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Zachary Dorner, *Merchants of Medicines: The Commerce and Coercion of Health in Britain's Long Eighteenth Century*

**Chicago: The University of Chicago Press, 2020. Pp. 280.
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The pejorative term 'Big Pharma' first appeared in the 1990s, but long before then British entrepreneurs had converted medications into highly profitable marketable commodities that underpinned global exploitation. Zachary Dorner's excellent book *Merchants of Medicines: The Commerce and Coercion of Health in Britain's Long Eighteenth Century* broadly covers the period of commercialization between the mid-seventeenth century, when 'pharmacy' meant the activity of preparing and dispensing drugs, to the early nineteenth century, when it began referring to a physical shop. In five wide-ranging and densely researched chapters, Dorner lays bare the links between health, power and violence that permeated the development of the nation's imperial trade in medicine.

As Dorner emphasizes several times, exports of medicines produced in London rose exponentially during the eighteenth century, and by 1770 were increasing more rapidly than any other manufactured goods. In this risky long-distance business, success as a metropolitan merchant depended on sustaining an efficient administrative network to handle the necessary paperwork and taking full advantage of the new credit schemes that were being established. In the absence of official quality control, adulterating expensive drugs and smuggling to avoid customs duties offered additional opportunities for financial gain.

Medical innovation, commercial profiteering and imperial growth reinforced each other. Overseas settlements required reliable treatments for maintaining the health of British colonizers as well as those they oppressed; conversely, satisfying the demand for cheap, portable therapies encouraged a move away from prescribing person-specific remedies based on traditional drugs towards a more ontological view that specific diseases could be cured by

universally effective medicines. By the end of the eighteenth century, despite the growing tensions between two conflicting assumptions – uniform human response to drugs and inherent racial differences – the economic and administrative advantages of mass-produced medicines ensured the continued international growth of this lucrative industry.

Just as with other marketable commodities, the impact of these new medicines varied depending on local circumstances. For plantation owners in the Caribbean, standardized forms of healthcare served to reinforce discipline and productivity among the subjugated peoples that they regarded as interchangeable units; in contrast, ‘unfree migrants’ – a term coined by Dorner – regarded the obligatory tablets and potions that were dispensed as further tools of white domination. The pattern was different in New England, as Dorner illustrates with a salutary case study of an opportunistic Bostonian surgeon, Silvester Gardiner, who was more interested in wealth than in health. By astutely controlling his British imports, Gardiner rose to become a leading retailer in an extended regional supply network. Ambitious for further gain, he embarked on land speculation, investing his medical profits in the burgeoning Maine timber industry. His fortune soared, but at the expense of impoverished tree-fellers – those ‘Harty Men Are brought to Meare Skeletons’ (p. 131). Formerly renowned for his lithotomy skills, Gardiner was forced by rebellious protesters to abandon his luxurious mansion and take refuge in England.

In British colonies around the world, ranging from Pennsylvania to India, administrators increasingly recognized the value of medical self-sufficiency and, with varying degrees of success, devised schemes to avoid relying on imports that were expensive and often arrived too damaged to be of use. Yet although some local companies did start manufacturing for themselves, British producers still benefited from the imperial infrastructure that had been set in place. During the nineteenth century, larger corporations began emerging that subsumed their predecessors – and that is why Dorner was able to track down rich archival material not only in the Wellcome but also inside the headquarters of London’s modern medical giant, GlaxoSmithKline.

As Dorner points out right at the end of his book, these medicines offered no guaranteed cures. This is no conventional story celebrating progress in the battle against disease, but instead a politicized account of yet another way in which commercialization helped to consolidate imperial ambitions and offer unsubstantiated hope to exploited consumers. By incorporating specific examples within a powerful narrative, Dorner’s *Merchants of Medicines* provides an original analysis of eighteenth-century globalization that is dispiriting but rings horribly true.

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**Dylan Mulvin, *Proxies: The Cultural Work of Standing In*
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(paperback).**

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Proxies: The Cultural Work of Standing In investigates the production and popularization of the stand-ins, models and prototypes that inhabit our world. The aim of *Proxies* to direct