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# Invigorated Writers, Quieted Children, and Self-Interested Pharmacists: The Proliferation of Opium in 19th Century Britain

Clea Thomas  
*St. Mary's Academy*

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Invigorated Writers, Quieted Children, and Self-Interested Pharmacists:

The Proliferation of Opium in 19th Century Britain

Clea Thomas

PSU Challenge: HST 102 Western Civ/Honors History of Modern Europe

Mr. Vannelli

8 March 2020

Today, England's consumption of narcotics and opioids has reached a record high. Deemed "the addiction capital of Europe," Britain's use of amphetamines, alcohol, and everything in between has culminated in a prevalent drug culture that results in nearly four thousand registered drug-related deaths and 350,000 identified high risk opioid users annually.<sup>1</sup> But exactly how far can this drug abuse be traced? The answer lies in the early 19th century opium trade. Opium, a byproduct of poppies that induces a drowsy high and is credited as an incredible pain reliever was initially introduced to Britain for medicinal purposes, but quickly shifted to widespread recreational use. The easily available drug spread rapidly and was sold in a plethora of preparations to be used by both men and women of all social classes, bridging a socio-economic gap. The influx of opium marked a vital shift in the way the British government and organizations deal with substance abuse and addiction. It is a historical case study for the proliferation of chemically processed opiates and amphetamines in current British society. The introduction of opium to Britain in the early 19th century significantly affected the country's social culture because it became a mainstream substance used by people of many social standings, as well as becoming a facet of history via economic stimulation, import from non-British nations, and the legal regulation of medicine.

Opium, a drug produced by scoring unripe poppies and collecting the liquid byproduct, has been traced to early Mesopotamian and Sumerian eras (around 3400 B.C).<sup>2</sup> While a multitude of cultures had been using the poppy for centuries, opium became prevalent in British society in the mid-1800s via previously established trade routes<sup>3</sup>. At the height of the opium

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<sup>1</sup> European Monitoring Centre for Drugs and Drug Addiction. 2019. *United Kingdom Country Drug Report 2019*. <http://www.emcdda.europa.eu/system/files/publications/11355/united-kingdom-cdr-2019.pdf>.

<sup>2</sup> Cowell, Adrian. "Opium Throughout History." *The Opium Kings*. Frontline, May 1997. <https://www.pbs.org/wgbh/pages/frontline/shows/heroin/etc/history.html>.

<sup>3</sup> See image 2

epidemic, it was being imported from many countries, primarily Turkey, who dominated 80 to 90 percent of the market, Persia, which became almost 10 percent of the market by the late century, and India, whom's export also increased towards the end of the century.<sup>4</sup> There were several attempts to grow the poppies domestically in English farms, but was met with little to no success due to climatic factors, due to opium requiring a warmer, arid climate opposite to that of England. The first records of successful domestic cultivation are from by Dr. Alston, a professor of botany who performed a variety of experiments on the poppy in the mid-1700s. However, the most successful attempts by far were made by Dr. John Cowley in the early to mid-1800s.<sup>5</sup> The influx of the drug from multiple sources guaranteed a continuous supply. Once introduced, opium was used as a vital ingredient in magical, cure-all medicines, but was quickly transformed into a substance that could be purchased via elixirs and medicines, and even the whole plant. The drug, sold in compacted discs, could be purchased via auction in public markets, but also can be traced to being purchased in larger quantities by apothecaries and other wholesalers<sup>6</sup>. In large part, the customers dictated the opium market through a "corner store" system of supply and demand. The buyers would dictate the methodology and preparation of the drug, and shopkeepers and chemists would create the product.<sup>7</sup>

As opium consumption increased, the availability of different forms of the drug evolved alongside it, with sixteen opium preparations listed in 1810, twenty in 1821, and twenty-six in 1868.<sup>8</sup> The reported prices of the drug vary greatly, and are often reported with the prices of

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<sup>4</sup> See table 1

<sup>5</sup> Berridge, Virginia., and Edwards, Griffith. *Opium and the People : Opiate Use in Nineteenth-century England*. London : New York, NY: A. Lane ; St. Martin's Press, 1981.

