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RESEARCH ARTICLE

# Print and the Medical Marketplace in the Early Modern Dutch Republic

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This article explores the interplay between the medical marketplace and print culture in the seventeenth- and eighteenth-century Dutch Republic. The starting point and inspiration is Mary Fissell's analysis of the role of print in the English medical marketplace. In the early-modern Dutch Republic, as elsewhere in Europe, we observe a growing competition between all kinds of medical practitioners. These practitioners searched for effective forms of communication to disseminate and promote their competence, skills, remedies, treatments, and books. To achieve this, regular (physicians, surgeons, and apothecaries) and irregular (stonecutters, oculists, empirics, "quacks" etc.) practitioners used a range of printed media, varying from newspaper advertisements, leaflets, and bills to pamphlets and books. By studying these sources systematically, we gain a better insight into the dynamics of the medical world. In this article, I investigate to what extent newspaper advertisements, one of the pivotal and widespread forms of communication, reflected the degree of regulation of the medical marketplace in Amsterdam and to what extent this situation differed from England.

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**Keywords:** medical marketplace; competition and commercialisation; regulation; newspaper advertisements; print culture; regular and irregular practitioners; Dutch Republic; England

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The current field of medical history emphasises the precarious credibility of knowledge, the social and emotional impact of illness, and the social-economic and cultural dimensions of healthcare. Exemplifying and uniting this multifaceted approach is the "medical marketplace," which, by its nature, not only includes "academic knowledge" and university-trained practitioners but also irregular practitioners and "alternative or folk medicine."<sup>1</sup> I use the (generally applied) terms regular and irregular to distinguish between the practitioners with an academic or professional education licensed by (medical) authorities and those without an official permit. These terms do not imply any normative judgement about the quality of medical healthcare; I use them as a heuristic tool to analyse contemporary discourses about status, reputation, and expertise. Another, more culturally inspired perspective focuses on the narrative and linguistic aspects of the medical discourse. This perspective comprises the rhetorical and emotional language employed to impart and promote medical knowledge and treatment.<sup>2</sup> From these two angles, a range of innovative studies in medical history have been produced since the 1980s. Among others, I refer to scholars such as Margaret Pelling, Roy Porter, Ann Digby, Charles Webster, Lauren Kassell, Andrew Wear and Mary Fissell, who have analysed the English medical marketplace.<sup>3</sup> Valuable work from France has been presented by Jean-Pierre Goubert, Matthew Ramsey, and Colin Jones and from Austria and Germany by Sonia Horn, Susanne Claudine Pils, and Mary Lindemann.<sup>4</sup> In the Netherlands, the medical marketplace has been

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<sup>1</sup> Huisman, "Shaping the Medical Market," 360.

<sup>2</sup> See Harley Warner and Huisman, *Locating Medical History*.

<sup>3</sup> Pelling, *Medical Conflicts*; Digby, *Making a Medical Living*; Porter and Porter, *Patient's Progress*; Fissell, *Patients and Power*; Wear, *Knowledge and Practice*; Webster, *Paracelsus*. See also Jenner and Wallis, *Medicine and the Market*.

<sup>4</sup> Goubert, *Initiation*; Horn and Pils, *Sozialgeschichte der Medizin*; Ramsey, *Professional and Popular Medicine*; Jones, "Languages of Plague"; Lindemann, *Health and Healing*.

studied by scholars such as Marijke Gijswijt-Hofstra, Hilary Marland, Hans de Waardt, Frank Huisman, and Harold Cook.<sup>5</sup>

Print culture, or book history, constitutes one of the more fertile areas from which we can study the medical marketplace. As forms of communication among medical practitioners, a strategy to shape and enhance medical careers and reputations, and a tool to inform patients about medical practices and remedies, books, pamphlets, flyers, and advertisements connect all the actors in the medical marketplace.<sup>6</sup> Because of their promotional and informative nature, these printed sources help us gain insight into the dynamics of the medical marketplace. What kind of practitioners were represented, what kind of goods and services did they offer, and how did they advertise them?

This book's historical approach finds strong support in medical history. For instance, Andrew Wear has "tried to get as close as possible to the medical mind-sets of early modern medicine as represented in vernacular medical books."<sup>7</sup> Roy Porter and Mary Fissell studied popular medical books to chart alternative medical knowledge in early modern England.<sup>8</sup> Deborah Harkness asserted that in sixteenth-century London, print was used to establish medical authority.<sup>9</sup> Paola Savoia showed how print culture helped to shape the careers of Italian surgeons.<sup>10</sup> Sandra Cavallo and Tessa Storey argued that healthy-living advice books ("regimens") are a crucial source when studying changing ideas about health in early modern Italy.<sup>11</sup> Andreas Golob pointed to the dominance of health issues in an Austrian newspaper for peasants.<sup>12</sup> And the catalogue of a 2002 exhibition on the history of medical print culture stressed the "fundamental importance of publishers, booksellers, circulating libraries, and stationers as agents and distributors for proprietary medicine sellers."<sup>13</sup>

