

The selling power of lobbying: the alternative marketing toolkit of a 20th-century British cancer quack

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Abstract

Purpose – This paper presents a case study of the marketing strategy of David Rees Evans, a British cancer quack active in the first half of the 20th century and the proprietor of the “Cardigan cancer cure” brand.

Design/methodology/approach – Qualitative historical analysis of archival material and printed primary sources.

Findings – In the first half of the 20th century, Rees Evans practised political lobbying as a marketing tool, that is, as a means of obtaining new customers rather than achieving his purported political aims. His customers issued repeated calls for official inquiries into the effectiveness of the “Cardigan cancer cure”. However, Rees Evans probably never intended to get State recognition since he ensured that the inquiries failed or that their proceeding remained hidden from public. This lobbying generated free publicity through public debate and appealed to consumers entertaining radical views.

Research limitation/implications – The paper offers a marketing-based conceptualization of cancer quackery. It provides a new interpretation of its historical development and expands the literature on the relationship between lobbying and marketing.

Keywords – marketing history, cancer quackery, lobbying as marketing, David Rees Evans, Great Britain, 20th century

Paper Type – Research paper

Introduction

This is the story David Rees Evans, a visionary who sought State recognition as a marketing tool, and thrived in an unfriendly regulatory environment. It also happens that he was a cancer quack. His case illustrates that political lobbying can have a marketing function even when its supposed aim is not commercial – in this case, it was to seek favorable regulation. This paper offers a historical analysis of an entity that misappropriated the regulatory process and consumer protection for its own aims.¹

Lobbying and marketing are related. Indeed, lobbying has been understood as “an integral part of political marketing” and as “the application of marketing to the political decision-making process to achieve strategic advantage or gain for the corporation” (Harris 2002). Moreover, what used to be “a relatively obscure concern of a small group of academic marketers who were also interested in politics” has become “a significant area of international research in contemporary marketing” (Harris and Lock 2010). The key word here is “political”. Even though lobbying spans the worlds of politics and business, it has been often considered as essentially non-market activity: the “name for the integrated department combining all, or virtually all, external noncommercial activities of the business world” (Hoewing 1996, quoted in Harris 2002).

This paper takes the other path to lobbying. It emphasizes the commercial aspects of “public affairs activity”, or, in other words, the market outcomes of political work that is undertaken in the political arena. It is inspired by Philip Kotler’s early point that marketing “takes places in a great number of situations, including executive recruiting, political campaigning, church membership drives, and lobbying. Examining the marketing aspects of these situations can yield new insights into the generic nature of marketing” (1972).

One such situation arises on the disreputable fringes of the increasingly reputable alternative medicine – in cancer quackery. This type of activity has never been professionally organized – it is a loose grouping of individual entrepreneurs, each of them selling a different kind of treatment. They

are, and were, generally petty criminals, and little information about them survives. Mostly it consists of occasional newspaper reports of criminal proceedings against them. These convicts were probably unlucky and hence hardly representative. One British cancer quack, however, achieved great prominence in the first part of the twentieth century – David Rees Evans. However, it should be noted that he was as a market leader in his chosen field and, therefore, hardly typical. Before looking at his marketing strategy in greater detail, what follows is a short review of British cancer quackery in the first half of the 20th century, and of how its competitive landscape was driving a business need for lobbying.

A market for quackery

The business of cancer quackery could draw upon a significant and long-standing demand, as old as terminal disease itself. Cancer was known, in the early twentieth century, as the “dread disease.” It infused sufferers and the society at large with a sense of panic and moreover, it was considered dishonorable, almost as shameful as venereal disease (e.g. Bashford 1911; Clow 2001: 10; Patterson 1987: 167). Economic reasons have also contributed to the disruptive effect of cancer that increases the demand for hope. Patients do not only incur direct medical costs, but also the costs of their lost productivity and eventual death (Berkman and Sampson 1993).

At times, market demand has been satisfied by occasional dabblers. In the early twentieth century, cancer was widely treated by chemists, herbalists, and vendors of patent medicines through mail-order (“Report as to the practice by unqualified persons” 1910: 20). These alternative therapists claimed to cure a wide variety of ailments, cancer being only one among many. Most of the time, however, terminal disease has been attended by specialists – traditionally, by cancer quacks. The so-called “cancer curers” were very common; some even developed reputations beyond their narrow local markets and were “resorted to from all quarters” (“Report as to the practice by unqualified persons” 1910: 19).

