

ITINERANT MEDICAL PRACTITIONERS IN THE DUTCH REPUBLIC

The Case of Groningen¹

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In Dutch medical historiography it is still more or less implicitly held that "regular medicine and fringe medicine have had their own autonomous histories, developing as completely distinct separate species, the one scientific, professional, effective; ... the other vulgar, cranky and dangerous ..." ² The image classical Dutch medical historiography has created proves to be a very tenacious one. It was written by medical academics at the turn of this century and it reflected the battle of the times against quackery. In their publications they stressed the continuity of the phenomenon quackery. ³ From their optimistic and positivist viewpoint they denounced quackery in all times. ⁴ They deemed it subordinate to their own discipline and regarded the history of medicine to be the history of medical science and of *doctores medicinae*. Their historiography was so anachronistic and one-dimensional that it would perhaps be appropriate to speak of an "invention of orthodoxy." ⁵

This outlook originated in the struggle for the unity of the profession that had been continuing throughout the nineteenth century. ⁶ In the *ancien régime* medical practice had been organized on a local level. With the establishment of the Batavian Republic in 1795 there came an end to the old principle of particularism. This had

¹ I would like to thank Willem de Blécourt, Jos van Heel, prof.dr. M.J. van Lieburg, Henk Nicolai and Henk te Velde for their remarks on a previous version of this article, and Hilary Marland for her correction of the English.

² "Introduction," in *Medical fringe & medical orthodoxy 1750-1850*, ed. W.F. Bynum and R. Porter (London, 1987), pp. 1-4, on p. 1.

³ This attitude is, for example, revealed in the title of the article of D.S. van Zuiden, "Niets nieuws onder de zon" ('Nothing new under the sun'), *Nederlandsch Tijdschrift voor Geneeskunde* 60, 1916, IIA, pp. 506-507.

⁴ E.D. Baumann, *De dokter en de geneeskunde. Maatschappelijk leven* (Amsterdam, 1915); D.Th. Enklaar, "Van zwerfende dichters en reizende meesters," *Groot Nederland* 22, 1924, pp. 612-641; H.J.W. Droogleever Fortuyn, *Kwakzalverij, bijgeloof en geneeskunst* (Amsterdam, 1940); M.A. van Andel, *Chirurgijns, vrije meesters, beunhazen en kwakzalvers* (Amsterdam, 1941).

⁵ The old and the new theoretical position towards the history of medicine have been expressed respectively in G.A. Lindeboom, "Geneeskunde", in *Vijftig jaren beoefening van de geschiedenis der geneeskunde, wiskunde en natuurwetenschappen in Nederland 1913-1963* (s.l., 1963) and E.S. Houwaart, "De medisch-historicus (m/v) in de rol van scepticus?" *Tijdschrift voor de geschiedenis der geneeskunde, natuurwetenschappen, wiskunde en techniek* 12, 1989, pp. 39-49.

⁶ See for this struggle, M.J. van Lieburg, "De tweede geneeskundige stand (1818-1865). Een bijdrage tot de geschiedenis van het medisch beroep in Nederland," *Tijdschrift voor Geschiedenis* 96, 1983, pp. 433-453.

far-reaching consequences for the organization of medical practice.⁷ In 1798 the Executive Administration (*Uitvoerend Bewind*) formally abolished the guilds and corporations. Furthermore, itinerant empirics were no longer to practise their travelling profession.⁸ The new national government drafted medical legislation (*Geneeskundige Staatsregeling*) which was valid for the whole country. For the first time Dutch medical practice was organized on a national scale. In 1806 local medical inspection committees (*Plaatselijke Commissies van Geneeskundig Toezicht*) were installed to examine surgeons, apothecaries and midwives and to inspect the diplomas of the *doctores medicinae*. Additionally, the committees had to supervise medical practice and, more generally, everything that concerned public health. From 1818 on the committees were obliged to keep lists of all medical practitioners who passed their examination. This measure was meant as a weapon in the struggle against quackery and medical interloping. Henceforth the practice of medicine, surgery and obstetrics was reserved to those whose names appeared on the lists of the committees.