In this article, I take one of Mary Fissell's contributions to this field as a starting point for transnational comparison. In the volume, *Medicine and the Market in England and Its Colonies c. 1450–c. 1850*, edited by Mark Jenner and Patrick Wallis, she introduces the concept "the marketplace of print." She argues that the degree of regulation of the English medical marketplace is well-reflected in the production and content of popular medical print. She claims, "the world of popular medical books both reflects and embodies some larger aspects of the medicine market and thus helps us to identify certain aspects of change within that market."<sup>14</sup> Although her research focuses on the English medical marketplace, her conclusions can be related to the medical world in the Dutch Republic and, in particular, its capital, Amsterdam. This comparison is especially relevant because she distinguishes between well-regulated countries on the continent, such as France and Italy, and England, a poorly regulated country. This unique British feature generated strong "commercialized and commodified relations between healers and patients" and "a [medical] world increasingly interconnected with that of the print trade and the market for books and pamphlets."<sup>15</sup> However, the Dutch Republic is not explicitly mentioned by Fissell, despite it being, in my view, an excellent candidate for comparison. The Dutch Republic had relatively high literacy rates, a booming economy, a robust printing industry, a tolerant climate, and an international book trade. Furthermore, in terms of book trade and translations, it had close relations with England.<sup>16</sup>

The question I explore is as follows: To what extent do medical newspaper advertisements reflect the degree of regulation of the medical marketplace in Amsterdam? Firstly, I investigate how competitive the medical marketplace was in Amsterdam and how it was regulated by local authorities and medical institutions in the course of the seventeenth and eighteenth centuries. Secondly, I chart the kinds of medical remedies, treatments, services, and other goods advertised in the most widely read Dutch newspaper, the Haarlem newspaper, from the 1660s onwards.<sup>17</sup> Thirdly, I look at features and patterns in these advertisements to see

<sup>5</sup> Gijswijt-Hofstra et al., *Illness and Healing Alternatives*; Huisman, "Shaping the Medical Market," 359–75; Cook, *Matters of Exchange*. See also, Vegchel, "De medische markt," 9–42.

<sup>6</sup> Secord, "Knowledge in Transit," 655.

<sup>7</sup> Wear, *Knowledge and Practice*, 3.

<sup>8</sup> Porter, *The Popularisation of Medicine*, 1–16; Fissell, "Popular Medical Writing," 398–430.

<sup>9</sup> Harkness, *The Jewel House*, 75–96.

<sup>10</sup> Savoia, "Skills, Knowledge, and Status," 31.

<sup>11</sup> Cavallo and Storey, *Healthy Living*.

<sup>12</sup> Golob, "Publizität und Kommerzialisierung."

<sup>13</sup> Helfand, *Quack, Quack, Quack*, 44.

<sup>14</sup> Fissell, "The Marketplace of Print," 109.

<sup>15</sup> *Ibid.*, 127–28.

<sup>16</sup> Hoftijzer, *Engelse boekverkopers*.

<sup>17</sup> Fissell, "The Marketplace of Print," 110.

if and how they reflect medical regulations in Amsterdam. Finally, I relate these results to Fissell's original findings.

## A Crowded Medical Marketplace

In most European countries, including the Dutch Republic, the university-trained physicians in the early modern period were outnumbered by the more practically trained (via guilds) surgeons and apothecaries. Surgeons were responsible for most medical operations, such as bleeding, treating fractures, and wound care. From the mid-sixteenth century onwards, the more professional surgeons were distinguished from the less respected barber-surgeons. Apothecaries prepared and dispensed remedies and sometimes administered medicines.<sup>18</sup> Although physicians, surgeons, and apothecaries constituted the regulated medical system, they were frequently in competition because there was not always a clear distinction between their specialisms and fields of competence. For instance, physicians were afraid that other practitioners, such as surgeons, would undermine their exclusive right to practice or prescribe internal medicine. For that reason, medical practitioners often kept their successful remedies secret, which understandably did not stimulate the exchange of knowledge, let alone improve the general standard of healthcare.<sup>19</sup>

