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“Persons That Live Remote from London”: Apothecaries and the Medical Marketplace in Seventeenth- and Eighteenth-Century Wales

ALUN WITHEY

SUMMARY: This article uses evidence from Welsh apothecary shops as a means to access the mechanisms of the “medical marketplace” in seventeenth- and eighteenth-century Wales. As a country physically remote from large urban medical centers, and with few large towns, Wales has often been overlooked in terms of medical commerce. Nevertheless, evidence suggests that Welsh apothecaries participated in broad and sophisticated networks of trade with London suppliers. Moreover, their shops contained a wide range of medicines from herbal simples to exotic ingredients and chemical preparations, highlighting the availability of such goods far from large urban centers.

KEYWORDS: Wales, apothecaries, medicine, medical marketplace, towns, retailing

In recent years, historians have reopened conceptual debates about the “medical marketplace” and its usefulness for understanding retail and consumption. Recent essays by Mark Jenner and Patrick Wallis, for example, have questioned how this model is defined, deployed, and understood, exploring issues such as domestic medical economies, the impact of print,

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and commercialization of remedies.¹ As the authors stress, “[H]istorians still know very little about the scale, scope, boundaries or internal dynamics of the market for medicine.”² It is therefore pleasing that a variety of studies of medical economies have already begun to address such issues. Studies of material culture as a means of shedding light on the market for, and consumption of, medicines in early modern households have been employed in the context of domestic medicine.³ As a growing interest in regional medical histories has also shown, the uniformity and universality of medical experiences are certainly questionable. Ian Mortimer has used evidence from England to identify the increasing number and spread of rural practitioners during the seventeenth century.⁴ Mortimer suggests that previous emphases on the urban location of physicians are misleading and demonstrates the strong degree of reciprocity between town and countryside, and also the access of rural areas to a medical market.⁵ The retail and consumption of medicine has been another area of similar historiographical growth, falling into a more general pattern of studies of consumption and material culture.⁶ But, as Steven King also notes,

1. Mark S. R. Jenner and Patrick Wallis, eds., *Medicine and the Market in England and Its Colonies, c. 1450–c.1850* (Basingstoke: Palgrave Macmillan, 2007).

2. Jenner and Wallis, “The Medical Marketplace,” in Jenner and Wallis, *Medicine and the Market* (n. 1), 1–23, quotation on 2.

3. Sara Pennell and Elaine Leong, “Recipe Collections and the Currency of Medical Knowledge in the Early Modern ‘Medical Marketplace,’” in Jenner and Wallis, *Medicine and the Market* (n. 1), 133–52; Elaine Leong, “Making Medicines in the Early Modern Household,” *Bull. Hist. Med.* 82, no. 1 (2008): 145–68; Sara Pennell, “Consumption and Consumerism in Early Modern England,” *Hist. J.* 42 (1999): 549–64; Anne Stobart, “The Making of Domestic Medicine: Gender, Self-Help and Therapeutic Determination in Household Healthcare in South-West England in the Seventeenth Century” (Ph.D. thesis, Middlesex University, 2008), esp. 140–86.

4. Ian Mortimer, *The Dying and the Doctors: The Medical Revolution in Seventeenth-Century England* (Woodbridge: Boydell Press, 2009).

5. Ian Mortimer, “The Rural Medical Marketplace in Southern England, c. 1570–1720,” in Jenner and Wallis, *Medicine and the Market* (n. 1), 69–87.

6. See Jon Stobart, Andrew Hann, and Victoria Morgan, *Spaces of Consumption: Leisure and Shopping in the English Town, c. 1680–1830* (London: Routledge, 2007); Lorna Weatherill, *Consumer Behaviour and Material Culture in Britain, 1660–1760*, 2nd ed. (London: Routledge, 1996); Maxine Berg and Elizabeth Eger, eds., *Luxury in the Eighteenth Century: Debates, Desires and Delectable Goods* (Basingstoke: Palgrave Macmillan, 2003); Hoh-Cheung Mui and Lorna H. Mui, *Shops and Shopkeeping in Eighteenth-Century England* (London: Routledge, 1989); John Brewer and Roy Porter, eds., *Consumption and the World of Goods* (London: Routledge, 1994).

regional medical retailing is still underresearched, and questions remain over whether some regions were “insular medical marketplaces” or were instead subject to some degree of permeation from wider urban centers.⁷

One area that has certainly received little attention in terms of medicine for sale is Wales, a country whose historiography is still largely dominated by narratives of folklore and magic. Despite several recent and notable works exploring medicine in nineteenth-century industrial Wales, the historiography of the early modern period in particular remains underdeveloped.⁸ Little, if any, attention, for example, has been paid to Wales’s role in wider economies of medicine.⁹ And yet, as a country doubly isolated by its unique characteristics of geography and language, Wales offers a useful test bed for the nature of the medical market outside its usual context of large, urban areas. Wales was a largely rural country, consisting of thirteen counties, and contrasting mountainous uplands, with fertile lowland plains and large areas of coastline. Its population (around 400,000 by 1700) was spread unevenly across the country, and there were few large towns to compare with those of England, nor any single capital.¹⁰ Nevertheless, these towns were important centers of commerce and the predominant experience of urban life for most Welsh people. In recent times too, the myth of the isolation of country towns has been all but exploded, with several works highlighting the important commercial and distributive roles played by provincial towns and retailers for rural hinterlands.¹¹ The often difficult mountainous terrain of Wales

7. Steven King, “Accessing Drugs in the Eighteenth-Century Regions,” in *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing*, ed. Louise Hill Curth (Aldershot, UK: Ashgate, 2006), 49–78, quotation on 51.

8. For a fuller discussion of the paucity of Welsh medical historiography, see Alun Withey, “Unhealthy Neglect? The Medicine and Medical Historiography of Early Modern Wales,” *Soc. Hist. Med.* 21, no. 1 (2008): 163–74.

9. Such as Mary Vaughan, “An Old Receipt Book,” *J. Merioneth Hist. Soc.* 4 (1964): 318–23; Geraint Jenkins, “Popular Beliefs in Wales from Restoration to Methodism,” *Bull. Board Celtic Stud.* 27, no. 3 (1977): 440–62; Richard Allen, “Wizards or Charlatans—Doctors or Herbalists? An Appraisal of the ‘Cunning Men’ of Cwrt-y-Cadno, Carmarthenshire,” *North Amer. J. Welsh Stud.* 1, no. 2 (2001): 68–85; Richard Suggett, *A History of Magic and Witchcraft in Wales: Cunningmen, Cursing Wells, Witches and Warlocks in Wales* (Stroud: History Press, 2008). See also Withey, “Unhealthy Neglect?” (n. 8), 163–74.

10. Philip Jenkins, *A History of Modern Wales, 1536–1990* (London: Longman, 1992), 17–18.

11. For example, Andrew Hann and Jon Stobart, “Sites of Consumption: The Display of Goods in Provincial Shops in Eighteenth-Century England,” *Cult. Soc. Hist.* 2 (2005): 165–87; Stobart, Hann, and Morgan, *Spaces of Consumption* (n. 6); Peter Borsay, *The English Urban Renaissance: Culture and Society in the Provincial Town, 1660–1770* (Oxford: Oxford University Press, 1989).

and its notoriously poor roads undoubtedly hindered communications. In 1700, around 90 percent of the inhabitants of Wales spoke only the Welsh language, with fluency in English largely restricted to pockets, and often around trading towns.¹²

True, both Scotland and Ireland were similarly distinct regions of the British Isles, with comparable situations of both physical and cultural “distance” from England. But there were significant differences that rendered Wales unique. Unlike both Scotland and Ireland, before the nineteenth century, there were no Welsh hospitals, no universities or medical training infrastructure. Where the royal colleges in Edinburgh and Dublin trained native Scots and Irish practitioners, there were no such facilities in Wales, nor any town large enough to sustain or attract such an institution. A further important difference is that of print. The importance of newspapers and popular pamphlets as vehicles of medical advertisements has been well noted in English cities and, for example, was also a strong feature of the medical market in eighteenth-century Ireland, while Scotland had a press from 1507.¹³ Wales, however, had no printing press until 1718, with the first formal medical text not printed in Welsh until 1733.¹⁴ With the potential neither to officially train or license practitioners nor for medical retailers to advertise widely in their own language, the potential character of the Welsh medical marketplace looks markedly different.