Cancer quackery had low entry requirements. “These ‘curers’ are often ignorant men,” reported an official inquiry in 1910. “Some have been blacksmiths, railway porters and the like” (“Report as to the practice by unqualified persons” 1910: 19). Consumers did not seem to mind. Quacks promised a cure and patients were willing to give it a try – they had been disappointed by conventional medicine. Cancer quacks were specialized and even the most ignorant of them had some experience with the disease, giving them the advantage over most of their customers. To some patients, the attention of a cancer quack was preferable to no attention at all.

Cancer quacks were not competing on price alone. By the outbreak of the First World War, mainstream medicine had already settled for surgery as the preferred cancer therapy. Remedies were frowned upon as ‘remnants of the ignorance and superstition of the earliest times’ (Bainbridge 1914: 38). Cancer quacks, in contrast, offered non-surgical treatment and appealed to those “having a great dread of the knife” (Rees Evans 1928: 38). A wide range of innovative products was used for combating cancer, including a diet of toast with brandy (“*The Times*” 1923). The usual treatment, however, involved the local application of caustic chemicals (“Report as to the practice by unqualified persons” 1910: 20). Still, when registered medical men advocated non-surgical treatment, their prescriptions were almost as fantastic as those of their irregular competitors. Early in the twentieth century, some doctors attempted to cure cancer with the blood of birds of prey fed on cancer tumours (Bainbridge 1914: 251). Others injected their patients with soap or made them eat nothing but unrefined cane sugar molasses (Bainbridge 1914: 259).

The market rewarded promises of a cheaper, quicker, more pleasant cure. Moreover, cancer quacks met yet another kind of demand. Early in the twentieth century, mainstream medicine did not provide much palliative care to patients actually dying of cancer (Bainbridge 1914: 430). This was perhaps due to the funding arrangements of voluntary hospitals, which could gain more financial support if they had fewer deaths on their wards. Only the affluent could afford professional nursing for advanced cancers (Murphy 1990: 22). When mainstream terminal care was a luxury good, irregular practitioners provided low-quality substitutes. “While legitimate hospitals and benevolent institutions are refusing admission to this most unfortunate class of patients,” complained a surgeon in 1914, “it is little wonder that they turn, in their distress, to ‘quacks,’ who are ever ready to receive those who are able to pay even a moderate amount” (Bainbridge 1914: 433-4).

In short, even the most ignorant quacks were selling to several distinct market segments – like David Williams, a Doncaster miner, a self-styled cancer curer and descendant of King George III (“*The Times*” 1924a). Some of his customers were buying fast cures or pain relief. In pursuit of the

instant payoff, he conducted business in a manner destined to provoke customer complaints. Either he promised them a cure within a precise period of time or his treatment turned out to be extremely painful. Disappointed patients became willing witnesses for the prosecution in 1923:

A man named Baddeley, who was stated to be suffering from an ulcerated tongue, said he believed that Williams could cure him in six weeks. He was told to eat figs soaked in brandy, to which had been added some of the “secret drops.” “I only had one week’s treatment,” said the witness. “If I had had another week I should not be here to-day. I went simply mad with pain.” (*The Times* 1923)

Other clients remained loyal to their retailer; the cancer quack must have delivered what they sought – a final, desperate hope. The deceased son of a certain Mrs. Hutchinson “was declared to be incurable by medical men, and so she tried Williams’s treatment as a last resort. ‘I have no regret in sending for Williams,’ she added” (*The Times* 1924b).

By the late 1930s, England and Wales had become an uncomfortable business environment for quackery. Cancer curers could no longer reach customers through mass media since their advertisements were refused by members of both major newspaper organizations, the Newspaper Proprietors’ Association and the Newspaper Society (“Hansard” 1938–39a: 1656). A Ministry of Health review in 1939 showed that “advertisements offering to treat persons for cancer are now seldom or never inserted in the public Press” (“Hansard” 1938–39b: 1396). This self-regulation received statutory backing with the Cancer Act of 1939 that, among other provisions, made advertisements for cancer treatment illegal. The law did not prohibit the actual services, though. As long as cancer quacks abstained from market signaling (both in the sense of market communications and issuing warranties), they were safe from prosecution.

The prohibition of cancer-related advertisements was passed despite some parliamentary opposition. These opponents were afraid that such a provision could hinder spiritual and faith healers – the “very many people up and down this country who can cure, and have cured, cancer” (“Hansard” 1938–39c: 2085). These alternative medical practitioners had already become market leaders in alternative cancer treatment, pushing cancer quacks to the margins. Cancer quacks did not focus on providing hope. Hope was a by-product of their clumsy attempts to treat – or trick – their patients. Consequently, they scored low on customer satisfaction most of the time. Their only content patients were those who were explicitly purchasing final hope; giving quacks a try just because they had nothing to lose. They were not only the most profitable market segment, but also carried the least risks. Failing to appeal to this group of customers specifically, cancer quacks were disappearing even before the Second World War.