Due to the size of the market, the important position of the city in the Republic, and the available sources, my main focus is on Amsterdam. Physicians, the highest practitioners in rank, were a minority in Amsterdam, although their relative share increased after 1750. In the 1630s, Amsterdam counted sixty physicians who offered their services, and in the 1680s, this increased to eighty. In the same decade, sixty-six apothecaries and 100 master surgeons were active, but in 1688, the guild of surgeons had 243 members. Around 1640, two "regular" practitioners were available for every 1,000 people in Amsterdam.<sup>20</sup> In the 1680s, at least one surgeon per 800 inhabitants and one physician per 2,687 inhabitants was available.<sup>21</sup> From a tax register of 1742, we learn that Amsterdam at that time had approximately 238 surgeons, seventy physicians, and 120 apothecaries.<sup>22</sup> The number of surgeons started to wane after 1750, however, and the number of physicians and apothecaries continued to increase. Around 1790, Mooij counted 100 physicians, 180 apothecaries and around 250 surgeons.<sup>23</sup> In this period, people started to rely more on medicines and physicians' knowledge than on surgery.<sup>24</sup> When we consider how in these early modern figures the unlicensed practitioners were excluded, it is safe to speak of a relatively high coverage of medical practitioners in Amsterdam in the seventeenth and eighteenth centuries. Comparison with the situation in the Netherlands today shows how high this coverage rate was. In 2017–2018, there were c. 5,000 medical practices (with often more than one GP) for about seventeen million people in the Netherlands, meaning a ratio of one medical practice for every c. 3,400 people.<sup>25</sup> In economic terms, the early modern medical marketplace in Amsterdam was highly competitive.<sup>26</sup> Therefore, accessibility and transparency were necessary for practitioners to act effectively in this market. In this context, it is unsurprising that widespread and cheap forms of communication, such as newspaper advertisements, gained popularity in the seventeenth and eighteenth centuries.

Before we can elaborate on the range and impact of forms of communication and publishing strategies, we must determine to what extent the medical market and the practitioners were shaped and controlled by professional and governmental institutions. How were skills acquired, was professionalism achieved, and who were the authorities that attributed qualifications and licences? In seventeenth-century Amsterdam, decisive moments in the process of regulation were the publication of an official *Pharmacopoeia* (1636), the establishment of the Collegium Medicum (1638) and the emergence of an apothecaries' guild (1638). The Collegium Medicum, in particular, aimed to guarantee a certain professional quality of physicians, surgeons, apothecaries and midwives.<sup>27</sup> However, the system was not watertight. The board of the Amsterdam surgeons guild was quite lenient (sometimes corruptible, i.e., susceptible to bribery) in admitting members who did not meet the official requirements. Abraham Titsingh (1684–1776), a renowned deacon of the guild,

<sup>18</sup> Lindemann, *Medicine and Society*, 262–77; Ramsey, *Professional and Popular Medicine*, 17–65; Wear, *Knowledge and Practice*, 21–28; Cook, *Matters of Exchange*, 142.

<sup>19</sup> Frijhoff and Prak, *Geschiedenis van Amsterdam*, 117–19; Mikkeli and Marttila, "Change and Continuity."

<sup>20</sup> Cook, *Matters of Exchange*, 145.

<sup>21</sup> Frijhoff and Prak, *Geschiedenis van Amsterdam*, 90–92; Cook, *Matters of Exchange*, 145, 153–54.

<sup>22</sup> Frijhoff and Prak, *Geschiedenis van Amsterdam*, 121–22.

<sup>23</sup> Mooij, *De polsslag*, 98–99.

<sup>24</sup> *Ibid.*, 139.

<sup>25</sup> See the website of the NIVEL medical care registration.

<sup>26</sup> Mooij, *De polsslag*, 105.

<sup>27</sup> Cook, *Matters of Exchange*, 158–63; Frijhoff and Prak, *Geschiedenis van Amsterdam*, 117–19; Mooij, *De polsslag*, 39–42.

tried to end this corrupt system from the 1730s onwards by dismissing many barber-surgeons and forcing a group of unqualified surgeons to do their guild masterpiece. In Titsingh's *De verdonkerde heekunst der Amsterdammers* [Dark Medical Practices of Amsterdam] (Alkmaar 1730), he complained about corruption in the guild of surgeons and denounced the abuses of "quacks" and empirics. To illustrate the fraudulent and commercial practises of "quacks" on the street, he referred to the notorious Amsterdam "quack" and actor Tetjeroen.<sup>28</sup> Titsingh's motives were partly fuelled by strongly-rooted anti-Semitism as many barber-surgeons were Jewish.<sup>29</sup>

Despite a general animosity towards so-called "quacks" and "empirics," we also see signs of appreciation for irregulars. For example, practitioners like tooth master Jan Rodermel and oculist Catharina Schouwerman were highly respected by Amsterdam's medical establishment. Also, the Collegium Medicum reluctantly admitted that outside the regular system, one could find many skilled specialists.<sup>30</sup> Experienced practitioners, such as stonemasons, occultists, dentists, and sellers of ointments and potions, could sometimes acquire the same social status as regular practitioners. However, this respect was not attributed to the third category, comprising practitioners such as astrologers, alchemists, magical healers, and herbalists. This often socially marginalised group was distrusted and despised because of its "alternative" and "magical" medical diagnoses and treatments. Their medical approach can be defined as an eclectic mix of traditional and new knowledge, such as Galenic doctrine, Paracelsian theory, astrological medicine, and empirical evidence.<sup>31</sup>