This article explores the sale and availability of medicines in early modern Wales. Focusing upon the retailing aspect of apothecaries, itself a neglected category in both Welsh and broader medical historiography, it argues that the broader medical marketplace was not only pluralistic but also far from being regionally homogenous. As patterns from Welsh sources suggest, instead of one single market, there were a range of local and regional markets that intersected, drawing on local and national patterns of communication and trade. Much evidence suggests that there was a lively market for a wide range of medicines in early modern Wales. Welsh apothecaries themselves participated in sophisticated commercial

12. Adam Fox and Daniel Woolf, “Introduction,” in *The Spoken Word: Oral Culture in Britain, 1500–1850*, ed. Adam Fox and Daniel Woolf (Manchester: Manchester University Press, 2002), 1–51, 14.

13. James Kelly, “Health for Sale: Mountebanks, Doctors, Printers and the Supply of Medication in Eighteenth-Century Ireland,” *Proc. Roy. Irish Acad. Section C* 108 (2008): 75–113, 79; Helen M. Dingwall, *A History of Scottish Medicine: Themes and Influences* (Edinburgh: Edinburgh University Press, 2003), 56, 94.

14. Geraint H. Jenkins, *Literature, Religion and Society in Wales 1660–1730* (Cardiff: University of Wales Press, 1978), 35; Alun Withey, “Health, Medicine and the Family in Wales, c. 1600–1750” (Ph.D. thesis, Swansea University, 2009), 96.

networks and had access to a wide range of information. Moreover, the types of goods sold in Welsh shops suggest that there was a lively demand, even in rural areas, for “modern” alternatives to Galenic medicine, such as chemical remedies, highlighting the broad range and social depth of commercialization. In doing so, it also addresses wider questions about the nature of medical retail in small, provincial towns. How, for example, did Welsh apothecary shops compare to their London counterparts in layout and contents, and what can this reveal about retailing strategies in the provinces? The issue of supply is also an important one; identifying the channels through which country apothecaries learned of wider developments and medical innovations is important in assessing the breadth and scope of medical supply networks. The evidence presented in this article seeks to shift debates about medical retailing away from large urban centers (and in this case also away from England) in order to gain a broader understanding of the experience of medicines for sale in a rural and provincial setting—a context surely more relevant for the majority of the early modern British population. In doing so, it also calls for a greater understanding of the importance of regions in medical history.

Welsh Apothecaries and the Importance of Towns

What, first, were the demographics of medical goods and services like in early modern Wales? The National Library of Wales catalogue contains references in a variety of sources to more than 120 different individuals referred to as apothecary in Wales and Shropshire between 1632 and 1762. Of this number, a total of 32 probate inventories survive for shops. To put this into context with medical practitioners, a similar number of inventories survive for surgical practitioners described as “surgeon,” “chirurgion,” or “barber–surgeon,” while only five appear for “physician.” Sixteen wills and inventories can be found for “doctor” or “doctor in physick.”¹⁵ By far the richest source of information in terms of shop premises, medicines, and other medical paraphernalia are apothecaries, and this article concentrates on them. The number of surviving inventories for medical retailers and practitioners is in fact fairly small in comparison to other Welsh trades. There are, for example, 180 inventories for mercers and over 390 for tailors. This probably reflects the fact that multioccupancy and diversification were common, and the business of apothecary was often combined with other trades. Indeed, medical providers often performed several roles, depending on context and location.¹⁶

15. All such references were located through keyword searches of the National Library of Wales online catalogue, available at <http://isys.llgc.org.uk/>.

16. Mortimer, *Dying* (n. 4), 92–93.

Figure 1. Outline map of Wales showing major towns.

In many cases, surgeons, physicians, and other providers also ran shops supplying medicines, as did Elias Preston of Wrexham, a “barbour and periwig maker,” John Smith of the Hay, Breconshire, and Richard Jenkins of Llanymyddfri, both of whom were listed as “surgeon” on their wills but also ran apothecary businesses.¹⁷ These shops are included within this discussion. Likewise, it is clear that apothecaries and other medical retailers also practiced physical healing. The 1681 inventory of James Preston of Wrexham, “chirurgion–barber,” possibly a relation of Elias, records twenty-four different entries for money “due to him for cures,” including bonesetting, bloodletting, and ministering to a range of more or less serious conditions.¹⁸ The boundaries between medical trades and crafts, and also the ways in which they described themselves, then, were far from being rigid.

As elsewhere, apprenticeship formed the mainstay of training for Welsh apothecaries, and given the distance of Wales from centers of licensing and education, it is noteworthy that Welsh apothecaries still mostly

17. National Library of Wales (hereafter NLW) MSS Elias Preston, SA/1694/210; John Smith, BR/1755/25; BR/1731/94.

18. NLW MS James Preston, SA/1681/216.

conformed to the accepted legislative guidelines for the indenturing of apprentices. The 1563 Statute of Artificers stipulated that apprenticeships for all crafts and trades should last for seven years, after which time apprentices would be examined by an assessing panel.¹⁹ In most cases, apprentices were drawn either from family or from children (mainly boys) within the local area, but sometimes greater distances were involved.²⁰ In 1635, for example, two brothers, Charles and Richard Powell, sons of the Monmouthshire diarist Walter Powell, were apprenticed to a Bristol apothecary.²¹ Given the lack of large Welsh towns, it is possible that Powell foresaw greater opportunities for his children across the border and in a cosmopolitan trading city.

These "external" apprenticeships could in fact have interesting effects in other ways, since they could again foster connections with established English city traders and members of substantial medical institutions. In 1690, Eubule Wynn, son of John Wynne of Ruthin, Denbighshire, was apprenticed to John Newe of the London Society of Apothecaries, while, in 1707, Richard Wynne of Aberystwyth was bound to one Edmund Merri-dale, a member of the London Grocers' Company.²² On their return to Wales, the newly trained apprentices would be able to legitimately position themselves as experienced, cosmopolitan traders, with a network of new contacts. Yet another Wynne, Thomas of Ysgebiog in Flintshire, was taught by a Shrewsbury Quaker, Richard Moore, from whom he learned surgical techniques alongside mixing and dispensing medicines, and apparently even obtained a license as a surgeon, returning to set up his business in Caerwys, Clwyd, in 1660.²³ The formal nature of such apprenticeships, the length of their training, and exposure to different retail and geographical environments suggest that provincial apothecaries could be surprisingly well trained and informed.

Apothecary shops were widespread across Wales. Most were located in market towns, suggesting urban supply and demand, but such towns also had strong connections with outlying rural areas. In northeastern Wales, the substantial market towns of Ruthin, Denbigh, and Wrexham (then the largest town in Wales) contained the largest concentrations of apothecary

19. Juanita Burnby, "A Study of the English Apothecary from 1660 to 1760," *Med. Hist. Supplement* 3 (1983): 79.

20. Ivor Waters, *The Parish Doctor* (Chepstow: Moss Rose Press, 1984), 4.

21. Christabel Powell, *Walter Powell's Gwent* (Raglan: Starling Press, 1985), 36.

22. Douglas Whittet, "Welsh Apothecaries' and Barber-Surgeons' Tokens and Their Issues," *Archaeologia Cambrensis* 138 (1990): 99–109, 105.