<sup>6</sup> Ibid

<sup>7</sup> Ibid

<sup>8</sup> Ibid

laudanum, which was a very popular tincture preparation of opium dissolved in alcohol containing ten percent opium concentration and includes all derivatives of opium, such as morphine.<sup>9</sup> Laudanum was incredibly cheap, and was by far the most popular small-scale way to buy opium. For the same price of a pint of beer (a penny), one could buy a quarter-ounce of laudanum<sup>10</sup>. With the drug available in preparations such as pills, lozenges, compound powder, confection, plaster, enema, vinegar, wine, syrups, and tinctures, it was readily available to people of all classes to be used with a variety of ailments. However, widespread medicinal standardization was severely lacking until mid-century with the implementation of the 1858 Medicine Act, which regulated the uses of opium and the registered medical practitioners<sup>11</sup>. By introducing one of the first forms of regulation on the drug, the government was not only able to standardize the preparations, but also establish nationwide procedures for the sale and use of opium. This establishment of medical regulation contributed to the historical impacts of the drug, creating standardization to the treatment of substances.

Similar to most narcotic substances in history, there was a high opium use rate in the educated upper middle class. Patterns can be clearly seen in circles of educated writers and academics like the Romantic writers of the time, such as Thomas De Quincey, who detailed and reflected on his opium habits in many journals and a book called *Confessions of an English Opium Eater*. In the collection, Dequincey creates journal-like entries that have become

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<sup>9</sup>National Center for Biotechnology Information, U.S. National Library of Medicine. No date. *Laudanum*. MedGen (database). <https://www.ncbi.nlm.nih.gov/medgen/149002>.

<sup>10</sup> Lomax, Elizabeth. "The Uses and Abuses of Opiates in Nineteenth-Century England." *Bulletin of the History of Medicine* 47, no. 2 (1973): 167-76. [www.jstor.org/stable/444475](http://www.jstor.org/stable/444475)

<sup>11</sup> The National Archives (United Kingdom). The Medical Act of 1858. An Act to regulate the Qualifications of Practitioners in Medicine and Surgery. 1858 Chapter 90, August 2, 1858. <http://www.legislation.gov.uk/ukpga/Vict/21-22/90/enact>

commonly referenced when looking at opium's effects on the mind, due to his candor regarding how the drug affects him. One comment in particular stands out in regards to the comparison of opium and alcohol, where he states "Wine robs a man of his self-possession, opium greatly invigorates it"<sup>12</sup>. This statement appears to be a common sentiment among the educated literary class of social users, and was a popular reason for consumption. The amplification of creativity became a belief held in those circles which then led to more users who then became addicted to opium, continuing the cycle of drug reliance in the upper middle class. These opium users had the opportunity to detail their experiences with the drugs in various forms of literature, and thus, motifs of addiction became a commonplace subject. Drug addiction exhibits itself as a background element in prominent literary works such as the 1886 novel *The Strange Case of Dr. Jekyll and Mr. Hyde*<sup>13</sup>. In such stories, addiction is in the background of the primary plot, but is often present enough to be noticeable when looking back on for historical context<sup>14</sup>.

Opium was even more prevalent in the working class and among their families, and was more thoroughly reported on by officials and doctors on house visits than opium users of a higher social class due to financial and social discrimination. One of the primary methods of consumption for these families was a preparation of the drug that was to be given to the children of working parents in order to calm them while the parents were away. Sold in shops and pharmacies across Britain as a "children's drought", the syrup preparation of opium was commonality. The preparation was mainly used by parents and nursemaids to quiet their

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<sup>12</sup> De Quincey 41

<sup>13</sup> While the novel was written by a Scottish author, the themes still reflect public sentiment towards opium reliance of the time, and was distributed to English readers.

