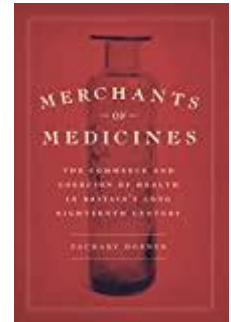




Zachary Dorner. *Merchants of Medicines: The Commerce and Coercion of Health in Britain's Long Eighteenth Century.* Chicago: University of Chicago Press, 2020. 280 pp. \$50.00, cloth, ISBN 978-0-226-70680-1.



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Zachary Dorner's *Merchants in Medicines: The Commerce and Coercion of Health in Britain's Long Eighteenth Century* sets the eighteenth-century medicine chest—and the production, distribution, and reception of the contents within it—at the heart of the tangled histories of empire, capitalism and the development of “medical science.” At its core this is an economic history, but Dorner weaves together disparate strands of scholarship on the history of empire, commerce, medicine, war, and enslavement and roots them in deep archival research into the often overlooked business records of medical merchants and apothecaries, providing a more holistic view of the topic than traditional histories.

Dorner's central argument is that the relationship between empire and the medicine trade was intrinsically reciprocal. The logistical and ideological pressures of empire promoted certain kinds of manufactured medicines as global commodities, namely standardized, portable medicines that could survive the vicissitudes of global oceanic trade and be administered en masse to the co-

erced and enslaved labor that underpinned colonialism. In turn, reliance on these mass-produced medicines fundamentally shaped attitudes and expectations to “bodies, diseases, profits and goods” (p. 12). The constitutional and inherently personal medicine of the early modern period gave way to an ontological view of disease that emphasized, and legitimized, universal treatments and therefore the use of ready-made medicines regardless of location and individual physiology. The commercial incentives for apothecaries and chemists in London to manufacture medicines in bulk, to make viable a business model which required huge upfront production and distribution costs on the promise of pay from overseas customers, existed alongside a growing imperial complex in which it was “economically and logistically expedient” to treat individual bodies as “mostly interchangeable” (p. 5). London, as the metropole of the British Empire, made it possible for pharmacists establishing themselves in the unregulated medical marketplace of the late seventeenth and early eighteenth centuries to access the raw

materials needed to produce these medicines in large quantities, as well as secure government contracts or participate in the networks and circular trade that facilitated their global distribution. Medical scarcity in the colonies like North America or India created demand for London-manufactured medicines. However, ideological factors of trust and status wrapped up in the perceived expertise and quality of British medicines over those that could be produced locally also drove this demand, effectively disincentivizing local production despite constant logistical problems with satisfying demand for most of the century. Equally, Dorner argues, although the demand and consequent popularity of mass-produced medicines may have popularized a more universal view of disease and treatments, the “radical potential” of medicines that could treat everyone regardless of “origin, location or physiology” was ultimately undermined by the vital role *difference* played in the mechanisms of empire, colonialism, and slavery (p. 105).

The five chapters are arranged broadly geographically, and partially temporally, around a series of case studies from across the British Empire and the eighteenth century. Chapter 1 begins with the point of production, drawing extensively on the business records of the chemists, apothecaries, and druggists establishing themselves as “medical merchants” in the unregulated medical marketplace of late seventeenth- and early eighteenth-century London. Chapter 2 moves outward, considering the commercial and logistical problems posed by the distance these merchants faced in their overseas trade, coupled with an examination of the statistical scale of this long-distance trade based on data gathered from customs records. Chapters 1 and 2 both draw heavily on Dorner’s meticulously researched case studies of the London apothecaries Thomas Corbyn in the first half of the eighteenth century and Joseph Gurney Bevan at Plough Court in the second. Chapter 3 then turns to consumers, specifically the vital role of “unfree migrants” such as sailors, sol-

diers and enslaved people as “involuntary consumers” within the mechanisms of empire and the global medicine trade (pp. 10, 71). Chapter 4 returns to Dorner’s deeper archival research on the medical merchants themselves, in his case study of the North American medical distributor Silvester Gardiner, which considers “another facet of a globalized medicine trade,” namely the part played by medicines in diversified mid-eighteenth-century North American colonial trade systems and the “extractive processes” that underpinned the expansion of the medicine trade (p. 107). Finally, chapter 5 brings the book to the end of the eighteenth century, considering the motivation for, impediments against, and in some cases active resistance to the production of medicines in the colonies themselves. Although lighter in new archival research, the final chapter weaves together the book’s core strands of institutional priorities, private trade concerns, and the transformative power of the rise of “specifics,” examining the parallel examples of the difficulties administrators faced in establishing an “elaboratory” in Madras at the end of the eighteenth-century, and how the disruption of the American Revolution finally forced local medical production in Pennsylvania Hospital.

The book’s structure is a real strength and saves it from being a potted business history of London pharmacists and North American medical traders, who are the focus of Dorner’s deepest archival research. Chapter 3, though not as rich in new archival research as chapters 1, 2, and 4, acts as a fulcrum in the book’s overarching thesis, tying the more business-focused history of these medical merchants with the work done on enforced medical consumerism of enslaved people on plantations in the Americas and West Indies, and the lighter work that has focused on the role of military and naval personnel as “involuntary consumers.” However, it is clear that Dorner’s central interest is the economic dimension of the global medicine trade and the merchants themselves, particularly the business history of the

merchants across distance, how they dealt with reneged agreements, late payments, or deliberately flouted agreements about resale price, adulteration, et cetera. Therefore, although the structure is of real benefit to the book's main thesis and makes it a valuable contribution to the field, particularly in tying together disparate strands of scholarship, the unevenness in its archival foundations poses some risk.

In chapter 3, for example, there is a danger of conflating the experiences of sailors and enslaved people, which often arises when we try to approach the large system that each kind of "unfree migrant" lived within and was governed by. The connection between sailors and enslaved people as "involuntary consumers" is an important one, but is also an area that could certainly bear deeper archival analysis to really dig into the implications. Scholarship in maritime medical history has widely presented sailors as being largely unruly in their medical habits, often being significant voluntary medical consumers in their own right in many port towns across the empire. Recent work, for example by Sara Caputo, has also begun to reconsider sailors as "involuntary" medical consumers or simple cogs in the imperial machine by examining their acts of negotiation with and resistance to the institutionalized medical system imposed upon them and their agency within it.[1] Focusing on enslaved people and sailors as broad categories within the branch of "unfree migrants" and "involuntary consumers" works to demonstrate the factors beyond the private medical marketplace that influenced medicine production. However, focusing on this institutional provision does not necessarily reveal to us how these medicines were understood by those who took them and the reciprocal influence of their attitudes, agency, or resistance on the larger systems in return.

However, these are small points. *Merchants in Medicines* is overall a valuable study and useful for readers and historians working in each of the

varied fields it seeks to bridge. It gives a good introduction to the context of the eighteenth-century medical marketplace, the roots of commercialized healthcare, and core ideas of scholarship on empire, medicine, and enslavement that Dorner draws together. Despite some unevenness in the archival research, ultimately, Dorner is deft in marrying his deeper archival research and specialist focus on the business records of the medical merchants of London and North America with the important broader themes studied in the history of enslaved people and empire. In doing so, he delivers a more holistic view than traditionally offered by either business or medical and imperial scholarship.

Note

[1]. Sara Caputo, "Treating, Preventing, Feigning, Concealing: Sickness, Agency, and the Medical Culture of the British Naval Seaman at the End of the Long Eighteenth Century," *Social History of Medicine* 35, no. 3 (2022): 749-69.

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