23. *Ibid.*, 107.

shops.²⁴ On occasion, single towns might have a number of apothecaries in direct competition. The town of Oswestry in Shropshire, for example, an important trading town for inhabitants of the Welsh borders, apparently contained five apothecaries between 1684 and 1715, presumably overlapping for at least some of that period.²⁵ In Breconshire, nine out of eleven apothecaries were located in the main administrative and market town of Brecon.²⁶ By 1670, Brecon had a population of around 2,100 and held regular cattle and trading markets.²⁷ In the large administrative town of Caernarvon in northern Wales, five out of six apothecaries (between 1699 and 1746) could be found in the parish of Llanbeblig, now part of the larger town of Caernarvon, which had a population of around 1,100.

Setting up shop in towns, and especially market towns, was logical since it gave access to a regular influx of consumers. The early modern period witnessed a rise in both the status and wealth of early modern towns, benefiting from increasing numbers of wealthy middling sorts and improved social facilities as well as growing provisions for both necessities and luxury goods.²⁸ This was certainly apparent in many Welsh towns, where increasing affluence and the emergence of distinct urban identities brought improvements to retail environments. In Haverfordwest, the presence of twenty-four burgesses and a mayor all drawn from local mercers and merchants also elicited improvements to shops and buildings, creating a

24. Nia Powell, "Do Numbers Count? Towns in Early Modern Wales," *Urb. Hist.* 32, no. 1 (2005): 46–57, 50, 57; NLW MSS John Bell, SA/1665/157; William Davies, B/1705/60; James Preston, SA/1681/216; Elias Preston, SA/1694/210; Richard Gooden, B/1677/88; Thomas Bulkeley, SA/1724/15; NLW Coed Coch (1) MS 482, Deed of Sale to Richard Wynne of Denbigh, 1684; NLW Peniarth (23) MS DF425, Land Mortgage Bargain and Sale to Foulke Davis of Denbigh, 1711; NLW Smallwood MS 69, Land Lease and Release to Richard Manning of Wrexham; NLW Pulston MS 666, Leave Granted Richard Jones of Wrexham to Sit in Chancel of Gwresford Church, 1725; NLW Coed Coch (2) MS 1736, Witness to Deed of Sale by Edward Holte of Ruthin.

25. See, for example, NLW MSS John Yardley, SA/1706/96; David Jones, SA/1730/185; NLW Powis Castle (3B) MS D/45/14/1, Deed of Details of Fine Relating to Gabriell Lloyd of Oswestry, 1715; NLW Sweeney Hall MS 143–4, Land Lease and Release to William James of Oswestry, 1755.

26. NLW MSS John Cruso, BR/1717/5; John Lock, BR/1681/7; Charles Wynstone, BR/1714/9; Daniel Wynter, BR/1724/10; John Havard; NLW Penpont MS 138, Landlease Documents for John Havard of Brecon, 1731; NLW Merthyr (2) MS 19–20, Land Lease and Release Documents for Bartholomew Cooke of Brecon, 1745; NLW Penlle'r Gaer (2) MS 1113, Land Lease to Gabriell Jeffries of Brecon, 1753; NLW Skreen and Velin Newydd MS 169, Land Lease to George Williams of Brecon, 1759.

27. Powell, "Do Numbers Count?" (n. 24), 50, 57.

28. Jon Stobart, "Shopping Streets as Social Space: Leisure, Consumerism and Improvement in an Eighteenth-Century Town," *Urb. Hist.* 25, no. 1 (1998): 3–21, 4–5.

centralized retail area to complement the twice-weekly market.²⁹ Despite their numbers, though, there is little surviving evidence to suggest that Welsh apothecaries formed specific craft guilds or companies, although it should be noted that this too applied to England, where only a quarter of two hundred English towns in 1689 had organized guilds.³⁰ Craft guilds certainly existed in some Welsh towns—Haverfordwest had a leather traders' and glovers' guild—but there is no evidence for specific medical guilds, although this clearly does not mean that they did not exist.³¹ It is possible that some Welsh apothecaries may have belonged to the "Mercers', Grocers', Apothecaries and Ironmongers Company of Chester," which flourished until at least 1720, but there is little direct evidence to support this.³² The reasons for the apparent lack of guilds are unclear, although it may simply be the case that substantial organizations were inhibited by the size of the town or the lack of subscribers.

But despite the strong urban emphasis, the importance of rural hinterlands to the medical market should also not be underestimated. Towns acted as economic magnets for inhabitants of surrounding rural areas and provided points of sale for livestock as well as for purchase of necessities and, increasingly, luxuries. The extent of the potential customer base from rural areas can be well illustrated through the example of records from a shop in the village of Penmorfa in rural Caernarvonshire. Penmorfa was located around twenty miles from the nearest market towns of Pwllheli and Caernarvon, but the shop ledger demonstrates that people often traveled some distances in order to visit village shops, even if such visits were not necessarily regular.³³ Customers of this general store traveled from outlying rural villages such as Clynog, Ffestiniog, and Wern, all between twelve and fifteen miles from the shop, a pattern also noted by Jon Stobart from shop inventories in small English towns.³⁴ In 1690, Henry Williams ran his shop from the relatively remote Caernarvonshire village of Clynog.³⁵ John Davies traded from the village of Maesmynys, several miles from the market town of Brecon, until his death in 1723, while Thomas Kelly's (d. 1713) shop was located in the relatively small town of Llandeilo Fawr, half the size of the nearest substantial town of

29. Richard Suggett, "The Buildings in Context," in *A History of the Town and County of Haverfordwest*, ed. Dillwyn Miles (Llandysul: Gomer Press, 1999), 128, 132, 139.

30. Burnby, "English Apothecary" (n. 19), 13.

31. Suggett, "Buildings" (n. 29), 128.

32. Whittet, "Welsh Apothecaries" (n. 22), 105; Burnby, "English Apothecary" (n. 19), 13.

33. Mui and Mui, *Shops and Shopkeeping* (n. 6), 216–17.

34. Ibid.; Stobart, Hann, and Morgan, *Spaces of Consumption* (n. 6), 35.

35. NLW MS Henry Williams, B/1690/49.

Carmarthen, some nine miles away.³⁶ On the one hand, necessity could be seen as a prime motivator, since essential supplies had to be bought. But the potentially wide customer base and often rural location of Welsh apothecaries also highlight the wide availability of medicines for sale.