But why would David Rees Evans break the ranks of his occupation and engage in a prolonged lobbying campaign? This paper suggests his motivation lay in drumming up customers. The intuition is simple. Regulations are a form of a market signal, as is regulation seeking itself. Note that in the tradition of imperfect-information economics, market signaling is more than mere promotion. It is essential for the market to operate at all.

In the particular case of health-related-services regulation, market signaling is meant to prevent market failure, which would result from two assumptions. First, the patients are thought to be ignorant about the quality of practitioners. This implies that patients do not always observe cheap quality signals such as a therapist’s reputation or the university she graduated from. Second, the number of sellers at each quality level is fixed. Because ignorant patients cannot distinguish a proper seller from a charlatan, all the sellers must charge the same price. This price is too high for the services of quacks and too low for those of the true practitioners, who will prefer to start doing something else and leave the market altogether. Patients, on their part, will be unwilling to pay an exorbitant fee for worthless services and the market will disappear.

This worst-case scenario has been first described by George Akerlof and called the ‘market for lemons,’ lemons being bad used cars. Because of regulation, service markets continue to exist despite imperfect information – regulation reduces quality uncertainty (cf. Akerlof 1970; Leland 1979). While the economists’ treat market signaling as a more general and more vital activity than marketing communication, real-life entrepreneurs may take a more practical approach. Market signaling is, according to the management scholar Michael Porter, tactical and potentially treacherous (Porter 1980: 76). To apply this insight to a disreputable branch of alternative medicine, what appears to be regulation seeking may not always have the objective of obtaining actual legislation. If demanding regulation is sufficient as a signal, a market actor will be wary of incurring the extra costs that come with real State intervention.

The last great cancer quack

David Rees Evans owned the Cardigan Cancer Cure, named after the Welsh sea resort where his father and uncle first discovered it. By the early 1900s, it had already achieved such renown that the British Medical Association routinely warned against it. In its early version, it appeared to be “a combination of herbs and faith healing” (Anonymous 1907: 703–5). It consisted of a fluid that was painted on the surface of cancerous tumours. The treatment was advertised as entirely herbal, containing no mineral caustic (British Medical Association 1909: 121).

Rees Evans inherited the family business in 1919. Despite practicing in Swansea, Liverpool, and finally in London, he continued to use the Cardigan brand (cf. Wrage Morley 1950: 32). This allowed him to retain brand recognition built up by his predecessors, and to use old testimonials. Unlike patent medicine vendors, who offered product brands, Rees Evans was branding services. He held that his secret solutions would cure cancer only when applied correctly. “This is why he has insisted all along that he alone could successfully demonstrate his treatment” (Robertson 1950: 32). Even though he had always advertised himself as a cancer curer, his customers were primarily purchasing hope – not the actual services that were the medium through which the hope was delivered. “Four-fifths of cancer patients that come to me are failures of orthodox treatments, and considered as hopeless after operations, Radium Treatment and X-Rays,” explained Rees Evans in a brochure (1934: vii).

The Cardigan Cancer Cure marketing strategy relied primarily on public relations. Reprints of favorable articles featured prominently in promotional material (Rees Evans 1934). He moved on if he was unable to have sympathetic coverage in the local press:

[...] he was in Swansea about six months, but could not get a practice there. A solicitor tried to get information about his cures into the Press, but the newspapers would have none of it. He also tried to practise in Warrington, which was his wife’s home, but the Press would not take anything. (“*The Times*” 1930a)

By the early 1920s, Rees Evans’s marketing efforts had already been reinforced by a small group of vocal supporters. At that time, the British Empire Cancer Campaign was running a series of advertisements to raise £1,000,000. The slogan was “What *you* can give may save a Life” (Wellcome SA/CRC/N.1/3/1, a 1923 advertisement). A Liverpool minister suggested that the Cardigan Cancer Cure was cheaper:

All I ‘can give’ is the name and address of a man who has been curing cancer for the past 27 years. Why one million pounds should be called for before this man’s cure is refused inquiry, is a mystery to me. (Wellcome SA/CRC/N.1/3/1, F.J. Naylor to A. Stanley, 5 Jul. 1923)