<sup>14</sup>Comitini, Patricia. "The Strange Case of Addiction in Robert Louis Stevenson's 'Strange Case of Dr. Jekyll and Mr. Hyde.'" *Victorian Review* 38, no. 1 (2012): 113–31. <https://www.jstor.org/stable/23646857>.

children, but as a consequence, contributed to a higher infant mortality rate in the mid-1800s. This trend, aptly named ‘infant doping’ was later mitigated by anti-opium campaigns such as The Pharmacy Acts<sup>15</sup>. However, these anti-drug laws and campaigns failed to assess the spectrum of the opium crisis by exclusively focusing on working class families rather than also investigating people of the middle and upper classes.

Doctors and pharmacists prescribed opium for a variety of medical ailments such as insomnia, depression, and headache very freely, but many users self-prescribed the drug and were credited with being “social users”, depending on one’s economic and social standing<sup>16</sup>. The drug was initially consumed socially with alcohol, but eventually became a substitute for alcohol, mostly for those without access to alcohol via pubs, such as women. At the end of the 19th century, opium transformed into derived substances, such as morphine for hypodermic use and crystalline concentrates.<sup>17</sup> This phenomena of extraction began a culture of drug exploration in terms of how substances are consumed. By creating purer, more concentrated forms of opiates, scientists were able to deliver a more powerful and addictive high to users and is a process that is still used in Britain today. However, the British ruling class was not conscious of opium and its derivatives to consider the repercussions of the drug, until much too late with the establishment of anti-drug campaigns such as the Pharmacy Act.

The Pharmacy Act of 1852 was the first piece of legislation passed that limited the sale of drugs to certified pharmacists and medical professionals.<sup>18</sup> This law was the first of its kind in

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<sup>15</sup> Berridge, Virginia

<sup>16</sup> Lomax, Elizabeth

<sup>17</sup> See image 3

<sup>18</sup>UK Parliament. No date. Pharmacy Act 1852. Hansard: a project led by the Commons and Lords libraries—digitised editions of Commons and Lords Hansard, the Official Report of debates in Parliament. <https://api.parliament.uk/historic-hansard/acts/pharmacy-act-1852>

Britain, and substantially affected the way that opium was sold, produced, and consumed. Intended to limit the consumption of the drug, the Act created a definitive list of licensed chemists who had access to opium as well as other listed substances. This legal change led to the initiation of reporting “narcotic related deaths” after 1863, providing more detailed and reliable statistics on the negative impact of drug abuse<sup>19</sup>. Also in 1863, a private company headed by a medical officer, Professor Alfred Taylor, created a detailed annual report of the dispensing and sale of opium in the hopes of placing more restrictions on access to the drug. Taylor consistently advocated for legal consequences against public consumption, and presented to a board of medical professionals, while acknowledging that there is always an unknown margin of illegal sales.<sup>20</sup> This board then expanded the reported preparations of opium derived substances to add to the second Pharmacy Act in 1868. The Act further tightened restrictions on the access to drugs and poisons to a select sample of apothecaries and medical professionals, as well as acknowledging the class tensions involved in the use and sale of the drug. This Act expanded on the 1851 Arsenic Act, which was an initial step in limiting the sale of poisons (of which opium was included).

Legal consequences to limiting opium use failed for a few distinct reasons. First, the people responsible for the enforcement of the regulation of opium laws, such as pharmacists and chemists, were the ones profiting from the sale of the drug. Second, the medical professionals knew that restrictions would only produce an uncontrollable illegal market for opium sales.<sup>21</sup> This failure of the government, in conjunction with the number of addicts and the rapid development of new opiate derivatives ensured the continuation of addiction culture in Britain.