Given their varied locations, it is likely that the customer base of the typical Welsh apothecary was correspondingly diverse. Top of the wish list for any apothecary desiring to improve his position would be the security of a contract to supply a wealthy client. Such contracts could be lucrative, and the sums and quantities of drugs involved substantial. The Denbigh apothecary John Sumner, for example, supplied the wealthy Yorke family of Erddig in 1699, and a total of twenty-nine separate prescriptions were supplied between April and June of that year.³⁷ This was not atypical, and many other gentry families, such as the Aubreys of Llantrithyd, Glamorgan, placed regular and often quite considerable orders.³⁸ It is questionable whether any could match the purchasing zeal of Lord Herbert, ninth earl of Pembroke, however, whose prescriptions from his apothecary John Jackson between January 1744 and May 1747 run to a heroic 848!³⁹ But, keen to maintain their own cosmopolitan image and shake off pejorative depictions in pamphlets and libels of rustic simplicity, many Welsh gentry were tempted to send directly to London or other large English towns such as Bristol for their medicines. This worrying situation for Welsh apothecaries could be exacerbated by unhelpful doctors who recommended that their patients look beyond the borders of Wales for their supplies. A letter from an unknown practitioner to Walter Middleton of Slebech in Carmarthenshire advised Middleton that he would get more of the drug *Diascordium* for his money in London, and suggested he thus buy more than he needed in order to build up a reserve and offset the cost.⁴⁰ In some senses, this placed Welsh apothecaries in direct competition with their counterparts in London and other large English towns, as much as with those in their immediate vicinity. This in turn highlights the

36. NLW MS John Davies, BR/1723/95; NLW MS Thomas Kelly, SD/1713/59; Powell, "Do Numbers Count?" (n. 24), 49–50.

37. Flintshire Record Office, MS D-E-255, Medical Bills of John Sumner of Denbigh, June 3, 1699.

38. Lloyd Bowen, *Family and Society in Early Stuart Glamorgan: The Household Accounts of Sir Thomas Aubrey of Llantrithyd, c. 1565–1641* (Cardiff: South Wales Records Society, 2006), 133–34.

39. NLW, Powis Castle Deeds (3), Bill of Remedies for Lord Herbert, Delivered by John Jackson, 1743–47, unpaginated.

40. NLW MS 182-D, letter addressed to "Walter Middleton of Slebedge," sender unknown, 8.

overlap between the urban and rural medical markets and the increasing awareness of the possibilities of supplying a broader market by urban apothecaries, a point returned to later.

The Apothecary's Shop as Retail Environment

As recent work has shown, the early modern shop was a vitally important structure both physically and notionally. The "space" of the retail environment has been interrogated in terms of its importance in facilitating trade and inviting custom, but also as a notional entity through which narratives of desirability, social aspiration, and fashionability were played out in public and in private.⁴¹ By the mid-seventeenth century, apothecary shops had become "highly stylized and distinctive" as they sought to use retailing space, light, and materia medica to attract passing trade.⁴² In London, the crowded retail environments of Cheapside meant that apothecary shops were abundant and often in close proximity to one another, and the demands of competition required a certain degree of innovation in terms of display, in order to stand out from competitors.⁴³ But, with potentially less crowding and competition, did Welsh shops consciously attempt to emulate these patterns of form and function?

As in London, many Welsh apothecaries lived within the same building as their shop, and the number of rooms suggest that these houses were often quite substantial in comparison to typical urban dwellings.⁴⁴ The Haverfordwest house of the surgeon-apothecary Benjamin Price, for example, was obviously fairly sizeable, containing nine rooms and a stable as well as the shop, while John Reynolds's Caernarvon house had no fewer than fifteen domestic rooms in addition to the shop, stables, and a buttery when he died in 1716.⁴⁵ More typical seemed to be houses of five or six rooms, but these were still substantial dwellings in comparison to average Welsh housing, which was proverbially poor. Some, such as William Williams of Builth who died in 1705, had more modest accommodation, either living within the shop or in a single room above or adjoining it.⁴⁶ In

41. For a useful discussion of the concept of "spatiality" in early modern shops see Stobart, Hann, and Morgan, *Spaces of Consumption* (n. 6), 17–22, 117–18.

42. Patrick Wallis, "Consumption, Retailing and Medicine in Early-Modern London," *Econ. Hist. Rev.* 61, no. 1 (2008): 26–53, quotation on 33; see also Patrick Wallis, "Medicines for London: The Trade, Regulation and Lifecycle of London Apothecaries, c.1610–c.1670" (D.Phil. thesis, Oxford University, 2002).

43. Wallis, "Consumption" (n. 42), 41.

44. *Ibid.*, 32.

45. NLW MS SD/1661/49, Benjamin Price; NLW MS B/1716/54.

46. NLW MS BR/1705/9.

general too, Welsh apothecary businesses seem to have been fairly profitable and often represented quite sizeable portions of the net worth of the individual traders. Out of the twenty-nine Welsh apothecary inventories that include separate shop valuations, eighteen (62 percent) represented a quarter or more of the total inventory value. Eight inventories (28 percent) contained shop and contents valued at more than 50 percent of total worth, with two at over 70 percent, although in both cases the total inventory values were fairly low, suggesting that the shop represented the major part of the testator's possessions.⁴⁷

Those shops for which inventories survive were probably exceptional, and it is difficult to say how far they are representative. Nevertheless, it is also worth noting that several had fairly low inventory values, suggesting that a spread of businesses is represented in the sample.⁴⁸ Perhaps unsurprisingly, the inventories suggest that many of these businesses were well equipped for the business of retail. They were generally furnished with a counter along with various other items of furniture related to the needs of dispensing and treating.⁴⁹ Along with the counter, many shops contained one or more items of storage furniture such as chests of drawers, desks, shelves, and boxes, along with practical instruments of the apothecary trade such as pestle and mortar, scales and weights, and so forth.⁵⁰ Such furniture served to shape the retailing space, creating an impression of order but also providing a stage for the rituals of browsing and buying.⁵¹

But of any deliberate attempt at creating a shopping "environment," there is little evidence. Patrick Wallis has noted the range of curios in London apothecary shops, from stuffed or preserved animals to foreign artifacts and wonders, which could sometimes be deployed to emphasize the esoteric arts of the proprietor.⁵² No Welsh inventories contained any references to such articles. Given the level of detail in the shop inventories, and the fact that unusual items might well be expected to be listed, this seems particularly telling. It is possible that they were not considered

47. NLW MS SD/1772/77, William Williams; NLW MS SA/1665/157.

48. It is indeed a quirk of Welsh probates that Welsh people with even very little to leave still appeared to desire the formality of leaving a will. Welsh wills and inventories can commonly be found for estates worth less than five pounds.

49. NLW MS SA/1706/96, John Yardley; NLW MS LL/1682/32; NLW MS B/1716/54; see also George C. Boon, *Welsh Tokens of the Seventeenth Century* (Cardiff: National Museum of Wales, 1973), 67, for the inventory of Griffith Wynn of Caernarvon.

50. NLW MS SD/1684/295, Richard Philpots; NLW MS SA/1665/157; NLW MS LL/1682/32; NLW MS SA/1694/210; NLW MS SA/1706/96.

51. Hann and Stobart, "Sites of Consumption" (n. 11), 174.

52. Wallis, "Consumption" (n. 42), 40.

necessary as a means to attract trade in smaller towns, or alternatively were simply too expensive or difficult to locate. The relative lack of competition probably also rendered complex and innovative shop interiors less important. In Cornish shops, for example, it has been noted that shop displays were less ornate for this reason, and also due to remoteness from London.⁵³ On the whole, the evidence suggests that Welsh apothecary shops were more functional and utilitarian than decorative, a pattern that begs comparison with evidence from other areas, but is unfortunately beyond the scope of this article. It could however be conjectured that the physical layout of the shop itself might still be useful in creating an impression upon the customer. The shop counter, for example, was clearly functional, but could also serve the purpose of creating a physical and notional distance between seller and customer, particularly important given the apothecary's focus on the possession of arcane knowledge. As well as simple storage, shelves, desks, and drawers, together with drugs, ointments, and oils all on display, contributed to the sensory environment of the shop and could be a means of conveying both the authority and status of the individual apothecary.⁵⁴ The range of visible goods displayed in the shop was also useful in fostering images of orderliness and an abundance of supply.⁵⁵