The Campaign’s Medical Secretary assured him that they were ‘not only willing, but anxious, to investigate every channel that possibly may lead to the discovery of the cause and cure of cancer’ (Wellcome SA/CRC/N.1/3/1, Medical Secretary to F.J. Naylor, 11 Jul. 1923). But the British Empire Cancer Campaign was unwilling to perform clinical trials of unknown substances. Rees Evans was not willing to disclose the contents of his secret remedy. He seemed to strive for additional customers and for the endorsement of a well-known cancer charity:

Mr D. Rees Evans begs to state that he is at the present junction unwilling to give any information concerning his cure. But he is willing to produce proof of any kind as of his statement to cure any case of cancer provided it has not been previously operated on. The proof of the said ability may be of any kind desired, either by the Medical Secretary, or any Medical Committee. Such could undoubtedly be best settled by personal interview. Further proof of ability can be obtained if desired under the observation of the Medical Profession; they providing their own patients. (Wellcome SA/CRC/N.1/3/1, D.R. Evans to the Medical Secretary, 17 Aug. 1923)

The calls for an official investigation persisted, though, and succeeded. Rees Evans met with the Ministry of Health’s Committee on Cancer in September 1924. In the presentation, he used his usual promotional material – testimonials and letters from satisfied customers. The committee, though, was not impressed. It was not clear that the patients had ever suffered from cancer. The curer could name

neither the hospital at which the cancer had been diagnosed, nor the pathologist who conducted the examination. The Committee could not examine any specimens. Another point of contention was his business secrecy. At first, he refused to disclose the ingredients of his remedy, even in confidence. He felt “that the Chairman was not justified in asking for this information until he was satisfied that the remedy produced results claimed.” However, after “considerable discussion” he agreed to supply about one hundred names and addresses of his patients. Had the Committee found enough evidence to justify further investigation, Mr. Rees Evans would have disclosed the contents of his treatment (PRO MH 55/55 Sub-Committee No. 3, ‘Minutes of the Seventh Meeting,’ 22 Sep. 1924).

After a few weeks, the cancer curer submitted a list of 30 former patients. The Committee focused on seven that might have indeed suffered from cancer. They discovered that two the patients were dead and for the remainder, “no definite proof was obtainable that the conditions treated were cancer.” The affair was finally settled when the Committee got hold of a black paste – the secret remedy Rees Evans was using to treat tumors. He had forgotten it at a patient’s house and after the treatment failed, the widow passed it on to the police. The paste turned out to be a strong caustic – killing cancerous and healthy tissue alike, but hardly a cure. (PRO MH 55/55: D. Veale to J.H. Hayes, 15 Nov. 1925).

Rees Evans still voiced objections to such an early end to the investigation. His sponsor, J.H. Hayes, MP, was ‘informed that no enquiry has been made of several of the best cases on the list’ (PRO MH 55/55: J.H. Hayes to N. Chamberlain, 24 Nov. 1925). The ministry, however, was aware of the publicity it gave to the cancer curer: “One of the results has been that at the foot of a leaflet that Mr. [Rees] Evans apparently distributes to inquirers [...] he now writes ‘Submitted to the Ministry of Health at their request 22.9.24.’ [...] In other words he apparently tries to give the impression that his methods receive some form of approval from the Ministry” (PRO MH 55/55: Smallman to G. Buchanan, 21 Jan. 1925).

The failed investigation remained a fixture in publicity materials – the government *knew* about the cure but chose to remain silent. “Months passed into years, and still no investigation,” Rees Evans complained to a Spiritualist magazine in 1928. “The British Empire Cancer Campaign also refused to investigate in 1923, unless I gave them my formula first” (Rees Evans 1928). A new conspiracy theory was born. “Ample evidence of conspiracy is available, and the Medical Profession deliberately refuse to certify, officially, any case at both ends of the treatment. They may not be able to deny that the case before treatment was cancer, but they will not admit that it is cured” (PRO MH 55/55, W.K. Moss, ‘The Cardigan cancer treatment’ [pamphlet], London, 1930).

Once the Cardigan Cancer Cure became a public concern, it found new political support. It became an issue worthy of parliamentary discussions. In 1929, the Viscount Sandon asked whether the Ministry of Health had investigated the ‘Cardigan alleged cure for cancer’ (“Hansard” 1928–29: 2088). The handling of an “apparently successful treatment of cancer” was criticised the following year as well (“Hansard” 1929–30: 583). Political support culminated in July 1930 with a public rally at Caxton Hall, Westminster. The speakers included two Labour MPs, Robert S. Young and Wilkie Haycock, the spiritualist Maurice Barbanell and the anti-vivisectionist leader, Miss Lind-af-Hageby. “Whenever someone in society said that he understood the disease and had a cure,” complained the lady, “he was labelled a quack and subjected to severe persecution” (“*Western Mail*” 1930). A resolution was passed unanimously: “That this Meeting demands that the Ministry of Health enquire into the Rees Evans Cancer Cure” (PRO MH 55/55: M. Barbanell to The Minister of Health, 8 Jul. 1930).