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<sup>19</sup> See table 4

<sup>20</sup> Berridge, Virginia

<sup>21</sup> Ibid



Opium was a cultural norm during the 19th century, and in order to break the norm, actions needed to be taken earlier in the history of opium consumption. A large-scale legal action would have led to a major loss of business for the perpetrators (chemists, pharmacists, retailers). When customers remained addicted, these professionals continued to profit, however ethically wrong that may be. The beneficiaries' self-preservation restricted the writing of these laws and acts from being as effective as possible, thus restricting the ability for government entities to limit opium consumption. The conflict between ethics and self-interest created turbulence for legal consequence, and ultimately, was the largest contributing source to the continuation of Britain's culture of addiction.

Poor legislation and enforcement, untimely and ineffective response, and financial self-interest caused the 19th century epidemic of addiction. Opium was not simply the right drug at the place and time. It was reported that pharmacists had self-interested tendencies, and failed to uphold legal consequence for the regulation of the drug. Similarly, pharmacists and medical professionals were aware of the black market emergence of opium, and the reality of continual use regardless of legal standardization. By the end of the century, however, opium had started to diminish from its spotlight in medical and popular culture.<sup>22</sup> It was consumed at a much lower rate, and was used less in medical practices. While laudanum was still used in working class families to calm their young children, many doctors and pharmacists found much less addictive and potent substances to alleviate symptoms.<sup>23</sup> Similarly, other drugs such as cocaine and cannabis were slowly being integrated into British society, as the circulation of information related to recreational drug use increased with the invention of new ways of communication,

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<sup>22</sup> Berridge, Virginia

<sup>23</sup> Berridge, Virginia

such as more wide-spread and easily accessible news. Drug use in educated and literary classes also shifted towards other addictions (such as cocaine use, reflected in the historical context of Sir Aurthur Conan Doyle's *Sherlock Holmes* series). While cocaine did not appear as a popular drug in all social classes like opium did, it started becoming more commonplace in the 20th century. The shift from one addictive substance to another kept Britain drugged from century to century. Looking at current data, the saturation rate of the country (among European countries) is very high, with youth age fifteen to twenty-four consuming the highest amount of cannabis, cocaine, MDMA and amphetamines by a large margin.<sup>24</sup> This high rate of use by youth ensures the continuation of the toxic drug cycle, creating dependent addicts before they reach the professional field. Similarly, the mean age for first time use for all previously listed substances hovers around twenty years old, further adding to a widespread drug culture<sup>25</sup>. While there cannot be a definitive line of connection between 19th and 21st century drug consumption, the culture of consumption has been mirrored to a certain extent in current time. There still exists a class barrier of social versus medicinal use, with opiates being prescribed and a patient becoming reliant, just as seen in the 19th century. With the increased ability to spread information, social cues, and expectations via internet use, themes of addiction that were previously seen in literary works are now being spread within all forms of media.

It is clear how much of an impact opium had on British culture. The country's consumption of the drug was so widespread that no other drug phenomena at the time rivaled it, and probably will never compare to its impact. The way that the British consumed opium was a contributing factor to a future filled with drug wars and abuse<sup>26</sup>. The lack of legal action had a

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<sup>24</sup> EMCDDA

<sup>25</sup> Ibid

<sup>26</sup> Such as the opium wars with China

major impact on this culture, as many enforcers of the legislation avoided crackdown in hopes of self-preservation, shaping how legal structures in Britain dealt with addiction. This type of legal consequence ultimately continued to be a failure as seen in the continued abuse of illicit substances in Britain today. The lack of enforcement in terms of opium can still be seen today with very few restrictions placed on illicit substances. While the drug crisis is now fueled by opium derivatives, cannabis, narcotics and alcoholism, there are clear connections seen in the treatment and legal response to drug abuse in the 19th century and that of current day. However, it can be argued that the present day problem is drastically more critical than that of the 19th century. With more availability, these substances are more accessible than ever to consumers of all ages, and the statistics surrounding narcotic deaths and high risk users show that addicts take up a much larger percentage of society. The corner store system of supply and demand is being perpetuated by big pharma in a parallel to the 19th century, where professionals are creating addicts for the sake of their own financial gain. It seems as if the country has learned nothing in the hundreds of years of addiction and disparity due to drugs, and there is no foreseeable way out of the cycle other than consistent enforcement of anti-drug regulation and the forfeit of the benefits that comes with it.

