallinen arkisto* 105 (Helsinki, 1995), 13–69.
- 23 On patent medicine, see e.g. Steward H. Holbrook, *The Golden Age of Quackery* (New York, 1959); James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicine in America before Federal Regulation* (Princeton, 1961); James Harvey Young, *The Medical Messiahs. A Social History of Health Quackery in Twentieth Century America* (Princeton, 1969); Bosse Sundin, 'Universalsmörjelse, kvacksalveri, patentmedicin och drömmen om ett naturenligt levnadssätt i slutet av 1800-talet', *Lychnos* (1987), 91–112; Roy Porter, *Health for Sale – Quackery in England 1660–1850* (Manchester, 1989), pp. 21–59; Eva Palmblad, *Sanningens gränser – Kvacksalveriet, läkarna och samhället, Sverige 1890–1990* (Stockholm, 1997).
 - 24 John Åkerman, 'Tilasto patenttiläkkeiden menekistä reseptuurissa', *Farmaceutiskt Notisblad* 4 (1926), 77–81.
 - 25 John Hämäläinen, *Petollisista lääkkeistä ja lääkitemistavoista* (Helsinki, 1913), p. 12.
 - 26 Onni Turpeinen, 'Taistelu humpuukiläkkeitä vastaan', *Farmaceutiskt Notisblad* 6 (1915), 88–90.
 - 27 Varoitus, *Helsingfors Dagblad*, 5 October 1867.
 - 28 See e.g. John Åkerman, 'Tilasto patenttiläkkeiden menekistä reseptuurissa', *Farmaceutiskt notisblad*, 4 (1926), 77–81; 'Handeln med hemliga läkemedel', *Farmaceutiskt notisblad* 6 (1912), 82–83.
 - 29 *Hufvudstadsbladet*, 18 December 1903.
 - 30 In addition to advertisements, the collection entitled 'The struggle against humbug cures 1901–1911' includes other related material. K.H. Wiik's personal collection, Kansallisarkisto (National Archives of Finland).
 - 31 James Kidd, *Ihmiskunnan kivut* (Fort Wayne, undated).
 - 32 James Kidd, *Yksinkertainen keino rahanansioon* (Fort Wayne, undated).
 - 33 Hämäläinen, *Petollisista lääkkeistä*, p. 8.
 - 34 Pasi Falk has pointed out that advertisement copy bears some resemblance to religious discourse. Falk, *The Consuming Body*, p. 163.
 - 35 On the natural way of life and patent medicine, see Sundin, 'Universalsmörjelse'.
 - 36 Letter dated 27 April 1910 from F. Claeson at the Uppsala office investigating patent medicine, K.H. Wiik's personal collection, Kansallisarkisto (National Archives of Finland); Byrån för upplysning om läkemedelsannonser (The Office for Information on Medical Advertisements), collection of letters, manuscript department, Uppsala universitetsbibliotek (Uppsala University Library).
 - 37 Hämäläinen, *Petollisista lääkkeistä*; see Peltonen, *Apteekki Suomalaisessa yhteiskunnassa*, p. 110.
 - 38 See e.g. Emil Wekman, 'I drogerifrågan', *Farmaceutiskt Notisblad* 4 (1892), 61–64; 'Humbug!', *Farmaceutiskt Notisblad* 4 (1908), 41–43; 'Moral', *Farmaceutiskt Notisblad* 7 (1914), 173.

- 39 An indication of the way the subject is avoided or belittled is that histories of apothecaries in particular ignore patent medicine or interpret their sales as 'an isolated aberration from the path of professional pride' as in Esko Järvelin, *Summarohdoista erikoisvalmisteisiin. Joensuun vanha apteekki 1834–1984* (Joensuu, 1984), p. 89.
- 40 See e.g. 'Om handeln med patentmedicin', *Farmaceutiskt Notisblad* 10 (1893). For example, how should one classify the bromine product Poly-Brom Elixir-Yvon: 'A sure product for epilepsy, hysteria, neurasthenia and other disorders of the nervous system such as neuralgia, spermatorrea, diabetes, gastralgia etc.' which was advertised in the medical journal *Duodecim* in 1905?
- 41 Walter Karsten, 'Den fabrikmässiga tillverkningen af läkemedel och läkemedelsreklamen', *Finska Läkaresällskapets Handlingar* oktober (1912), 430–34.
- 42 Byrån för upplysning om läkemedelsannonser (The Office for Information on Medical Advertisements), Collection of letters, Manuscript department, Uppsala universitetsbibliotek (Uppsala University Library).
- 43 John Grönberg, *Om bedrägliga läkemedel* (Helsingfors, 1914), p. 15.
- 44 'Rahalääkärit', *Laatokka*, 9 September 1884.
- 45 See e.g. Konrad ReijoWaara, 'Mitä voisi ja mitä tulisi Duodecim seuran tehdä käytännöllisen terveydenhoitotyön edistämiseksi maassamme', *Duodecim* 5 (1910), 153–63.
- 46 Kysely puoskaroinnista 1920 (The survey on quackery 1920), the district doctor of Tyrvää.
- 47 *Avaimen terveyteen ja voimaan löydätte tästä kirjasta* (1912, no place of publication indicated). In his letter of testimony, Mr Karlsson, a labourer, tells that in addition to deafness he was cured of hernia and a poor appetite. The complicated sentence structure may be the result of a poor translation.
- 48 Roy Porter, 'Expressing Yourself Ill. The Language of Sickness in Georgian England' in Peter Burke and Roy Porter (eds.), *Language, Self, and Society. A Social History of Language* (Cambridge, 1991), p. 277.
- 49 On products 'avoiding ageing', see Riitta Oittinen, 'Gender and Aging in Finland. The Sources of Youth from the late nineteenth Century until the Second World War' in Leila Simonen (ed.), *Finnish Debates on Women's Studies* (Tampere, 1990), pp. 128–48; Riitta Oittinen, 'Vanhuuden "välttäminen" viime vuosisadan lopulta toiseen maailmansotaan' in Antti Uutela and Jan-Erik Ruth (eds.), *Muuttuva vanhuus* (Helsinki, 1994), pp. 201–20.
- 50 See e.g. Grönberg, *Om bedrägliga läkemedel*, p. 5.
- 51 See e.g. E.B. Foote, *Kotilääkärikirja perheille ja yksityisille* (first English edition in 1858 and first Finnish edition in 1908). It sells 'standard special medication' on its almost one thousand pages.
- 52 Erkki Pelkonen, *Über folkstümliche Geburtshilfe in Finnland* (Helsinki, 1931), pp. 59–69.

- 53 See e.g. 'Korrespondense', *Wiborgs Tidning*, 22 March 1877; 'Alkohooli-ja eetteripitoisten lääkkeiden ja pulituurin sekä lakkavernissan käytöstä nautintoaineina', *Finska Apotekareföreningens Tidskrift* (1914), 197–99.
- 54 See e.g. Antti Pänkäläinen, *Kansanparantajia* (Porvoo, 1938), pp. 39, 46, 103, 122, 151.