The meeting did not have political consequences. Still, it repaired some of the damage done to the Cardigan Cancer Cure brand in a widely-publicized High Court case. In May 1930 a disappointed customer, Amelia Burrell, sued Mr. Rees Evans for damages – the cure had been overly painful and because of it, she had delayed conventional treatment until her breast cancer became inoperable. The case failed because the jury could not agree that Evans had made any fraudulent misrepresentations or whether he had been negligent (“*The Times*” 1930b). It nonetheless removed some of the mystique that surrounded the ‘simple Welshman’ and the cure handed down from his forefathers. Some of his testimonials turned out to be fraudulent, written by himself on behalf of illiterate patients. Many patients supposedly cured of cancer had never suffered from the disease in the first place. Moreover, the treatment instruments were unhygienic (“*The Times*” 1930a).

Supporters grew bolder. In June 1934 a group of London ladies started the Cardigan Cancer Care Fund and appealed for £40,000. They wanted to establish a clinic in London where Rees Evans’s treatment could be made better known (Wellcome SA/CRC/N.1/3/1, Lady Elphinstone, Lady Dawson, and Miss Fields, ‘The Cardigan Cancer Care Fund,’ 1934). The fundraising failed after a few months. In late September 1934 the Westminster coroner held an inquest on the body of Miss Alice Bishop, a

patient of Rees Evans's. The jury condemned the interference and negligence of the cancer curer and even charged him with manslaughter. It was only after receiving new instructions that they changed the verdict to death due to natural causes, accelerated by lack of treatment ("*The Times*" 1934). The Medical Secretary of the British Empire Cancer Campaign arranged extensive media coverage of the inquest (Wellcome SA/CRC/N.1/3/1: Captain Chapman to S. Freemantle, 8 Oct. 1934). It was reported in all the major newspapers – in the *Daily Express*, *Daily Herald*, *Daily Mail*, *Daily Mirror*, *Daily Telegraph*, *Morning Post*, *News of the World*, *News Chronicle*, *Yorkshire Post*, and the *Times* (Wellcome SA/CRC/N.1/3/1, newspaper cuttings, Sept. and Oct. 1934). The Cardigan Cancer Cure achieved nation-wide notoriety.

The inquest, however, was not the only problem facing Rees Evans. Since 1927, all nursing homes required the supervision of a registered nurse or a doctor (Nursing Homes Registration Act 1927). This meant that his small nursing home – its maximum capacity was four patients at a time – could no longer accept dying patients (cf. "*The Times*" 1934). It became a simple accommodation facility for those undergoing the Cardigan Cancer Treatment – employing two maids and a cook, but no nurses. After the inquest, the London County Council specifically warned the cancer curer of "the procedure should any of his patients become ill" (PRO MH 55/56, M.L. Young, 'Confidential report to the London County Council Medical Officer of Health,' 3 Oct. 1934).

Bad publicity notwithstanding, the Cardigan Cancer Treatment continued and so did the calls for an official inquiry – a peculiar form of lobbying by annoying the Ministry of Health. By the late 1930s, both sides should have recognized each other's position. Ministry officials refused to allow clinical tests of a secret quack nostrum; Rees Evans wanted to demonstrate his treatment without disclosing its contents. The medical profession was only to provide cancer patients and then applaud their miraculous recovery. By insisting on these terms, there was no possibility of an investigation actually taking place – Rees Evans's secret remained safe and furthermore, it increased his appeal to political radicals and to those relying on their votes. The governmental position towards the Cardigan treatment was again questioned in the House of Commons in December 1938 ("Hansard" 1938–39a: 3122).

Not even the Second World War could put an end to the lobbying campaign on behalf of Rees Evans. He was the subject of correspondence between Ernest Brown, the Minister of Health, and Sidney Peters, an MP and a noted faith healer in his own right (PRO MH 55/1022, L.R. Prescott to S. Peters, 23 Dec. 1941; S. Peters to E. Brown, 2 Apr. 1943). The reputation of the Cardigan Cancer Cure was damaged, once again, by an inquest in 1945 ("*Daily Mirror*" 1945). Nevertheless, only a few weeks after the proceedings, the cancer curer was brought to the attention of Buckingham Palace. George VI received a letter from the National Humane League of Boston, Massachusetts. The King was informed that the Rees Evans method "would save untold misery to millions of lower animals which are now doomed to torture in the vivisection laboratories of this country, as well as save hundreds of thousands of human lives from the scourge of cancer" (PRO MH 55/1022, C.B. Abbott to George VI, 28 Jun. 1945). The letter caused some embarrassment at the Foreign Office.