From 1818 then, sharp formal boundaries existed between qualified and unqualified medical practitioners. More and more, quackery acquired negative associations. After the introduction of the Medical Laws of Thorbecke in 1865 and the law on Higher Education in 1876 the long awaited unity of the profession had been accomplished. After that, the offensive against quackery gained extra momentum with the foundation of the Society against Quackery in 1881.⁹ It was in this period, characterized by a hostile attitude towards anything that deviated from the orthodox, that the one-sided view of quackery originated. Classical medical historiography opposed quacks to physicians as impostors to ethicists, as empirics to rationalists or as medicasters to medici.¹⁰

⁷ In his monumental study of medical practice in France between 1770 and 1830 Ramsey characterizes this metamorphosis as one from a diffuse medical network to a medical profession with clearer boundaries; M. Ramsey, *Professional and popular medicine in France, 1770-1830* (Cambridge, 1988). See for a description of this transition in The Netherlands, D. Schoute, "Het geneeskundig Nederland voor de stichting der Maatschappij", in *Gedenkboek der Nederlandsche Maatschappij tot bevordering der Geneeskunst bij haar vijfenzeventigjarig bestaan* (s.l., 1924), pp. 1-11; D. Cannegieter, *Honderdvijftig jaar gezondheidswet* (Assen, 1954), esp. pp. 11-42; G.J. Heederik, *Van kasboekregister tot burgerlijke stand* (Leiden, 1973).

⁸ Some of them asked to be exempted from this prohibition with the highest authorities, but they did so in vain. Johannes and P. Rood Ermel, for example, two descendants of a well-known operator dynasty, petitioned the Minister of National Education (Agent van Nationale Opvoeding) to be allowed to continue to travel round the fairs in the Batavian Republic. The Minister turned their request down; A.R.A. Den Haag (National Archive The Hague), archief Binnenlandse Zaken (archive of domestic affairs) 1796-1813, inv. no. 283 (minuut-notulen van de Agent van Nationale Opvoeding; original minutes of the Minister of National Education), 7 and 20 July 1798; *ibid.*, inv. no. 287 (request with certificates, 29 June 1798 by Johannes Rood Ermel and undated request by P. Rood Ermel). Oculists and dentists were exempted from this prohibition. For a nineteenth century oculist see, for example, M.J. van Lieburg, "Het bezoek van de oculist Lusardi aan het Rotterdamse gasthuis (1827)," in *Rotterdam Jaarboekje* 3, 1975, pp.165-176.

⁹ G. van Vegchel, *Medici en 'kwakzalvers'. Een sociologische beschouwing over professionalisering en niet-orthodoxe geneeswijzen in Nederland in de 19e en 20e eeuw* (not published; Amsterdam, 1988. Article forthcoming); M.J. van Lieburg, "Sympathische genezers, galvanisten en magnetiseurs te Rotterdam," in *Vijftien opstellen over de medische stadsgeschiedenis van Rotterdam* (Rotterdam, 1984), pp. 136-147, on p. 136.

¹⁰ B. Elkeles, "Medicus und Medikaster. Zum Konflikt zwischen akademischer und 'empirischer' Medizin im 17. und frühen 18. Jahrhundert," *Medizinhistorisches Journal* 22, 1987, pp. 197-211. In this article, Elkeles analyzes the methods the regular medical profession used to legitimize itself. Their most important criticism concerned the low rational calibre of the knowledge of the empirics.

In the *ancien régime*, however, medical reality had been far more complex than classic medical historiography would have it.¹¹ It would be very misleading to depict the medical world of the seventeenth and eighteenth centuries in terms of legal and illegal medical practice. To treat the medical practitioners of that period as belonging to separate and autonomous spheres would do an injustice to the complexity of a world in which self-help, neighbourly help and (semi-)professional help existed side by side. Instead of speaking of well-defined professions it would be better to consider medical reality in the *ancien régime* as a network, in which boundaries were diffuse and competencies often overlapped. Classical medical historiography has depicted medical practice in the *ancien régime* using a so-called tripartite model, in which the *doctor medicinae*, the surgeon and the apothecary were the protagonists. However, this model only existed as an ideal of "regular" medical practitioners; reality was far more richly variegated. Competencies had been marked out theoretically, but boundaries were very often violated.¹²

Who, then, were the participants in this network? Acknowledging that all distinctions are somewhat arbitrary, we can summarize that the medical spectrum consisted, to name the most important, of *doctores medicinae*, surgeons, apothecaries, midwives, oculists, stonecutters, herniotomists, dentists, peddlers of medicine, gypsies, bonesetters, uroscopists, witches, proprietors of secret remedies, folk healers and exorcists. In this contribution I will focus specifically on the itinerant empirics. We should clarify this term, while realizing that it is impossible to find adequate clear-cut professional categories since overlaps abounded. Our attention will be directed to those persons whose main activity was paid medical practice. Bordering fringe groups such as gypsies¹³ (who shared their itinerancy) and witches¹⁴ (who shared their irregularity) will be excluded. I will restrict myself to those travelling healers who visited the town of Groningen first and foremost in order to practise

¹¹ See, for example, Bynum (n. 2), *Medical fringe*; L.S. King, *The medical world of the eighteenth century* (New York, 1971); R.H. Shryock, *The development of modern medicine. An interpretation of the social and scientific factors involved* (Wisconsin, 1979. First published 1936).