The local government's strategy to control the quality of medical care was to select and appoint a group of professionals as city practitioners. Such a privileged group worked in service of and was paid by the Amsterdam magistrate. Between 1682 and 1802, we count on average c. 130 active medical (city) practitioners per year, including surgeons, city doctors, master obstetrics, midwives, plague masters, fracture masters, inspectors of the medical college, and professors/lecturers.<sup>32</sup> However, due to their privileged position, it is not likely that these city practitioners used newspaper advertisements to promote their activities and medical work. In contrast, the group of practitioners that had to operate on the "free market" felt a much stronger urge to employ this form of communication. The exception to this rule was Abraham Titsingh, who advertised his *De verdonkerde heekunst* in the Haarlem newspaper on 29 August 1730. But he only advertised his (prestigious) medical publications, not his medical activities, because he was not dependent on a free, competitive market. He showcased his learned work perhaps only to distinguish himself from the less reputable irregular practitioners.<sup>33</sup>

In the eighteenth century, regulations to control the medical market became more rigorous. One way to achieve this was to incorporate the "dissidents" into the licensing system. From at least 1785 onwards, but perhaps earlier, several "quacks" were registered annually as city servants and, thereby, gained permission to perform their activities in Amsterdam. Between 1785 and 1820, roughly forty-five "quacks" paid contributions to obtain such a license. The fee, for most of them twenty-four guilders per year, was relatively high and probably excluded a large group of insolvent practitioners.<sup>34</sup> The Amsterdam tooth master Samuel Lehman and spiritual healer Joel Moses Belgrado were able to afford such a license from at least 1785 onwards. They even had sufficient means to often advertise their medical practices in the Haarlem newspaper.<sup>35</sup> Lehman showcased his skills in dental surgery (for adults and children) and his treatment of venereal diseases, and Belgrado offered treatments against madness ("no cure, no pay").<sup>36</sup>

<sup>28</sup> The work was published by G. Hazemaker in Alkmaar in 1730. Van Vliet and Hell, "Tetjeroen."

<sup>29</sup> Titsingh was befriended by the notorious (uneducated) travelling practitioner Herman Johan Francken and supported him in acquiring a position in the medical market. Frijhoff and Prak, *Geschiedenis van Amsterdam*, 122–24; Geyl, *Abraham Titsingh*, 12–13.

<sup>30</sup> Frijhoff and Prak, *Geschiedenis van Amsterdam*, 124.

<sup>31</sup> Pelling, *Medical Conflicts*, 136–88; Lindemann, *Medicine and Society*, 261–62; Ramsey, *Professional and Popular Medicine*, 129–75; Andel, *Volksgeneeskunst*.

<sup>32</sup> "Ambtenboek 1682–1815."; "Ambtenboek 1682–1868." The population of Amsterdam stabilised in the eighteenth century. Around 1680, Amsterdam counted between 210,000 and 220,000 inhabitants and in 1795 this was more or less the same (221,000 inhabitants). Frijhoff and Prak, *Geschiedenis van Amsterdam*, 9, 219.

<sup>33</sup> OHC 29–08–1730.

<sup>34</sup> "Quohier van de gepreviligeerde quakzalvers." [Register of subscription fees for admitted quacks]. See also Mooij, *De polsslag*, 467.

<sup>35</sup> In 1778 regular advertisers in the Haarlem Newspaper paid 1 guilder and 10 stivers for the first three lines, and 9 stivers for 4 lines and more. "Notitie der pryzen."

<sup>36</sup> OHC 17–05–1760 (Joel Moses Belgrado) and OHC 15–06–1779 (Samuel Lehman).



**Image 1:** *The quack*, attributed to Jan Havicksz. Steen (1650–1679) (Oilpainting on panel). We see a “quack” promoting and selling his pills and potions. On the tree behind him hangs a document with several seals. We can read the word “Octroi,” which means “permit,” implying that he had an official license for his activities. (Rijksmuseum Amsterdam SK-A-392).

Despite their established position in the regular Amsterdam medical marketplace, they still needed these announcements to inform their potential customers.

Licensing “quacks” was an ironic, paradoxical phenomenon. On the one hand, they were portrayed as fraudulent and incompetent; on the other, at least some of them were accepted and regarded as certified practitioners. This situation was not unique to the Dutch Republic; it can also be observed in early modern France and Italy.<sup>37</sup> However, in England, such control was limited. The famous eighteenth-century empiric Joshua Ward (1685–1761) could freely prosper on the English medical market with his “patent

<sup>37</sup> Gentilcore, *Medical Charlatanism*, 268–70; Gentilcore, “Charlatans, Mountebanks,” 301; Huisman, “Itinerant Medical Practitioners,” 81; Ramsey, *Professional and Popular Medicine*, 49–53, 84.