One of the major features of Welsh shop inventories with strong correlations to evidence from London is that of the often great numbers of storage containers that would have greeted the customer. In Benjamin Price's Haverfordwest shop in 1661, racks of shelves were lined with dozens of gallipots, large numbers of bottles of various sizes, and boxes containing a range of goods from plasters to razors.⁵⁶ In Richard Morgan's shop in Chepstow, 1682, "gally pott(s) great and small" were clearly on display, while the shelves of John Reynolds's Llanbeblig shop in 1716 were replete with bottles, pots, boxes, and cordial waters.⁵⁷ Probably the best example of a Welsh apothecary's shop interior is that of John Bell, a fairly affluent trader whose shop was probably at the more prestigious end of his trade. Bell was a nephew to John Gethin, a wealthy squire of Pentrefoelas in Denbighshire, and a letter to his uncle suggests that he prescribed by post as well as in person, broadening his potential market significantly.⁵⁸ On the walls of Bell's shop at the time of his death in 1665

53. Ibid., 172.

54. Stobart, Hann, and Morgan, *Spaces of Consumption* (n. 6), 126.

55. Hann and Stobart, "Sites of Consumption" (n. 11), 171–72.

56. NLW MS SD/1661/49.

57. NLW MS LL/1682/32, Richard Morgan; NLW MS B/1716/54.

58. B. E. Howells, ed., *A Calendar of Letters Relating to North Wales* (Cardiff: University of Wales Press, 1967), 24, 201.

were a wide range of medical goods, extremely reminiscent of the contents of London retailers.⁵⁹ There were, for example, large numbers of storage vessels—in total, sixty-seven bottles, forty-eight glass pots, eighteen glass jars, forty gallipots, and over thirty boxes with various contents. Alongside these multifarious storage vessels, however, other entries hint at a more elaborate display.⁶⁰ One notes “45 vials” containing various oils, as well as different kinds of powders displayed in glass jars, while another records a “painted box” containing *Sal Prunella*, a compound medicine for sore throats. Most interesting is an entry for “10 paynted gally pots,” in fact the only evidence for the use of painted drug jars by apothecaries so far in Wales for this period.⁶¹ That they appeared in Bell’s shop is unsurprising given the obvious high status of his business, and, as Wallis notes, painted majolica jars were not cheap to produce or maintain.⁶² Bell was, it seems, keen to promote his own image of professionalism by investing in expensive paraphernalia to advertise his business. Caution should be taken in assuming that all apothecary shops in Wales were necessarily as well equipped as that of Bell, since other inventories certainly hint at smaller and less well-fitted shops, but even this single example is suggestive. It implies that at least some Welsh apothecaries were prepared to speculate to accumulate, perhaps in an effort to attract higher class customers such as the newly affluent and demanding middling sorts who desired cosmopolitan shopping environments and quality goods.

The retailing space of the apothecary’s business was also not necessarily limited to the shop, and as in London, the whole premises could be put to a variety of functions. The manufacture of remedies and preparations, for example, could be both convenient and lucrative, since it bypassed the need to buy goods from other suppliers. Welsh apothecaries were often involved in the actual manufacture of their products, and their premises could be adapted to the needs of commercial distillation. In total, eleven of the apothecaries’ inventories listed stills or limbecks, with several more suggesting that they were present but unrecorded. In several cases, the stills or brewing vessels were located within the domestic kitchens, while others placed their stills away from the domestic lodgings in specific brew houses.⁶³ The 1730 inventory of surgeon–apothecary David Jones

59. Wallis, “Consumption” (n. 42), 33.

60. NLW MS SA/1665/157.

61. *Ibid.*

62. Wallis, “Consumption” (n. 42), 38.

63. NLW MSS LL/1696/154, Jacob James; SD/1717/190, David Smith; SD/1725/34, Henry Milton; B-1677–88, Richard Gooden; B/1705/60, William Davies; SD/1712/49; BR/1681/7.

of Oswestry makes specific reference to a “distilling room,” suggesting more systematic production.⁶⁴ In addition to the specific requirements of the shop and dwelling for the retail of medicines, there is also evidence to show the potential social function of the apothecary shop. As Margaret Pelling has noted for Norwich, the shops of barber–surgeons could sometimes function as places for drinking, socializing, and music, and there is some suggestion that this too was the case outside large towns.⁶⁵ The shop inventory of Elias Preston of Wrexham, a barber, periwig maker, and apothecary, contained entries for eight chairs, fifteen stools, and three tables alongside his shop.⁶⁶ This is mirrored in the inventory of James Preston of the same town, whose shop contained tables and chairs, as well as “instruments of music” valued at over two pounds.⁶⁷ Although there is no comparative evidence from elsewhere in Wales, the provision of so much furniture does suggest that these Welsh shops might also perform a similar social function.

Stock in Trade

Were there any specifically “Welsh” ingredients sold in apothecary shops? It appears not. Richard Suggett has uncovered scattered references to Welsh disease terms in other sources that appear to have no English equivalent, such as “liveranartegro,” a disease of the liver and heart supposedly caused by witchcraft, and “clwyf yr edau wllân” (the woollen-yarn disease).⁶⁸ Doubtless there were local variations in disease typologies and the manufacture of remedies, but Welsh remedy collections (actually often written in the English language since formal education was often conducted through English and Latin) follow English examples closely, with virtually identical remedies and ingredients, and often derived from English published texts.⁶⁹ The increasing permeation of English remedies and terminology into vernacular Welsh highlights the extent to which Wales was an active participant in the wider medical marketplace.

Even in smaller Welsh apothecary shops, a wide range of medicines and medical ingredients was available. The shop of John Reynolds in Llanbeblig, valued in 1716 at a total of five pounds, contained a selection

64. NLW MS SA/1730/185.

65. Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998), 222–23.

66. NLW MS SA/1694/210.

67. NLW MS SA/1681/216.

68. Suggett, *History of Magic* (n. 9), 105–6.

69. See discussions about Welsh remedy collections in Withey, “Health” (n. 14), 116–22.

of “drugs, plaisters, cordial waters [and] syrrops,” while William Williams of Builth sold “drugs, oyls, oyntm’nt, plaisters, powder, waters and vials” containing medical preparations.⁷⁰ It is likely that the amounts of specific items for sale varied greatly both with the size of the shop and also the demand for more highly priced or specialist items. In some cases, such as that of Thomas Kelly of Llandeilo Fawr in 1713, a simple entry for “small parcellis of drugs and medicines in ye shop” suggests a small-scale business. Other shops, however, seem to have been extremely well stocked. The 1684 shop inventory of Richard Philpots of Swansea, for example, contains twenty-one separate entries for different types of medical goods, ranging from sugar and exotic imported culinary items such as capers, “scargoes,” and anchovies, to the specifically medical goods of “pills . . . and powders,” “emplaisters” and “drugs simple and compounds” valued at ten pounds.⁷¹ This last entry is interesting since it highlights the availability of compound (and proprietary) medicines in Wales, the relatively large amounts held in stock also suggesting a healthy demand from Philpots’s customers. In some cases, the number of medical goods in a shop’s stock can also be inferred from the inventory valuations, which sometimes indicate substantial volumes. A generic 1696 entry for “apothecary drugs and medicines” in the shop of Jacob James of Newport gives a valuation of seventeen pounds while the “shop goods” of his potential competitor Henry Stephens totaled twenty-five pounds.⁷² “Apothecary goods” in the Haverfordwest shop of Richard Wright amounted to the relatively large sum of eighty pounds.⁷³ These were clearly not small-scale operations and required both a sufficiently good supply network and enough demand to warrant the storage of such large amounts of stock.