¹² This was true in medical science as well as in medical practice. For medical science, see, for example, O. Temkin, "The role of surgery in the rise of modern medical thought," in O. Temkin, *The double face of Janus* (Baltimore, 1977), pp. 487-496. In describing medical practice Roy Porter has shown how the sufferers were shopping around on the medical market; R. Porter, "The patients view. Doing medical history from below," *Theory and Society* 14, 1985, pp. 175-198. For the different routes sufferers took to recovery, see M. Ramsey (n. 7), *Professional and popular medicine*, p. 281. For the Dutch Republic, see M.J. van Lieburg, "Ksie door raetselen genesen". Constantijn Huygens en de medische wereld in de 17e eeuw" (forthcoming). For a regional variant, see W. de Blécourt, "Meppelse toverij aan het eind van de achttiende eeuw," *Volkskundig Bulletin* 12, 1986, pp. 203-240, esp. pp. 207, 208, 211, 230 and 232. The sheer necessity of enacting and renewing medical regulation and delineating the competencies of the various practitioners proves that neither sufferers nor healers held themselves to the division of labour. For Groningen, see R.A. (Provincial Archive) Groningen, stadsordonnantien (ordinances of the town) XXI, 7 October 1729 (J. de Bruyn, *Plakaten van Stad en Lande* (Historia Agriculturae, vol. XIV (Groningen, 1983), no. 1501) and G.A. (Municipal Archive) Groningen, resolutie B. en R. (resolution made by Mayors and Council) 17 January and 14 February 1782.

¹³ See for gypsies, O. van Kappen, *Geschiedenis der zigeuners in Nederland* (Assen, 1965). For their activity as quacks in Groningen, pp. 271-274.

¹⁴ See for witches, M. Gijswijt-Hofstra and W.Th.M. Frijhoff ed., *Nederland betoverd. Toverij en hekserij van de veertiende tot in de twintigste eeuw*, (Amsterdam, 1987).

their healing skills and who requested permission for that purpose from the town magistrate.¹⁵

Before doing so, however, by way of short introduction something must be said about the town of Groningen. The town lies in the north of The Netherlands and in 1787 it had approximately 22,000 inhabitants.¹⁶ It was the capital of the province *Stad en Lande* (now: the province Groningen) and the biggest and most important town for miles around. Indeed, it was the only true town in *Stad en Lande* which it controlled in every sense. It took part in the Dutch West India Company and housed a university, some battalions of the army of the stadtholder and held bi-annual fairs through which it maintained its position as a staple market.¹⁷

"Coming to terms"

It has been suggested as a means of determining the position of itinerant empirics on the medical market to examine the contribution they made to medical practice.¹⁸ According to this view, two groups can be distinguished. This distinction proceeds from the division of labour that the regulars were striving for: the *doctores medicinae* engaged themselves in internal medicine, the surgeons in external medicine and the apothecaries in the sale of medicines. The first group consisted of the economic competitors of the regulars. This group engaged itself in the same field as the regulars, and for that reason they were restricted in their professional practice as much as possible. Belonging to this group of competitors were those making diagnoses who, in addition, sold medicines. The second group, on the other hand, supplemented the medical practice of the regulars. For this reason, they were tolerated by them.¹⁹ This group consisted of stonecutters, herniotomists, dentists, oculists – in other words, persons who had specialized in a limited number of surgical operations.

This distinction also holds good for the guild regulations,²⁰ which seems to confirm its validity. However, the distinction between competing and supplementing is primarily a formal one. Here too reality was more complex, in that there were

¹⁵ Here, I will use a synchronic approach. Although things changed but slowly, some interesting temporal changes can be distinguished, which I will attempt to delineate in a future study.

¹⁶ *Tegenwoordige Staat der Verenigde Nederlanden* (Amsterdam, 1793), p. 10.

¹⁷ See also W.J. Formsma et al ed., *Historie van Groningen. Stad en Land*, (Groningen, 1981).

¹⁸ W.Th.M. Frijhoff, "Non satis dignitatis ... Over de maatschappelijke status van geneeskundigen tijdens de Republiek," *Tijdschrift voor Geschiedenis* 96, 1983, pp. 379-406, on pp. 387-389.

¹⁹ Prof. van Lieburg has pointed out to me the important role follow-up treatment played in the decision as to whether an itinerant should be allowed to practise in a town. In this respect, the patients of the "supplementers" were more interesting to the regulars than those of the "competitors", since they offered a welcome source of income. Whether this also rang true for the case of Groningen – as it apparently did for Rotterdam – is questionable. The town magistrate sometimes even granted the itinerants an extension of their term in order to finish their treatment. See, for example, G.A. Groningen, requestboek (book of petitions made to Mayors and Council) 5 October 1705 (eight days of extension granted); 14 February 1726 (one month); 12 July 1731 (six weeks); 28 October 1745 (two weeks).