(propriety) medicines” without any regulation.<sup>38</sup> English practitioners’ lack of mandate corresponds with Fissell’s observation that the English medical marketplace was relatively anarchic compared with much of Europe.<sup>39</sup>

## Newspaper Advertisements and Medical Regulations

One of the implications of the Amsterdam licensing system, albeit not always consistent, was that it offered patients a framework by which to distinguish legitimate (officially approved) from illegitimate medical care. Huisman underlines that there was no great need for the regular practitioners to discredit itinerant practitioners in the Dutch Republic because they were safely protected by the local authorities and medical regulations. However, in England, due to “medical anarchy” and more fierce competition, physicians, apothecaries, and surgeons constantly needed to criticise and discredit empiricists and other irregulars via newspaper advertisements and similar forms of printed communication.<sup>40</sup> One of the consequences of this unregulated market in England was the rise of commercial drugs or so-called proprietary medicine. On the continent, the production and distribution of medicine were usually regulated by the state and the medical colleges, but in England, they were not. Therefore, in the long eighteenth century, selling drugs became a crucial source of income in England for medical practitioners, and newspaper advertising became the main tool with which to communicate this to consumers. This resulted in famous brand-name commodities, such as Daffy’s Elixir, Stoughton’s Great Cordial Elixer, and Ward’s Pill and Drop.<sup>41</sup> If newspaper advertisements were such an important catalyst for the formation and organisation of the medical marketplace, what do Dutch newspaper advertisements teach us about the alleged regulated medical marketplace in Amsterdam? Do we encounter the same media campaigns of regulars against irregulars? Were regular practitioners as well-represented in these advertisements as irregulars? What kind of goods (medicines, therapies, services, jobs) were offered, and to what extent do these advertisements reveal a more organised and regulated medical market?

The value of newspaper advertisements to the study of the medical marketplace and chart the general rise of consumerism is widely acknowledged.<sup>42</sup> For my survey, I used a database of around 600 advertisements extracted from the *Oprechte Haarlemsche Courant* (Authentic Haarlem Newspaper; henceforth OHC) covering 1669 to 1790.<sup>43</sup> The OHC appeared weekly from 1656 onwards and was the most well-known and widely read newspaper in the Dutch Republic during this period.<sup>44</sup> It was distributed to around twenty-seven cities, including some abroad.<sup>45</sup> Several other weekly newspapers in the Dutch Republic, such as the Amsterdam newspaper, ran the same advertisements as the OHC. This is why we can consider the OHC advertisements as representative of the Amsterdam medical marketplace.<sup>46</sup>

In advertisements, the prevalence of regular practitioners—physicians, surgeons, and apothecaries—indicates the impact of medical regulation. Table 1 shows the total number of practitioners mentioned and the number of advertisements in which they appeared. Despite dealing with some uncertainties due to anonymous advertisements or advertisements with untraceable persons, the figures show a clear dominance of regular practitioners with a professional or academic education (c. 74%).

Still, when I calculated the individual practitioners’ appearances in all the Dutch advertisements, it was not a physician who had the most but the Jewish tooth master Samuel Lehman. Lehman’s treatments and medicines were legalised by the Amsterdam government from at least 1785 onwards. He only used advertisements to communicate the times and place he was available for his patients, not to establish or defend his reputation. Lehman lived and worked in Amsterdam but was also active as an itinerant in Haarlem. Other itinerant practitioners and specialists also used advertisements to inform readers where,

<sup>38</sup> Patent medicines were in most cases not officially approved or tested but referred to a sort of royal exclusiveness. Porter, *Quacks*, 36–37; Helfand, *Quack, Quack, Quack*, 41–44.

<sup>39</sup> Fissell, “The Market Place of Print,” 128.

<sup>40</sup> See Huisman, “Itinerant Medical Practitioners,” 81; Porter, “The Language of Quackery,” 73–103.

<sup>41</sup> Porter, *Quacks*, 53–62.

<sup>42</sup> See for instance: Jones, “The Great Chain of Buying,” 30–31; Golob, “Publizität und Kommerzialisierung”; Porter, “The Language of Quackery,” 74–75; Der Weduwen and Pettegree, *The Dutch Republic*; Van Goinga, *Alom te bekomen*; Baggerman, “Excitement and Sensation.”

<sup>43</sup> For the advertisements between 1669 and 1730, I relied on the comprehensive work of Kranen, *Advertenties van kwakzalvers*. See also Salman, “The Battle,” 175–84 and Salman, “Practitioners and Pills.” Concerning medical advertisements in the Amsterdam and The Hague newspapers in 1730–1739, see: Van Dam, “Een Huwelyk.”