After the war, Rees Evans seemed to think the Labour government would be more open to an inquiry, on *his* terms. The new Minister of Health, Aneurin Bevan, was first approached in 1947 by Sir Frank Soskice and in the following year, by R.J. Mellish. Both MPs received the same answer:

The crux of the whole matter is, of course, his refusal to disclose its nature, and I am bound to say that if Mr. Evans feels that he has a cure for cancer it is, at best, most regrettable that he should persist in keeping it secret. (PRO MH 55/1022, A. Bevan to F. Soskice, 14 Feb. 1947; A. Bevan to R.J. Mellish, 23 Jan. 1948)

The cancer curer's fortunes recovered when he gained the support of Fyfe Robertson, a noted journalist (cf. Hopkinson 1950). In 1949, Rees Evans finally demonstrated his treatment under medical supervision, at the Presbyterian Hospital, New Jersey. American oncologists came to believe that his treatment was "utterly useless for internal cancers and for metastatic lesions of superficial cancers." The remedy only had effect on some superficial cancers of the skin and of the breast. These results were inconclusive and based on sixteen cases only. Still, Rees Evans decided to violate "a very binding agreement between himself and the group of physicians who were kind enough to give him an opportunity to demonstrate his methods" (PRO FD 1/2003, The Presbyterian Hospital to V.H. Handy, 28 Sep. 1950). He had the story published in Great Britain, his home market (Wrage Morley 1950).

On 9 September 1950, the Rees Evans treatment was featured on the cover page of an illustrated weekly. "*Picture Post* investigates a treatment for Cancer," was announced in white letters on a black background. Apologetic words followed. "In the twelve years of our paper's life there is no article which we hesitated so often or delayed as long as we have over this one." The weekly was "publishing

this article for one reason, and one reason only. We believe that the information it contains should be given to the public, if action is to result and Rees Evans' treatment is to be tested" (Hopkinson 1950).

Action did ensue – and it was of the highest profile. On 28 September 1950, Aneurin Bevan informed Mr Rees Evans that he had named an independent committee to consider his claims and “to advise whether they warrant further investigation.” The committee comprised Sir Robert Robinson, President of the Royal Society; Sir Alexander Fleming, the discoverer of penicillin; Sir Ernest Rock Carling, chairman of the Standing Advisory Committee on Cancer and Radiotherapy; and Professor Himsworth, secretary of the Medical Research Council. Furthermore, the cancer curer was requested to submit the ingredients of his secret remedy and “no longer insist that these can be disclosed only during the actual treatment of patients” (“*BMJ*” 1950).

The mere announcement of the investigation was a marketing success. “Thirty years I have waited for this news,” said Rees Evans to a *Daily Mail* reporter, ‘and often it has been a hard struggle’ (“*Daily Mail*” 1950). The Ministry of Health received numerous inquires about Rees Evans's address and treatment fees. These letters came from all over the world and their language and appearance suggested authors from all levels of society. One such request was sent by the French Minister of State for the Council of Europe (PRO MH 55/1024: G. Mollet to A. Bevan, 13 Nov. 1950).

The investigation also sparked a public debate about the regulation of complementary and alternative medicine. As a *Picture Post* reader pointed out, the recognition of an unorthodox cancer treatment was part of a more important issue – “the granting of faculties and of professional status to all valid techniques of healing (whether herbal, homoeopathic, biochemic, osteopathic, or others)” (Tulloch 1950).

Consequently, several alternative therapies claimed Rees Evans as one of their own. The National Institute of Medical Herbalists emphasized the herbal nature of his treatment and asked the Minister of Health to appoint additional members to the investigative committee, to include “the faculty of Botanic Medicine” (PRO MH 55/1024, J.A. Bailey to A. Bevan, 11 Oct. 1950). The British Herbalists' Union, in contrast, was hoping “that other claims of Herbalists and others will, in due course, be investigated” (PRO MH 55/1024, A.L. Frith to A. Bevan, 18 Oct. 1950). The spiritualist weekly *Psychic World* pointed out that both the cancer curer and his wife were faithful spiritualists. The Cardigan Cancer Cure had been “saved and kept alive by Spiritualists, who fought for its recognition by voice and pen” for a quarter of a century. The School of Universal Philosophy and Healing informed the Ministry of Health that Ra-Men-Ra spoke through their resident medium, Mrs. Speaman: “The cancer growths of the body are caused by over-indulgence and waste” (PRO MH 55/1024, 15 Oct. 1950).