Alongside common medical supplies could often be found more exotic, imported goods, and also specialist products such as chemical medicines. Apothecaries logically tailored their stocks to their customers, whether the rural poor or local gentry. In the inventory of John Bell, the Wrexham apothecary, for example, could be found exotic spices such as “cardamaum” (cardamom), “fenugrig” (fenugreek), and “assafetida” (asafoetida), a foul-smelling gum resin. But, in addition to these, and the range of basic medical preparations such as conserves and electuaries, could also be found chemical preparations such as Roman Vitriol “Sack-arum Saturney,” Stibium (antimony), Brimstone, and Verdigras.⁷⁴ In fact,

70. NLW MSS B/1716/54; BR/1705/9.

71. NLW MS SD/1684/295.

72. NLW MSS LL/1696/154; LL/1692/144.

73. NLW MS SD/1712/49.

74. NLW MS SA/1665/157.

evidence suggests that ready-prepared chemical remedies, Paracelsian and Helmontian, were available across early modern Wales. Chemical medicines grew in popularity during the seventeenth century with Paracelsian and, later, Helmontian remedies finding favor especially among Republican reformers.⁷⁵ In reaction to the often uncomfortable, if not painful, Galenic evacuative treatments, advocates of chemical medicines sought to use the new science and natural philosophy in order to concoct substances that they believed were more naturally in tune with the body.⁷⁶ Bell's inventory contains seven separate entries for items such as "chemicall medesines" and "chymicall oyles."⁷⁷ The 1679 inventory of John Farmer of Carmarthen contains alchemical ingredients such as "metalls syrups [and] oyls," with a further entry for "chymicall preparations."⁷⁸ The appearance of chemical medicine in Welsh shops also seems to be comparatively early. In Scotland, for example, it has been argued that chemical medicines did not filter down to common usage until well into the eighteenth century.⁷⁹ Such ingredients were high end and likely intended more for prestigious clients than general customers or passing trade. It is also possible, though, especially given that all the examples occur in either border towns or areas of strong English influence, that the demand for such items was a consequence of recommendations from social contacts outside Wales and that their presence in Welsh shops was a direct consequence of "ordering in."

But probate inventories also demonstrate that a range of proprietary medicines was available in Wales, raising questions of the concept of provinces and regions as potential markets themselves by (and for) London traders. The question of Welsh participation within the burgeoning quack market of nostrums and remedies has yet to be explored, and no studies have yet been made of the extent or social depth at which this market existed or operated. In linguistic terms there is an extra dimension to this marketplace, since the majority of "ordinary" Welsh people were monolingual and illiterate. The relative lack of available cheap print material in Wales doubtless restricted advertising opportunities for enterprising Welsh quacks, and some of the only evidence for medical advertising in the Welsh language occurs within the late seventeenth-century almanacs

75. Andrew Wear, *Knowledge and Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000), 357–58.

76. *Ibid.*, 363–64.

77. NLW MS SA/1665/157.

78. NLW MS SD/1679/223.

79. Helen Dingwall, *Physicians, Surgeons and Apothecaries: Medicine in Seventeenth-Century Edinburgh* (East Linton, Scotland: Tuckwell Press, 1995), 209–10.

of Thomas Jones—the “Sweating Astrologer”—and these were often for English remedies from London apothecaries.⁸⁰ On other occasions, Jones would give details of particular remedies, and also translate snippets from popular works such as Culpeper’s herbal, bringing popular English-language texts into vernacular Welsh.⁸¹ This suggests that Jones’s Welsh readership would have had at least some knowledge of how to procure such goods. But how far were Welsh people aware of and able to access the wider market for patented remedies and nostrums? To address this question, this article turns from probate inventories to the printed medical advertisements of London traders. Evidence from these sources suggests that Welsh apothecaries were in danger of losing more than just their high-end clients to London apothecaries and suppliers. In fact, it seems clear that, at least in terms of access to proprietary medicines, literate and well-informed Welsh people were sometimes able to circumvent their local apothecaries entirely and obtain their goods directly from the city.

In a number of cases, London remedy patentees provided lists of agents from whom their products could be purchased, giving a useful insight into the marketing strategies of remedy sellers. As might be expected, the vast majority of agents were located in or around London and in the general vicinity of the patentee, although, in some cases, it was clear that quacks also recognized the potential of wider audiences. A typical example of this is the “well known and highly approved medicine called *Pilulae in Omnes Morbus*,” which was sold by agents in Hampshire, Wiltshire, Suffolk, and Nottinghamshire, as well as London.⁸² There is some question about whether Wales was actually even a separate region for London suppliers. One advertisement for “Fletcher’s Powder” notes contact details for “all persons that live remote from London, either in Scotland, Ireland or any of the English Plantations,” but notably, not Wales.⁸³ This suggests that the country was not actually regarded by suppliers as being “remote from London,” an argument borne out by other sources. An advertisement for “Nendick’s Pill,” for example, lists a supplier in Cardigan from whom the pill could be purchased.⁸⁴ “Doctor Salmon’s Pills . . . so famously

80. Geraint H. Jenkins, “‘The Sweating Astrologer’: Thomas Jones the Almanacer,” in *Welsh Society and Nationhood: Historical Essays Presented to Glanmor Williams*, ed. R. R. Davies et al. (Cardiff: University of Wales Press, 1984), 164.

81. See Thomas Jones, *Almanack am y Flwyddyn 1681* (London, 1681).

82. British Library (hereafter BL), MS C.112.f9, Collection of Seventeenth-Century Medical Advertisements, f. 33.

83. BL, MS 551.a.32, Collection of Medical Advertisements, Seventeenth and Eighteenth Century, f. 202.

84. BL, MS c.112.f9, f. 54.

known throughout England” could be bought from Richard Ballard in Monmouth, Richard Wynne in Ruthin, and also Anna Jordan, a Gloucester bookseller, while “Mr Morgan” in Carmarthen and “Mr Bohun” in Monmouth were agents for “Stoughton’s Elixir Magnum Stomachicum.”⁸⁵ Two seventeenth-century advertisements for “Bromfield’s pills” also list Richard Wynn of Ruthin and one James Bengough of the Hay in Breconshire.⁸⁶ The fact that London sellers were prepared to outsource to provincial agents suggests sufficient demand to warrant the administrative problems of establishing and maintaining supplies. The physical distance between supplier and retailer could indeed provide a fruitful opportunity for unscrupulous opportunists looking to cash in on the popularity of a well-known product. In Monmouthshire, “Daffy’s Elixir” was available through a regular agent, Charles Taylor of the King’s Arms Public House. Records suggest, however, that this relationship may quickly have soured since Taylor received the goods but apparently never paid.⁸⁷

Testimonials to patent remedies from those who were supposedly cured also provide useful evidence of the relationship among supplier, retailers, and consumers. The credentials provided for “Nendick’s Pill” make a useful case in point. In several editions of the advertisement it was reported that “Mr Whetnal, gunsmith in Prestaine” (Presteigne in Powys) who “had not sat upright or gone out of his chamber two years before” now “rode about the countreys” through the power of the pill. Another seriously ill woman, puffed the seller, was “cured to miracle by half a box of my pills,” administered by a local practitioner.⁸⁸ The opinion of Welsh “referees” clearly counted for something, and their inclusion was also a useful means to entice Welsh custom by referencing locals. The advert also notes that Whetnal “sent for my pills by the post, and had no other advice than the book of directions and cures done in London and in other parts.”⁸⁹ Here again, no intermediary was required between customer and supplier.

The audience for printed medical advertisements further highlights the importance of literacy, and of medical publishing and print in Wales. The printed language of medicine in Wales was almost exclusively English. Literacy levels in Wales were low in comparison with England, and schools often taught reading and writing English and Latin rather than

85. Ibid.; BL MS 551.a.32, ff. 17, 222.

86. Whittet, “Welsh Apothecaries” (n. 22), 104–5.

87. David Boyd Haycock and Patrick Wallis, eds., “Quackery and Commerce in Seventeenth-Century London: The Proprietary Medicine Business of Anthony Daffy,” *Med. Hist. Supplement* 25 (2005).