<sup>44</sup> From 1737 onwards the Haarlem publishing firm Enschedé continued the production.

<sup>45</sup> Couvée, “The Administration.”

<sup>46</sup> Van Goinga, *Alom te bekomen*, 35–52.

**Table 1:** Practitioners in OHC<sup>a</sup>.

Profession	Number of persons	Number of adds	Uncertain
Physicians	102	131	16
Surgeons	92	100	41
Apothecaries	79	88	48
Midwives/ Obstetrician	57	53	51
Tooth masters	8	14	1
Oculists	9	14	-
Rupture master	9	13	-
'Doctor'	5	6	-
'Chemist'	4	5	-
Stonecutter	2	2	-
<b>Total</b>	<b>367</b>	<b>483</b>	<b>157</b>

Source: Database OHC advertisements.

<sup>a</sup>People with two or more professions are counted separately.

when, and how long they were available. This practice was useful for people who wanted to consult a specialist who did not have a permanent work address.<sup>47</sup> Lehman's advertisements also demonstrate his climb up the social ladder. From June 1789 onwards, he was associated with another Amsterdam tooth master, Simon Nathans, a representative of a respected lineage of dentists of whom Theodore Dentz (1840–1933) is the most well-known.<sup>48</sup>

After Lehman, eight physicians are the most prolific advertisers in the OHC in the period under scrutiny. However, none of them worked in Amsterdam, and none of them made complaints about “quacks” and “empirics.” They appeared in the advertisements, often placed by their publishers, to sell medical books. The same goes for the nine physicians based in Amsterdam, including the professors in medicine Nicolaas de Bondt (1765–1796) and Petrus Campers (1722–1789).<sup>49</sup>

The many vacancies for local practitioners and the sales of surgeon/barber and apothecary shops in the OHC advertisements indicate the Dutch Republic's firm administrative regulations. For instance, the many vacancies for paid midwives (fifty-three) and apothecaries (thirty-four) from the 1780s onwards (see Table 2) illustrates the determination of authorities in villages and cities to control local healthcare.<sup>50</sup> Many vacancies were from villages and cities in the North of Holland, but the intermediaries between the local authorities and applicants were often based in Amsterdam. It is also telling that regular practitioners' sales from medical shops outnumber the advertisements for travelling and irregular practitioners announcing their activities and goods.

When we look at the medicines for sale in the OHC, it becomes clear that remedies against venereal diseases, which started to appear in the advertisements from 1740 onwards, are dominant in the top ten. The other notable cures were intended for the head, tooth, breast (lungs), and stomach. In the advertisements, the pills and potions are foregrounded, not so much the treatments, instruments, or the practitioners' qualities. Remarkably, the remedies and therapies were often imported from abroad, especially English proprietary drugs. For instance, “Scurvy grass” [Lepelblad in Dutch] and Anthony Daffy's famous Elixer Salutatis were steady sellers in the eighteenth and nineteenth centuries.<sup>51</sup> Another example of a recurring foreign product is the “Swiss herbal tea” that could ease the pain in any part of the human body.<sup>52</sup> Members of the medical family Van Duren claimed in their advertisements from the 1660s onwards that their medical-herbal baths in the “German manner” could cure almost every disease.<sup>53</sup>

<sup>47</sup> Salman, “The Battle,” 177–79.

<sup>48</sup> De Maar, “Dentz, Theodore.”

<sup>49</sup> OHC: See Bondt: 06–04–1790; see Camper: 10–07–1759; 14–07–1759; 10–10–1789; 06–04–1790; 12–11–1790.

<sup>50</sup> The growing need for midwives is in line with the rise of the Amsterdam population in the eighteenth century. Frijhoff and Prak, *Geschiedenis van Amsterdam*, 86–87, 89.

<sup>51</sup> E.g., advertisements OHC 14–03–1720; 17–03–1720; 01–08–1720; multiple times in 1749 and 1759. See also Hoftijzer, ‘Het Elixer Salutatis,’ 73–78; Kranen, *Advertenties van kwakzalvers*, 190–91; Salman, “De heilzame boekhandel,” 151.

<sup>52</sup> This appeared in many advertisements between 1780 and 1790. See for instance OHC 12–02–1780.

<sup>53</sup> Salman, “The Battle,” 186–87.

**Table 2:** Advertisements with medical products and activities, divided by profession

	Books	Treatments	Medicines	Medical instruments	Vacancies	Shop/business	Other
Physicians	103	7	12	1	0	0	5
Surgeons	19	7	12	1	16	39	8
Apothecaries	5	1	11	0	34	32	6
Midwives/ Obstetrician	3	0	1	0	53	0	1
Tooth masters	1	12	6	0	0	0	1
Oculist	1	11	2	0	0	0	0
Rupture master	0	8	1	10	0	0	1
“Doctor”	0	4	2	0	0	0	0
<b>Total</b>	<b>132</b>	<b>50</b>	<b>47</b>	<b>12</b>	<b>103</b>	<b>71</b>	<b>22</b>

Source: Database OHC advertisements.