²⁰ M.J. van Lieburg, "De genees- en heelkunde in de Noordelijke Nederlanden, gezien vanuit de stedelijke en chirurgijngilde-ordonnanties van de 16e eeuw," *Tijdschrift voor de geschiedenis der geneeskunde, natuurwetenschappen, wiskunde en techniek* 6, 1983, pp. 169-184.

overlaps and sliding scales. The irregulars often combined supplementary and competing activities. That is, persons who labelled themselves "operators" sold medicines for internal ailments as well. A few examples taken from Groningen can illuminate this point. The first example concerns the oculist, stonemason and herniotomist Hermannus Rabba. According to his professional description he was only qualified to perform a limited number of operations with their follow-up treatment. However, when he visited Groningen (outside of the annual fair!), he apparently was offering for sale an *elixir stomachicum*.²¹ Operator Johan Herman Francken, to cite a second example, appeared not to be the pure specialist that he should have been according to the formal distinction. He advertised – again, outside of the annual fair – an "infallible remedy against dysentery."²² Dentist Mejer Levi sold a medicine against worms,²³ his colleague Simon Nathans sold medicines against freckles and a stomach elixir,²⁴ and oculist Cuere a remedy "to recover the life spirits and infallible medicines against consumption (*"lende tering"*) and all kinds of secret ailments."²⁵

In spite of these objections, this distinction has a certain heuristic value.²⁶ Essential to itinerant medical practitioners was the fact that they travelled. This statement is not as meaningless as it seems at first sight. Modern research has made it clear that they should not be viewed as impostors and deceivers whose only goal was to discredit the regulars and to make money at the expense of an ignorant and unwitting audience. Rather, they should be viewed as outsiders, as persons who did not have a stake in town life. They were not established members of the town community as were the physicians and the surgeons. They were excluded by the fact of their non-compliance with the demands of the town on its inhabitants. First, I would like to dwell upon the mechanisms of economic exclusion used by the town. After that I will try to show that the itinerants also did not fit into the social profile of the town.

The town as an economic entity

The town was the domain of the sedentary, admitted, regular medical practitioner such as the *doctor medicinae*, the surgeon and the apothecary. They all enjoyed the

²¹ G.A. Groningen, requestboek (book of petitions made to the Mayors and Council of Groningen), 29 September 1702; 12 February 1703.

²² *Oprechte Nieuwe Groninger Courant*, 10 October 1747.

²³ *Ibid.*, 17 July 1789.

²⁴ *Ommelander Courant*, 3 May 1793.

²⁵ "tot herstel der levensgeesten en onfeilbare geneesmiddelen voor lende tering en alderleij soorten van geheime kwalen"; *Oprechte Nieuwe Groninger Courant*, 17 May 1785.

²⁶ Also from the Dictionary of the Dutch language, in which the etymology of quackery is illustrated through the use of texts from Dutch literature dating from 1580, it becomes apparent that the distinction is gradual rather than principal. There is talk of "Quacks who are also called adventurers and at best operators" ("Quack- ofte lap-salvers die men anders avonturiers en op zijn eerlijkst operators noemt"); *Woordenboek der Nederlandsche taal*, vol. VIII.1 (1916), p. 681. This fragment is cited from D. van Bleijswijk, *Beschrijvinge der stad Delft* (Delft, 1667), p. 668. Under the entry "operator", however, quack and operator are considered synonyms; *ibid.*, vol. XI (1910), p. 668.

privileges of town freedom (*burgerrecht*) and of the guilds (*gildedwang*),²⁷ which their ambulant, non-admitted (or ad hoc-admitted), irregular counterparts lacked. The history of itinerant medical practitioners in the Dutch Republic was primarily a history of regulation, that is, of the protection by the town governments of the economic interests of their own citizens. It is useful to view medical practice as an economic activity, since regulars and irregulars competed with each other on a limited medical market. In the *ancien régime* a strong bond existed between citizen and town government. Towns enjoyed a high level of autonomy and the town formed for its inhabitants a safe place in a hostile world. To possess the right of town freedom was important - it offered solidarity and security in a juridical as well as economic sense.²⁸ The guild privileges, granted by the town government to a professional group, were important economic weapons, safeguarding the exclusiveness of professional practice to the members of the guild.