Unfortunately for the cancer curer, the investigation proceeded as planned by the Medical Research Council. Rees Evan's secret remedy turned out to be what the medical profession had suspected all along – a mineral caustic:

You may think that a deliberate deception was intended regarding Zinc Chloride. I can assure you that this was not so and some explanation is due. Here I must be frank. Understandably, relations between the medical profession and myself have, in the last thirty years, been unfriendly in the main, and the tone of the proceedings at the meeting on the 26th of October 1950 did nothing to inspire confidence. A direct question was put to me whether I used this chemical. It is used moderately, not alone, but with a powerful vegetable combination as you will see, and at the time the question was raised I did not feel disposed to divulge one ingredient only. It had been my hope that some investigation of my results would have taken place and I did not wish the possibility to arise where matters might be prejudged and condemned on one substance alone. I understand that Zinc Chloride has been used by other people in the past, with disastrous results, and I had no desire to be placed in that category. (PRO FD 1/2004, D.R. Evans to H.P. Himsworth, 9 Apr. 1951)

The Committee respected the confidentiality of Rees Evans's business secret and never published their Report (PRO FD 1/2006, H.F.C. Crookshank to Sir H.P. Himsworth, 3 Apr. 1952). In 1952, the new Minister of Health, Iain Macleod, merely informed the House of Commons “that the claims made do not warrant further investigation” (“Hansard” 1951–52: 1648).

The Cardigan Cancer Cure survived even this debacle. The strategy of demanding official recognition continued and in 1955, the journalist Geoffrey Irwin asked the Minister of Health to re-open the investigation; he threatened to go public (PRO MH 55/1028, G. Irwin to I. Macleod, 9 Jun. 1955). Five years later, a new inquiry was requested once again, by Woodrow Wyatt, MP (PRO MH 55/1028, W. Wyatt to D. Walker-Smith, 8 Jul. 60). It was only when Rees Evans died in 1961 that the calls for an official investigation stopped.

Conclusion

At first sight, the persistence of David Rees Evans surprises – why did he call for official inquiries even after several of them succeeded? Was he really so confident of the merits of his treatment? Did he really believe he could persuade the Ministry of Health to endorse his private, secret remedies? Nobody stays in the quackery business for so many decades, survives inquests and court proceedings, on luck alone. Rees Evans probably never intended to get State recognition in the first place; he made sure the inquiries into his work failed or their proceeding remained hidden from public. The calls generated free publicity and public debate. Moreover, his call for State attention – not intervention, necessarily – could not help annoying, provoking the authorities. He could thus appeal to consumers entertaining radical views.

The Rees Evans case demonstrates that the regulatory system left sufficient room for successful entrepreneurs even in its heyday. He thrived in an unfriendly regulatory environment and used calls for regulation/recognition as a signaling device.

Notes

¹ I thank the anonymous reviewer for suggesting this point.