Irregular and itinerant practitioners in Amsterdam and elsewhere in the Dutch Republic often tried to fill the (many) gaps in medical care, offering help for complaints that regular doctors considered too risky to treat, such as cataracts (stare), bladder stones, and hernias. Local authorities tended to grant these “alternative” doctors permission for their activities because, in many cases, they saw them as the last resort. In return for licenses, irregular practitioners promised the magistrate to treat poor people for free.<sup>54</sup> This phenomenon is reflected in the relatively large number of treatments offered in the OHC by oculists, tooth masters and rupture (fracture) masters.

These advertisements in the OHC do not reflect a fierce competition between regular and irregular practitioners and a ruthless commercial playing field. On the contrary, most advertisements were used by physicians, surgeons, apothecaries, and established specialists. The communication we observe points towards a relatively well-organised medical marketplace. The strong presence of booksellers in this market confirms this impression.

## Booksellers and the Medical Marketplace

The impact of bookseller networks, books, advertisements, and other (cheap) printed material in pursuing medical marketing strategies seemed to become more significant throughout the eighteenth century in several European countries.<sup>55</sup> Our database confirmed that this was also the case in the Republic. Table 3 shows that from the 1730s the involvement of booksellers in the medical advertisements increased massively, with a few peaks in 1769 and 1780. Across the period, booksellers are present as points of sale or as information hubs in 52.4% of all the medical advertisements. For the medical world and sick people, it must have been clear that bookshops played a key role in medical services and that print was a valuable source of medical information and goods.

Some scholars assume that selling pills and potions was done by small provincial bookshops and that when it was more widespread, it was probably a sign that the book business was in a state of crisis.<sup>56</sup> Contemporary critics saw this diversification as a decline in trade and the status of the publishing industry.<sup>57</sup> If that was so, it would probably also have had consequences for the reputation of the medical goods. When we look at the data about the Dutch publishing industry in Figure 1, we see a different picture.

The twenty largest Dutch booksellers in this period, represented in the medical advertisements, almost exclusively sold medical books in the vernacular, aiming at all kinds of practitioners. It appears they were not interested in goods such as medicines. Still, the largest group, consisting of medium-size and small size booksellers (109), with a publishing list of between 1 to 400 titles, mainly sold medicines, treatments and

<sup>54</sup> Cook, *Matters of Exchange*, 136.

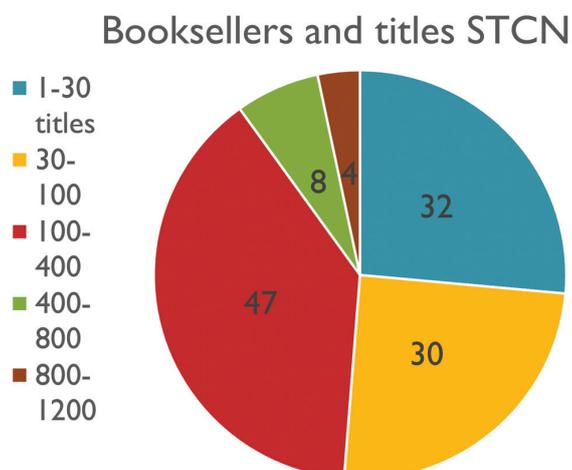
<sup>55</sup> We can find proof of that in Lieburg, *Woord en boek*; Maclean, *Learning and the Market*; Frasca-Spada and Jardine, *Books and the Sciences*.

<sup>56</sup> Alden, “Pills and Publishing,” 21–22; Van Dam, “Een Huwelyk,” 21.

<sup>57</sup> See *De Nederlandsche Spectator* 2, 30 and Weyerman, *Het Vermakelijke Wagenpraatje*, 35. See also Van Dam, “Een Huwelyk.”

**Table 3:** Medical advertisements OHC with booksellers 1669–1790

Year	Total Med. Ads	Med. Ads with booksellers	% Booksellers in Med Ads
1669	3	0	0
1670	3	0	0
1679	2	0	0
1680	1	0	0
1689	2	1	50
1690	3	0	0
1699	12	1	8,3
1700	1	0	0
1709	9	1	11,11
1710	0	0	0
1719	6	1	16,7
1720	5	0	0
1729	4	0	0
1730	12	4	33,3
1739	13	11	84,6
1740	8	2	25
1749	17	9	53
1750	16	6	37,5
1759	29	13	44,8
1760	15	7	46,6
1769	41	31	73,8
1770	21	10	47,6
1779	15	3	20
1780	114	106	93
1789	139	70	50,4
1790	165	98	59,4
<b>Total</b>	<b>661</b>	<b>374</b>	<b>52,4</b>

**Figure 1:** The size of booksellers, based on their number of titles in the STCN.

devices, and hardly any medical books. They focused on patients, their customers, not practitioners. This means selling medicines was not the last resort for some bookshops losing money but a common practice amongst mainstream booksellers. Therefore, we can consider the bookshop a respectable medical hub and a symbol of a well-regulated medical marketplace.