## Appendix

Table 7. Sources and Quantities of England's Opium Imports, 1827-1900 (in lbs)<sup>5</sup>

Year	Turkey	%	India	China	Persia	Egypt	France	Rest
1827	109 921	97	---	---	---	---	---	3 219
1837	70 099	88	---	---	---	3 768	1 118	5 618
1847	---	--	---	---	---	---	---	---
1857	125 022	92	---	---	---	3 014	---	8 387
1867	258 862	95	---	---	---	---	---	14 660
1870	275 838	74	---	11 002	9 154	50 868	11 559	13 244
1875	381 631	71	25 861	34 182	36 606	---	---	94 617
1880	288 764	72	---	34 699	45 258	---	---	31 653
1885	657 686	93	5 786	3 758	37 040	3 012	---	2 817
1890	360 963	80	9 223	---	30 035	3 543	33 704	13 725
1895	362 572	95	8 240	---	3 890	---	3 180	5 184
1900	619 292	74	96 397	3 317	36 640	---	39 751	37 933

Table 1: Details the sources and quantities of opium imports to England 1827-1900, from the chapter “The Invention of the English Opium Problem”, in *History of the Opium Problem*.

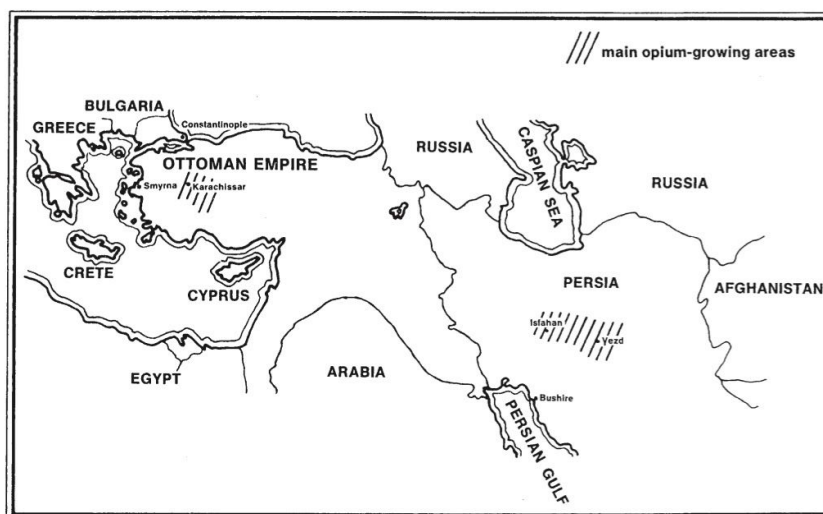


Image 2: Map of the sources of opium import in the 19th century, from the chapter “The Invention of the English Opium Problem”, in *History of the Opium Problem*.

**New Chemical Preparations,  
Employed as Medicines.**

Sulph: Quinine. . . . . 40s. per oz.  
 Morphia. . . . . 18s. per dram.  
 Acotate of Morphia. . . . . 18s. per do.  
 Sulphate of Morphia., . . . . 18s per do.  
 Iodine. . . . . 7s. per oz.  
 Hydriodate of Potass. . . . . 9s. per do.  
 Strichnine. . . . . 25s. per dram.  
 Emetine. . . . . 10s. per do.  
 Brucine. . . . . 30s. per do.  
 Veratrine. . . . . 30s. per do.  
 Gentianine. . . . . 20s. per do.  
 Lupuline.  
 Tr. of Lupuline.  
 Tr. of Croton Tiglium.  
 Oil of Croton Tiglium.  
 Alcoholic Ext. of Nux Vomica.  
 Extr. of Opium, deprived of Narcotine.