It was against guild privileges in particular that the well-known operator Johan Herman Francken, who visited Groningen in 1725 and again in 1726, fulminated.²⁹ In his book "The art rewarded with envy" (*De konst met tijd beloond*), written in 1732, he complained that in most towns one or more physicians served in the town government. By this means, they could assert their influence on town legislation, so that it was easy for them to limit the freedom of movement of the itinerant medical practitioners within their jurisdiction. These counsellor-physicians made it impossible for Francken to practise his profession in a proper way. What infuriated him most, however, was that they did so not out of considerations of quality, but only to secure their own work and reputation: "much rather would they see the miserable ones smother in their pains than to brook a stranger - whose curing abilities are well-known - to be crowned with greater fame than they."³⁰

The attitude Francken so colourfully describes was not unfamiliar to the other regulars. At the end of the sixteenth century the surgeons of Groningen wished to establish a guild. To persuade the town government to grant them the necessary permission they relied not on arguments concerning public health, but appealed to their own economic interests.³¹ They said they met with strong competition from various directions, so that they could barely make a reasonable living. The town council appeared to be sensitive to this argument, and permitted the surgeons to

²⁷ In order to acquire the membership of a guild one had first to possess town freedom. See, for example, G.A. Groningen, 12/I r.v.R., 21 January and 9 May 1595 (De Bruyn no. 12). For a general outline, see J.G. van Dillen, "Gildewezen en publiekrechtelijke bedrijfsorganisatie", in *De Socialistische Gids* 19, 1934, pp. 785-797 and 860-874; J.H. van Eeghen, *De gilden. Theorie en praktijk* (Bussum, 1965).

²⁸ W. Jappe Alberts, *De middeleeuwse stad* (Bussum, 1965): "The interest of one of the freemen was seen and treated as the interest of the combined freemen, as the interest of the town", on p. 28. See, for Groningen, P.G. Bos, *Het Groningsche gild- en stapelrecht tot de Reductie in 1594* (Groningen, 1904), esp. pp. 23-37.

²⁹ G.A. Groningen, requestboek 12 November and 27 December 1725 and 14 February 1726. His request to be appointed oculist and man-midwife to the town, however, was turned down by the Mayors and Council; *ibid.*, 17 May 1726.

³⁰ "veel liever sien se de elendigen in haare pijnen smoren, dan te gedogen dat een vreemdeling die, hoe wonderbaarlijk zijn curatien alom befaemt zijn, met een groeter naam als sy bekroond zoude worden"; J.H. Francken, *De konst met tijd beloond, en de deugd derzelver met reden en waarheid bekroond* (Amsterdam, 1732), on p. 63.

³¹ G.A. Groningen, 1108 r.v.R. (collection of documents concerning the surgeons 1584-1597), 10 January 1596.

establish a guild. In their guild scroll they laid down the inclusive and exclusive regulations with regard to other medical practitioners in detail. The first version of the scroll, which was drafted in 1597, stipulated that quacks and medicine peddlers ("*quacksalwers, ommeloepers ofte roepers met hoere salven ende meesterwaeren*") were no longer allowed to exercise their trade in an unlimited way. From that year onwards they were allowed only three days of trade in Groningen outside of the annual fairs (held in May and September).³² In 1633 the scroll of the surgeons was renewed. The surgeons persuaded the Mayors and Council (*Burgemeesters en Raad*) to tighten up their privileges. Henceforth, quacks and medicine peddlers would be totally excluded from trading in Groningen outside of the two annual fairs.³³ In both versions of the scroll an exception was made for the oculists, the stonecutters and the herniotomists. Provided that they had received permission from the Mayors and Council they were allowed to practise all year round.

Also with regard to the selling of *simplicia* or simple medicines, the traders of the town were protected against intruding competitors. The regulation of the "Medical College" (*Collegium Medicum*) of 1729 stipulated that nobody "coming from outside" was allowed to sell *simplicia* to private persons or to apothecaries. This prohibition applied to the annual fairs as well as during the rest of the year. Everybody was supposed to obtain his *simplicia* from the town's shopkeepers.³⁴

The regular medical practitioners tried to exclude their irregular counterparts as much as possible from their field of activity by driving them back to the annual fairs. These fairs, however, were no sanctuary for those who had received permission to practise their medical trade. The surgeons had already imposed many restrictions on the itinerants with regard to place and time of their professional practice. In addition, at the annual fairs they were subject to the jurisdiction of the traders guild (*kooplieden- en kramergilde*). During the fair they were to abide by the regulations laid down in the scroll of this guild. The instructions of the officer of the traders guild were to be strictly obeyed.³⁵ For example, the placing of the booths on the market in Groningen were regulated in detail. The best places on the market were allotted to fellow-citizens; outsiders had to be content with the inferior locations. Out of the "foreigners," persons coming from Deventer, Kampen, Zwolle and Steenwijk (in that order) had priority.³⁶ Places were, in addition, carefully allocated according

³² G.A. Groningen, archief der gilden (archive of the guilds), no. 94, fo. 3 recto (De Bruyn no. 54).