88. BL, MS C.112.f9, f. 54; BL, MS 551.a.32, ff. 151, 155.

89. BL, MS C.112.f9, f. 54.

Welsh. With no printing press in Wales before 1718, any Welsh-language publications were produced either from Shrewsbury or London.⁹⁰ While some Welsh religious books gave didactic and moralistic advice on sickness behavior, it was not until 1733 and the publication of *Llyfr Meddiginiaeth, ir anafys ar chlwfus* (A Book of Medicine for the Wounded and Sick) by William Bevan that literate Welsh people first had access to a full medical text in their own language.⁹¹ Medical texts, such as instructional manuals, were a useful source of remedies and techniques, but these were predominantly the works of English authors. For literate Welsh medical practitioners seeking to broaden their knowledge of the field for the majority of the early modern period, there was simply no choice; they had to buy English texts. But this pattern served to locate Welsh apothecaries within broader medical networks of knowledge and in some sense perhaps even provided a link to orthodox or “professional” medicine, something that was otherwise conspicuously absent in Wales.

A number of apothecary inventories contain references to books. Some are generically listed, and it is not clear whether the texts are medical. The 1665 inventory of John Bell of Wrexham, for example, contains two entries for books, the first for “5 bookes in folio [*sic*], 1 in large quarto in Dutsh,” and the other for “6 other bookes of several sortes.”⁹² “Several bookes” also appear in the inventories of John Lock of Brecon in 1681, while David Jones of Oswestry (d. 1730) owned a “parcell of bookes in total about 100.”⁹³ In some cases, though, the books are obviously medical publications. Books listed in the inventory of Elias Preston of Wrexham, apothecary, barber, and periwig maker, appear listed within the shop, suggesting that they played a part in the practical aspects of dispensing.⁹⁴ The shop goods of William Williams of Builth likewise contained his “physick bookes” among his drugs, oils, and emplaisters.⁹⁵ Evidence of subscription to publications also suggests that apothecaries in Wales were aware of forthcoming medical works. One of the subscribers to a 1689 edition of the works of the German apothecary and chemist Johann Rudolph Glauber, for example, was a Welsh apothecary from Ruthin.⁹⁶ While it could be argued that the physically small numbers make it difficult to generalize, in percentage terms, the numbers are still interesting. In all,

90. Jenkins, *Literature, Religion and Society* (n. 14), 35.

91. William Bevan, *Llyfr Meddiginiaeth, ir anafys ar chlwfus* (Chester: Roger Adams, 1733).

92. NLW MS SA/1665/157, John Bell.

93. NLW MS BR/1681/7, John Lock; NLW MS SA/1730/185, David Jones.

94. NLW MS LL/1694/210, Elias Preston.

95. NLW MS BR/1705/9, William Williams.

96. Whittet, “Welsh Apothecaries” (n. 22), 105.

sixteen out of the thirty-two inventories, 50 percent, that provide individual listing (as opposed to generic terms such as “household stuff” or “shop goods”) contained books, suggesting that there were both at least reasonable standards of literacy among Welsh apothecaries and also a desire to accumulate knowledge.

In one case, however, it is possible to be more specific about the types of books that could be collected by medical retailers, since the inventory of Henry Williams of Clynnog, Caernarvonshire (d. 1690), gives individual listings for all the medical books owned by him. The types of books that Williams possessed suggest a broad and detailed understanding of various schools of medical thought. A transcript from the inventory is given in Figure 2.⁹⁷

The ownership of such titles reveals much about the sorts of medicine that interested Henry Williams. There were, for example, several instructional titles by prominent London physicians that aimed to provide a good grounding in medical techniques. Into this category could be fitted Thomas Willis’s *Practice of Physick*, which provided both advice and remedies, and Peter Lowe’s discourse on surgery.⁹⁸ In some cases, more esoteric works were “watered down” to appeal to lay practitioners who might not have specialist practical experience or knowledge of terminology, such as Willis’s *Practice of Physick*. Likewise, others, such as Dodoens’s *New Herbal*, were lists of medical plants, complete with Latin translations, deliberately engineered to be accessible, while a work such as John French’s *Art of Distillation* also fits well within the aegis of publications from which a working apothecary might draw. The presence of two specific volumes concerning the “French Pox” is also interesting, and might suggest (with due respect to the inhabitants of Clynnog!) a response to circumstance. In other cases, however, there are suggestions of a deeper theoretical and philosophical interest in medicine that certainly belies the image of the rustic leech. Thomas Walkington’s *Optick Glasse of Humours*, for example, was essentially a study of the effects of humors upon the body, but would have required a detailed understanding of Greek philosophy, mythology, and astrology in order to access its sometimes esoteric prose.

97. This figure, and parts of the discussion that follows, appear in an altered form in Withey, “Health” (n. 14), 225–29.

98. Rembert Dodoens, *A New Herbal or Historie of Plants . . .* (London: Edward Griffin, 1619); Thomas Willis, *The London Practice of Physick or, The Whole Practical Parts of Physick Contained in the Works of Doctor Willis* (London: Thomas Basset, 1685); Peter Lowe, *A Discourse of the Whole Art of Chyrurgery, Wherein Is Exactly Set Down the Definitions, Causes, Accidents, Prognostications and Cures of All Sorts of Diseases . . .* (London: R. Hodgkinsonne, 1654).

Item: The new herbal or the Treasury of Plants
by Doctor Rembert Dodoens Phisicium to the Emperor
translated into ffrench then into Englishⁱ

It: The Method of Physick by phillip burroughⁱⁱ

It: Two Treaties, one of the Venerall pox, the second of the Gout
by Daniell Senertus, Med: Doctⁱⁱⁱ

It: Rivery Praxis Medica^{iv} 00 10 00

It: The Art of Distillation by John French M:D:^v

It: Doctor Willis his London Practice^{vi}

It: A perfect discovery of the French Pox^{vii}

It: A discourse of the Whole Art of Chirurgery^{viii}

It: An Ould book to all young practizers in Chirurgery^{ix}

It: The Optick Glasse of Humours.^x

i. Perhaps Rembert Dodoens, *A New Herbal or Historie of Plants* . . . (London: Edward Griffin, 1619).

ii. Various editions of this book were produced in the sixteenth and seventeenth centuries. See, for example, Philip Barrough, *The Method of Physick, Containing the Causes, Signes and Cures of Inward Diseases in Man's Body, From Head to the Foot* . . . (London: Abraham Miller, 1652).

iii. The most likely candidate for this work is Daniel Sennert, *Two Treatises, the First of the Venereal Pocks . . . the Second of the Gout* (London: John Streeter, 1673). An earlier edition, with a much longer title, had been published in 1660.

iv. This probably refers to Lazare Rivière (1589–1655), who published a Latin work titled *Praxis Medica cum Theoria* in 1657.

v. For example, John French, *The Art of Distillation or, A Treatise of the Choicest Spagiricall Preparations* (London: E. Cotes, 1653).

vi. Probably Thomas Willis, *The London Practice of Physick or, The Whole Practical Parts of Physick Contained in the Works of Doctor Willis* (London: Thomas Basset, 1685).

vii. Almost certainly Gideon Harvey, *Little Venus Unmask'd or, A Perfect Discovery of the French Pox Comprising the Opinions of Most Ancient and Modern Physicians* (London: William Thackeray, 1670).

viii. Again, there are several editions of this title, by Peter Lowe. See, for example, Peter Lowe, *A Discourse of the Whole Art of Chyrurgery, Wherein Is Exactly Set Down the Definitions, Causes, Accidents, Prognostications and Cures of All Sorts of Diseases* . . . (London: R. Hodgkinsonne, 1654).

ix. Untraced. For example, the Early English Books Online database contains no titles under these words.

x. Several editions appear of this work, the latest being Thomas Walkington, *The Optick Glasse of Humours or, The Touchstone of a Golden Temperature* . . . (London: G. Dawson, 1664).