REFERENCES

- Akerlof, George A. (1970), “The market for ‘lemons’: quality uncertainty and the market mechanism”, *Quarterly Journal of Economics*, 84 (3), pp. 488–500.
- “The alleged cancer cure. Doncaster miner found insane”, (1924a), *The Times*, 20 Mar., p. 11.
- Anonymous (1907), “Cancer Curers”, *British Medical Journal*, I, pp. 703–5.
- Bainbridge, William Seaman (1914), *The cancer problem* (New York: Macmillan) xix, 534.
- Bashford, E.F. (1911), “Cancer, credulity, and quackery”, *British Medical Journal*, 1221–30.
- Berkman, Barbara J. and Sampson, Suzanne E. (1993), “Psychosocial effects of cancer economics on patients and their families”, *Cancer*, 72, pp. 2846–9.
- “Bevan orders a cancer inquiry”, (1950), *Daily Mail*, 11 Oct., p. 1, 4.
- British Medical Association (1909), *Secret remedies, what they cost and what they contain* (London).
- “Cancer ‘cure’ case. Ex-miner committed for trial”, (1924b), *The Times*, 8 Jan., p. 9.
- Cancer Act 1939 Chapter 13 2 & 3 Geo. 6
- “Cancer cure claim. Appeal to Government to hold investigation”, (1930), *Western Mail*, 8 Jul.
- “Cancer cure saved by spiritualists. Psychic story behind remedy”, (1950), *Psychic World*, 21 Sep., pp. 1–2.
- Clow, Barbara Natalie (2001), *Negotiating disease : power and cancer care, 1900-1950* (Montreal: McGill-Queen's University Press) xviii, 237.
- “Doncaster man’s cancer ‘cure.’ Patients’ evidence of treatment”, (1923), *The Times*, 21 Dec., p. 7.
- “Hansard”, (1928–29), *Journal, Commons*, 5th series, vol. 226.
- “Hansard”, (1929–30), *Journal, Commons*, 5th series, vol. 235.
- “Hansard”, (1938–39a), *Journal, Commons*, 5th series, vol. 342.
- “Hansard”, (1938–39b), *Journal, Commons*, 5th series, vol. 343.
- “Hansard”, (1938–39c), *Journal, Commons*, 5th series, vol. 344.
- “Hansard”, (1951–52), *Journal, Commons*, 5th series, vol. 501.
- Harris, Phil (2002), “Political lobbying commentary”, *Psychology & Marketing*, 19 (12), pp. 987–92.
- Harris, Phil and Lock, Andrew (2010), “Mind the gap’: the rise of political marketing and a perspective on its future agenda”, *European Journal of Marketing*, 44 (3/4), pp. 297–307.
- Hopkinson, Tom (1950), “Picture Post investigates a treatment for Cancer”, *Picture Post*, 9 Sep., cover page, p. 31.
- “King’s Bench Division. Burrell v. Evans”, (1930a), *The Times*, 16 May, p. 5.
- “King’s Bench Division. Burrell v. Evans”, (1930b), *The Times*, 24 May, p. 4.
- Kotler, Philip (1972), “A generic concept of marketing”, *The Journal of Marketing*, 46-54.
- Leland, Hayne E. (1979), “Quacks, lemons, and licensing: a theory of minimum quality standards”, *Journal of Political Economy*, 87 (6), pp. 1328–46.
- Murphy, Caroline C.S. (1990), “From Friedenheim to hospice: a century of cancer hospitals”, in Lindsay Granshaw and Roy Porter (eds.), *The hospital in history* (London: Routledge), pp. 221–41.
- Nursing Homes Registration Act 1927 Chapter 38 17 & 18 Geo. 5

- “Paid £295 for ‘cure’ that wasn’t”, (1945), *Daily Mirror*, 2 Jun.
- Patterson, James T. (1987), *The dread disease: cancer and modern American culture* (Cambridge, Mass.: Harvard University Press).
- Porter, M. E. (1980), *Competitive strategy: techniques for analyzing industries and competitors* (Free Press).
- PRO FD 1/2003, “Medical Research Council file on the proposed cancer cure by D. Rees Evans”.
- PRO FD 1/2004, “Medical Research Council file on the proposed cancer cure by D. Rees Evans”.
- PRO FD 1/2006, “Medical Research Council file on the proposed cancer cure by D. Rees Evans”.
- PRO MH 55/55, “Ministry of Health file on the inquiry into the Cardigan Cancer Cure, 1924–26”.
- PRO MH 55/56, “Ministry of Health file on David Rees Evans”.
- PRO MH 55/1022, “Ministry of Health file on the cancer treatment formulated by Mr Rees Evans”.
- PRO MH 55/1024, “Ministry of Health file on the cancer treatment formulated by Mr Rees Evans”.
- PRO MH 55/1028, “Ministry of Health file on the Rees Evans Investigation Committee Report”.
- Rees Evans, D. (1928), “The Cardigan Cancer Cure and research [letter to the editor]”, *Light*, 16 Jun.
- (1934), “Cancer and my cures”, (London).
- “Report as to the practice of medicine and surgery by unqualified persons in the United Kingdom”, (1910), (Command paper (Cd. 5422); London: HMSO).
- Robertson, Fyfe (1950), “A man who waited 30 years”, *Picture Post*, 16 Sep., pp. 31–34.
- “A secret remedy for cancer”, (1950), *British Medical Journal*, p. 885.
- Tulloch, George (1950), “A new view on medicine [letter to the editor]”, *Picture Post*, 7 Oct., p. 45.
- Wellcome SA/CRC/N.1/3/1, “The British Empire Cancer Campaign file on David Rees Evans”.
- “Woman’s death from cancer”, (1934), *The Times*, 2 Oct., p. 16.
- Wrage Morley, Derek (1950), “Our scientist’s report on the Rees Evans Treatment”, *Picture Post*, 9 Sep., pp. 32–43.