³³ G.A. Groningen, archief der gilden no. 95, art. IX. (De Bruyn no. 423). See, for the many civil suits brought against the itinerants by the surgeons, for example, G.A. Groningen, rechterlijke archieven (judicial archives) III a 14, 27 April 1611; III a 15, 9 May 1612; III a 31, 22 January 1633; III a 95, 7 January 1689; III a 121, 10 February 1728; III a 124, 12 February 1733. These rules were general throughout the Dutch Republic. See for this, the inventory of local Dutch medical legislation made by the Commissioner to the Medical National Legislation; A.R.A. Den Haag, archief Binnenlandse Zaken 1796-1813, inv. no. 303, 22 November 1799, no. 4.

³⁴ R.A. Groningen, stadsordonnantien XXI, 7 October 1729 (ordinance on physicians, apothecaries, surgeons and midwives); De Bruyn no. 1501.

³⁵ See, for example, G.A. Groningen 308/II r., 30 April 1714. This placard was renewed on 9 September 1791 (G.A. Groningen, 308/V r.; both De Bruyn no. 1344). In Leeuwarden, the town architect was charged with locating the market booths during the annual fair; G.A. Leeuwarden, memoriaalresolutie Raad en Gezworen Meente, 12 July 1631; resolutie Magistraat en Vroedschap 27 July 1770; 9 June 1786.

³⁶ G.A. Groningen, 508 r., 25 September 1599. This ordinance was a repetition of a decree issued in 1560. It was renewed and confirmed on 19 April 1610 (G.A. Groningen, 12.1 r.v.R.; both De Bruyn no. 72). Possibly, the precedence of freemen of these towns dated back to their shared Hanseatic past.

to trade. Tincasters, furriers, stone manufacturers, flax-sellers, chamois-leather traders, coppersmiths, etc. all had their own fixed place on the market. Quacks ("*quacksalwers*") figured only in 1642, in other words after the renewal of the guild scroll of the surgeons, in this enumeration.³⁷

The chairman (*olderman*) of the traders guild had to see to it that everything ran in good order and conformed to the regulations, so as to ensure that the economic interests of their own guild and those of the freemen of Groningen were served as well as possible. The board of the traders' guild saw to it that acquisitions were guarded carefully. In 1659, the head of police (*stadsschout*) had the market booth of a medic removed to another spot, to prevent a fight. The board of traders thereupon addressed itself to the town government to request to be maintained in all its privileges regarding "the placing of booths and tents of operators, medics, jugglers, rope-walkers and the like."³⁸ The town council granted their request. This seems an over-reaction on behalf of the traders guild to a trivial incident. However, it is characteristic of their zeal in protecting their economic interests. Similar incidents occurred between the board of the traders' guild and the town architect (*stads-bouwmeester*).³⁹

It is clear from such incidents that the guild privileges and town freedom were powerful weapons in the hands of the guilds and the town government in protecting the interests of their own professional group and freemenry. Itinerant medical practitioners lacked the juridical and economic privileges of the regulars. Some of them tried to remove this barrier by obtaining the town freedom of a particular town. This was the case with the operator Hindrick Boltha, who acquired the freedom (*klein burgerrecht*) of the town of Groningen in 1648,⁴⁰ and the operator and oculist Johannes van der Put, who became a freeman in 1684.⁴¹ The itinerants tried to steer clear of guild privileges by applying for patents for their medicines with the highest possible authority in the Dutch Republic: the Estates-General (*Staten-Generaal*).⁴² Once conceded, a patent was valid for the whole territory of the Republic.⁴³ In this way, the itinerants could try to escape the irksome straitjacket of local particularism.

³⁷ G.A. Groningen, resolutie B. en R., 13 and 27 August 1642 and 4 September 1643 (see also De Bruyn no. 496).

³⁸ G.A. Groningen, rechterlijke archieven III a 62, 10 September 1659.

³⁹ G.A. Groningen, archief der gilden no. 28 (guild scroll of the traders guild, 1757-1798), 4 May 1763 and 3 May 1768; resolutie B. en R. 10 February 1772.

⁴⁰ G.A. Groningen, 42 r.v.R. (book of freemen), 1648.

⁴¹ G.A. Groningen, requestboek, 10 October 1684. In 1765, the operator Carel Godlief Roodermel acquired the town freedom of Zwolle; G.A. Zwolle, AAZ 01/088 (resoluties van Schepenen en Raden), 18 October 1765.