## Battles between Practitioners

Another indication of the level of medical regulation was the absence of a battle between regular and irregular or itinerant practitioners. The supposed “medical anarchy” in England inflamed the battle between these two, one also fought out in newspaper advertisements. I, therefore, analysed instances of conflict present in the OHC advertisements, specifically those related to Amsterdam practitioners.

I only found three examples from ninety-four advertisements referring to conflicts or quarrels between medical practitioners. The first one is a warning from an alleged apothecary, Nicolaas Kerkloff, that false rumours circulated about his “Ridderstraat-zalf” [Ridderstreet-ointment]; only the ointment he sells, in commission, is the real one.<sup>58</sup> The second is an advertisement from the tooth master, Samuel Lehmans, who warns in 1789, when he already had a license, that a namesake was also active in the Nieuwstraat in Amsterdam as a tooth master, abusing his name and reputation. Lehmans stated that the authorities had forbidden this kind of fraud and repeated that the Anthonie- of Jodenbreestraat is the correct address.<sup>59</sup> To distinguish himself from others, he put a machine with a burning light exhibiting his name in front of his home so people could find him in the evening.<sup>60</sup> Previously, in 1787, Lehmans had used the medium of newspaper advertisements to attack his colleague, Moses Gabriel. Lehmans informed readers that Gabriel had injured a woman on the Buttermarket in Amsterdam while extracting a molar. Gabriel denied this and accused Lehmans of slander, attempted business appropriation and attempting to chase him from his Buttermarket spot. Lehmans responded by announcing a competition at the Buttermarket to see who the most competent tooth master was.<sup>61</sup> This quarrel shows that public media were deployed by practitioners to publicly defend themselves and maintain their professional reputation. However, this conflict did not involve itinerants or irregulars but took place between two equally positioned and licensed specialists.<sup>62</sup> In that sense, it is not a signal that regulation was lacking, only that the position of this relatively new legalised group was still precarious.

There was one clear example, from 1749, in which the Amsterdam master surgeon Sibertus Berenburg challenged all the anonymous “quacksalvers en bedriegers” [“quacks and cheats”] to prove that the remedy “Arcanum Antiaphrodisiacum Culemborgo-Hallense” (Halls Culemborgs secret) cured venereal illnesses (referred to as “Venus diseases”). If they were able to do this, he promised the diaconate of the Lutheran church 1,000 guilders.<sup>63</sup>

## Conclusion

Although in terms of its analysis of medical print, the research represented here is not as comprehensive as Fissell’s, we can see some patterns that support her argument. In the eighteenth century, in particular, local healthcare in Amsterdam was well-organised. Aside from the general regulations by the Collegium Medicum, we observed additional forms of civic healthcare, such as special city practitioners. Although there were abuses, such as those depicted by Abraham Titsingh, we did not encounter signs of “medical anarchy,” such as in England. Moreover, throughout the eighteenth century, many “quacks” and irregulars were licensed and incorporated into the Amsterdam healthcare system. The analysis of 600 medical advertisements did not reveal fierce battles between regulars and irregulars to conquer or maintain a position in an unstable medical marketplace. These announcements were used to sell medical books, report vacancies, or provide logistic information about itinerant specialists, not publicly discredit other practitioners. The advertisements were dominated by regular practitioners, such as physicians, surgeons, and apothecaries. The involvement of many mid-sized, reputable urban bookshops in these advertisements does not point to a battlefield of conflicting voices. The OHC was predominantly used as a means of

<sup>58</sup> OHC 17–08–1790.

<sup>59</sup> OHC 02–04–1789.

<sup>60</sup> Bisseling, “Uit de geschiedenis,” 1189–90.

<sup>61</sup> Bisseling refers to an advertisement in the *Nederlandsche courant*: Bisseling, “Uit de geschiedenis,” 1189.

<sup>62</sup> “Quohier van de gepreviligeerde quakzalvers,” fol. 3, 13 (Gabriel) and fol. 4, 11, 25 (Lehmans).

<sup>63</sup> OHC 19–08–1749.

communication in the service of the medical establishment and does not reveal a highly commercialised medical marketplace. However, it could be that we are looking in the wrong direction. Perhaps reflections of the struggles in a commercialised and competitive market can be found in the many popular medical works and the more polemical pamphlets. These questions should be answered in a follow-up project.

## Competing Interests

The author has no competing interests to declare.

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