T. MORSON.

65, Fleet Market, 1822.

Image 3: Image of Pharmaceutical Council founder Thomas Morson’s 1822 price list, showing opium derived preparations, from book *Opium and the People*.

Table 4: Narcotic Deaths by Age 1863-1908

YEAR	All narcotic deaths					Deaths/1 million living					Opium				Laudanum			
	0-1	1-4	5-19	20-34	35+	0-4	5-19	20-34	35+	0-4	5-19	20-34	35+	0-4	5-19	20-34	35+	
1863-7	236	56	23	63	254	20.5	0.7	2.5	7.8	2.3	0.1	0.5	2.1	13.3	0.5	1.9	5.3	
1868	46	11	5	20	58	19.3	0.7	3.9	8.6	4.1	0.1	1.2	0.7	12.2	0.6	2.5	6.8	
1869	30	9	4	11	46	13.0	0.6	2.1	6.7	3.7	0.3	0.2	2.8	8.0		1.7	3.7	
1870	24	5	4	12	45	9.6	0.6	2.3	6.5	2.3		0.4	1.7	5.9	0.4	1.5	4.5	
1871	31	8	3	16	38	12.7	0.4	3.0	5.4	2.0		0.7	1.7	9.1	0.1	1.9	3.6	
1872	29	11	4	8	50	12.8	0.5	1.5	7.1	3.2	0.1	0.4	1.6	6.7	0.4	0.9	4.4	
1873	23	4	1	15	65	8.5	0.1	2.7	9.1	0.9		0.2	2.4	6.3	0.1	2.4	6.3	
1874	27	9	1	18	48	11.2	0.1	3.2	6.6	4.5		0.5	1.5	5.6	0.1	2.2	4.1	
1875	31	8	3	16	58	12.0	0.4	2.8	7.9	2.8	0.1		1.8	7.1	0.3	2.7	5.7	
1876	22	8	3	18	60	9.1	0.4	3.1	8.1	2.7		0.7	1.9	4.2	0.3	2.4	5.5	
1877	20	6	3	18	65	7.8	0.4	3.1	8.7	0.9	0.2	0.7	2.0	3.6		1.9	5.3	
1878	28	6	3	22	71	10.0	0.4	3.7	9.4	1.5		0.5	2.9	4.4	0.4	2.9	5.5	
1879	28	8	2	25	82	10.5	0.2	4.2	10.7	2.9	0.1	1.3	2.6	5.0	0.1	1.8	6.3	
1880	28	4	6	27	66	9.2	0.7	4.5	8.5	1.7		1.0	1.9	6.3	0.6	2.3	5.3	
1881	25	9	2	20	88	9.7	0.2	3.3	11.2	6.8	0.2	2.9	10.8					
1882	18	3	2	20	85	6.0	0.2	3.2	10.7	4.0	0.2	3.1	10.2					
1883	23	7	2	20	84	8.5	0.2	3.2	10.4	7.1	0.2	2.7	9.6					
1884	14	6	6	29	66	5.7	0.7	4.5	8.1	4.0	0.6	4.4	7.7					
1885	20	4	7	18	113	6.8	0.8	2.8	13.7	5.9	0.7	2.6	12.0					
1886	15	10	3	16	93	7.1	0.3	2.4	11.1	5.7	0.3	2.3	10.5					
1887	17	5	5	24	105	6.2	0.5	3.6	12.4	5.4	0.5	3.5	11.7					
1888	15	6	4	34	117	5.9	0.4	5.0	13.7	5.6	0.4	4.7	12.6					
1889	17	5	4	27	95	6.2	0.4	3.9	11.0	4.8	0.4	3.8	10.1					
1890	13	4	3	35	109	4.8	0.3	5.0	12.5	3.9	0.3	4.6	11.4					

Table 4: Table reporting narcotic deaths, from book *Opium and the People*.

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