⁴² G. Doorman, *Octrooien voor uitvindingen in de Nederlanden uit de 16e-18e eeuw* ('s-Gravenhage, 1940), on p. 120 (G 110/1611), 130 (G 143/1615, granted to Benedetto Salviani de Milano, "Italian doctor", who in 1623 had visited Groningen; G.A. Groningen, rechterlijke archieven III a 24, 17 October 1623), 139 (G 170/1618), 153 (G 217/1623) 212 (G 411/1644), 213 (G 412/1644), 252 (G 541/1692) and 262 (6-10-1751). Doorman also points to the fact that the granting of patents was directly opposed to the principle of the guild system. In England and France the King sometimes sacrificed the interests of the guilds for the sake of general well-being by granting a patent; *ibid.*, on p. 11-12.

⁴³ G. Doorman (n. 42), *Octrooien*, on p. 31.

Although the effect of a patent should not be exaggerated,⁴⁴ it had a certain legitimizing value.⁴⁵ What counts here, however, is the intention that proceeds from an application for a patent. With it, the itinerants attempted to do battle with the regulars (and, no doubt, their own irregular colleagues) using their own weapons. In so doing, they hoped to better their position on the medical market. Mr. Gielis de Blijde, future town operator of Leeuwarden, gave ample proof of his understanding of the implications of the new political constellation that had arisen at the end of the sixteenth century. In 1593, twelve years after the abjuration of the sovereign lord Philip the Second by the United Provinces, he complained to the Estates-General that in some towns he was not permitted to practise his art. In other towns he was, it is true, admitted but there he had to be content with unfavourable, distant locations. De Blijde could be considered as a very able man. Willem Lodewijk and Willem of Orange, both Stadtholders of the Dutch Republic, were treated by him.⁴⁶ Yet he was refused permission to practise in many towns of the Republic. He raised an eloquent protest against this situation, which he addressed to the highest authority. In it, he pointed to the needs of the poor and miserable. He asked for a patent which would enable him to practise at any time in all towns and villages of the Republic on those spots that best suited him. The Estates-General granted the required concession to him.⁴⁷

The social profile of the town

It was not only in an economic sense that itinerant medical practitioners found themselves in a special position. Socially, they were stigmatized as outsiders by local and regional governments. Their dismissive attitude towards the itinerants is expressed in the placards issued by the regional governments⁴⁸ to check upon vagrancy and beggary. Quacks were included on the placards amongst the social fringe groups that were supposed to be a threat to public order.⁴⁹ In 1765 the regional government

⁴⁴ In most cases, the patent was granted for only a limited period of time. In addition, there was no realization of a right to protection for the inventor; Doorman (n. 42), *Octrooien*, p. 31. Finally, some patent holders were required to acquire an additional patent in the regions where their medicines were being utilized; *ibid.*, pp. 139, 212 and 252.

⁴⁵ The operator Pieter Doree received, apart from a patent on the selling of his haemostatic, permission to sell it in bottles that were sealed with the stamp of the state; Doorman (n. 42), *Octrooien*, p. 252. In this way, his medicine was not only protected from counterfeit, but this grant also embodied a major public recommendation.

⁴⁶ G. Doorman, *Octrooien voor uitvindingen in de Nederlanden uit de 16e-18e eeuw. Eerste reeks aanvullingen* ('s Gravenhage, 1942), pp. 12-13.

⁴⁷ G. Doorman, "Octrooien, verleend aan medici in de 16e en 17e eeuw," *Bijdragen voor de geschiedenis der geneeskunde* 19, 1939, pp. 219-220.

⁴⁸ Although it is primarily the town as an economic entity that is under consideration here, provincial placards can shed light on the attitude legislative and social elites took towards the groups listed on the placards – the more so because members of the town government often held a seat on provincial government as well. Van Kappen mentions a placard against vagabonds, beggars, songsters, tinkers, cobblers and quacks issued by the town government of Groningen in 1713; Van Kappen (n. 13), *Zigeuners*, p. 277.

⁴⁹ See, for social discrimination against travelling folk and the vague boundaries between criminals and non-criminals, Elkeles (n. 10), "Medikaster", pp. 198-200; Ramsey (n. 7), *Professional and popular medicine*, pp. 167-169 and 291-295.

of Drenthe (*Drost en Gedeputeerden*) issued a placard against "beggars, tramps and similar scum."⁵⁰ They were forbidden to go from door to door for alms. More important, however, is the fact that the inhabitants of the province were prohibited from offering lodgings to "tramps, quacks, herniotomists or beggars whether they beg[ged] or trade[d] in ointments, oils, peep-shows, songs or similar inferior merchandise or performances" before they had registered themselves with the court of justice. Thus, the bad reputation of quacks and herniotomists becomes clear from their association with tramps and beggars in the placards.