Figure 2. Selected data from probate inventory of Henry Williams of Clynnog. Source: NLW, MS B/1690/49, Henry William.

Although Henry Williams was clearly exceptional, it is nonetheless interesting to consider his inventory in terms of the availability of diverse medical texts even in deeply rural areas. Williams was not an urban apothecary; his shop was situated some nine miles distant from the town of Caernarvon. These were professionally authored and produced texts, and aimed at a literate, English-speaking audience. It seems fair to speculate that the techniques and remedies in these works were used by Williams in his Clynnog shop and practice. If so, his Welsh customers had, even in a small sense, some access to a variety of medical thought. Williams is unlikely to represent a “typical” Welsh apothecaries, and his example cannot be writ large across the whole of the country. But the proliferation of books in other apothecary inventories noted above suggests that there was certainly an aspiration toward self-improvement and edification through printed works among Welsh apothecaries, a fact that raises interesting issues for comparison with other areas.

The final question to address is that of the actual channels through which medicines found their way onto Welsh shelves. Logistically, goods were likely to either have been ordered directly from London suppliers, or instead subsold by intermediary suppliers or wholesalers. In terms of physical access to goods, Welsh towns could tap into a growing body of consumer goods through its own trading connections. With a large number of trading ports around its coastline, Wales was able to take advantage of the increasingly global economy in goods. Welsh port books display a wide variety of goods, including medical ingredients, arriving from Europe into trading towns such as Carmarthen, Haverfordwest, and Milford Haven.⁹⁹ In certain areas, such as the southeast, the close proximity and strong links with major English ports such as Bristol also served to stimulate the availability of consumer goods. In other cases, however, there is direct evidence of the routes through which apothecaries procured their goods, and of the strong trading links with England and, in particular, London. The inventory of Elias Preston, noted above, is also unique in including the only surviving set of probate accounts listing the monies he owed to various debtors. In one case, for example, Preston is recorded as owing three pounds to a “Mr Crew for Physick.”¹⁰⁰ Other similar entries list the town of the debtor, but the absence of a such a note for “Mr Crew” suggests that he was possibly a local merchant, although difficult to trace.

99. See the listings for individual ports in E. A. Lewis, ed., *Welsh Port Books (1550–1603)* (London: Honourable Society of Cymmrodorion, 1927).

100. NLW MS Elias Preston, SA/1694/210.

But there is also direct evidence for a London account. An entry for a debt of two pounds is listed for “Mr Steal of London for Pills,” while other debts were due in English cities such as Chester.¹⁰¹ Such evidence demonstrates the range of suppliers that could be adopted by even provincial shopkeepers, and also the extent of trading networks with urban centers. Other sources give a similar picture. The 1714 will of Jenkin Thomas of Coity, near Bridgend in Glamorgan, is another that directly references an account or business relationship, in this case with a London apothecary Roger Willey in Fish Street Hill, to whom Thomas bequeathed a “cask of butter of thirty shillings price,” perhaps in lieu of payment of a debt.¹⁰²

Some Welsh apothecaries also held accounts with major London suppliers. Michael Bohune of Monmouth, probably the same man noted as an agent above, was a customer of the Eastwick and Conyngsby firm of wholesale dealers, making him a part of a national network of medical supply, as were Thomas Bowen and John Powel of Carmarthen, also either apothecaries or nonspecialist traders of medicines.¹⁰³ Others fostered connections with established English city traders and members of substantial medical institutions through their own training. In 1690, Eubule Wynn, son of John Wynne of Ruthin, Denbighshire, was apprenticed to John Newe of the London Society of Apothecaries, while, in 1707, Richard Wynne of Aberystwyth was bound to one Edmund Merrydale, a member of the London Grocers’ Company.¹⁰⁴ On their return to Wales, the newly trained apprentices would be able to legitimately position themselves as experienced, cosmopolitan traders, with a network of new contacts. Yet another Wynne, Thomas of Ysgeibiog in Flintshire, was taught by a Shrewsbury Quaker, Richard Moore, from whom he learned surgical techniques alongside mixing and dispensing medicines, and apparently even obtained a license as a surgeon, returning to set up his business in Caerwys, Clwyd, in 1660.¹⁰⁵ On the whole, the picture given is one of participation rather than exclusion. The weight of evidence linking Wales and London does much to support an argument for a sophisticated network of trade and contacts between Welsh apothecaries and their counterparts in other parts of Wales and beyond.

101. Ibid.

102. NLW MS Jenkin Thomas, LL/1714/25.

103. Whittet, “Welsh Apothecaries” (n. 22), 108.

104. Ibid., 105.

105. Ibid., 107.

Conclusion

This article has sought to shed light on the trade and traders of medicine in early modern Wales and, in doing so, raise new questions about the operations of the medical marketplace away from urban centers. In terms of apothecaries, even the regionally specific evidence presented here suggests that more needs to be done to bring rural areas into conceptualizations of the medical marketplace. It is likely that regional nuances could stretch and expand the wider dynamic of the model. Apothecaries in small towns and villages could display markedly similar characteristics to their London counterparts and were often literate, if not necessarily highly educated, well-to-do if not wealthy. They were also far more aware of their wider profession and colleagues than has perhaps been acknowledged. Evidence of Welsh agents and testimonials from London sellers reminds us of the extent to which Wales, and by extension other “remote” regions, engaged with trade networks and participated fully in a wider, even global, market for medicines. Factors such as the possession of books remind us of the pathways of knowledge, but also of the importance of published texts and the written word as vehicles of knowledge transmission. The list of books owned by Henry Williams, for example, shows that the desire, even among rural apothecaries, to master their craft and seek to expand their own knowledge of wider medical print culture, should not be underestimated.

Second, it is clear that Welsh apothecaries had some sense of “belonging” to a wider trade or profession; they seemingly desired or aspired to appear legitimate figures of authority on medicine, a crucial factor in inviting the custom of wealthy patrons who were otherwise not slow to employ London practitioners. Indeed, for Welsh apothecaries to trade with London dealers at all also required sophisticated knowledge of suppliers, as well as logistical and organizational skills.

Evidence from the shops of these provincial dealers also invites a wider reappraisal of the nature of regional medical retail and consumption. Welsh apothecary shops were functional premises, with less of the accoutrements of the metropolitan trade noted by Wallis. How far was this pattern repeated elsewhere? Also of note is the wide range of goods available in what have previously been overlooked or disregarded regions. As dealers of medical commodities in rural areas, they sold a remarkably broad range of goods, inviting more studies into networks of trade and supply. Given that chemical medicines and exotic important ingredients could be found in rural Wales, a region of proverbially poor roads and communications, it is feasible that a similar situation occurred elsewhere in rural

England, and also in other culturally distinct regions such as Scotland and Ireland. Likewise, if chemical medicines did appear earlier in Wales than in other regions, then questions are raised about patterns of distribution and wholesaling from centers to peripheries. A broader regional study of apothecary records would doubtless provide richer data for comparison, and it is only to be hoped that this use of Wales as an exemplar will stimulate greater interest in the component regions of the United Kingdom, and their contribution to the early modern medical world.

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