Similar placards were issued in neighbouring Friesland. In 1704 the regional government of Friesland renewed former measures taken against vagabonds, beggars and thieves. In this proclamation quacks were considered a danger to public order and the peace of the residents of the province together with "beggars, chairmakers, sulphur sellers [?] (*swevelprickers*)", cobblers, hawkers, lepers, blanket traders, arsenic peddlers, songsters and the like."⁵¹ From these placards it becomes clear that quacks were deemed to pose a similar threat to the order of the solid community as beggars, drifters and lepers.

The clownish, theatrical appearance of the itinerant medical practitioners also filled the church authorities with horror. Quacks, operators and the other irregulars often used zanies (*Hansworsten*) to attract the attention of the audience.⁵² Such frivolity was inadmissible in the eyes of the church.⁵³ The church council did not have a voice in formulating admission policy for the market, but it could exert its influence by issuing warnings in the town council. Repeatedly, the Groningen church council urged the magistrate to prevent or at least curb the vanities associated with the annual fairs. Elements whose behaviour gave offence should be refused admittance, the church council insisted. The complaints of the church council constituted an almost yearly ritual. Immediately before the September Freemarket (*Vrijmarkt*), the church council requested the Mayors and Council to issue a total prohibition on jugglers, rope-walkers, comedians "and the like."⁵⁴ The members of the church

⁵⁰ R.A. Drenthe, plakkaat Drost en Gedeputeerden, 10 September 1765.

⁵¹ R.A. Friesland, archief Staten van Friesland 1580-1795, inv. no. S2d, 19 July 1704. The enumeration of professions calls to mind a placard against vagabonds that was issued in 1596; *Groot plakcaat en charterboek van Friesland* (Leeuwarden, 1782), vol. 4, 7 July 1596, art. VII.

⁵² See, for example, G.A. Groningen, requestboek, 8 September 1780; P. Burke, *Popular culture in early modern Europe* (London, 1978), p. 95; Ramsey (n. 7), *Professional and popular medicine*, pp. 147-154.

⁵³ Burke (n. 52), *Popular culture*, pp. 217-222.

⁵⁴ See, for example, G.A. Groningen, acta consistorii hervormde gemeente (proceedings of the church council of the reformed congregation), 15 September 1649, 11 August 1650, 5 September 1655, 30 August 1657, 22 August 1658, 5 September 1660, 25 August 1661, 4 September 1667, 27 August 1671, 10 September 1679, 22 August 1680, 29 August 1686, 28 August 1687, 25 August 1689, 30 August 1691, 25 August 1695, 30 August 1696, 29 August 1697, 21 August 1701. It is striking that the summons made by the church council gradually ceased during the eighteenth century. Apparently, they moved their attention to the guarding of discipline *within* the church, since their grievances against rope-walkers and related persons remained alive during the eighteenth century. This is demonstrated by protests that were submitted by the church council in 1762 and 1763; G.A. Groningen, acta consistorii hervormde gemeente, 10 March and 8 December 1762, 27 February, 9 March and 29 May 1763. The Mayors and Council received these complaints benevolently, but did not act upon them any more. With regard to theatre the church council of Groningen took a similar stand. See K.R. Velthuis, *De opkomst van het tooneel te Groningen* (Groningen, 1883). In other towns the church council held the same point of view towards "vanities" during the annual fair. See, for example, G.A. Leeuwarden, resolutie Magistraat en Vroedschap, 6 March 1789.

council styled them as "rabble" and "riff-raff."⁵⁵ Quacks were allowed to the Freemarket provided they offered their ointments and other merchandise without "Godless plays" ("*Godlose spelen*")⁵⁶ or "insolent folly" ("*insolente geckernijen*").⁵⁷

In most cases the Mayors and Council reacted in a positive way to these demands. They agreed to refuse all requests for permission to stand on the Freemarket presented by these groups.⁵⁸ In the case of quacks, the town government also complied with the appeals of the church. Those receiving permission to stand on the Freemarket were urged to behave in a moderate and honourable way. Operator and herniotomist Andreas Wijneken, for example, was admitted to the Freemarket, provided that "no person in fool's dress would appear, nor any other jugglery be performed on the stage."⁵⁹ Operator Frans Durlach was admitted with the admonition that "there should be not the least rashness or jugglery."⁶⁰ Operator Johannes van der Put was allowed four weeks to practise his art "provided this be carried out in all modesty."⁶¹ Still others were admitted under the condition that this was done "in all sincerity"⁶² or provided "they did not show any farces or other performances in their theatres."⁶³

The moral rejection of quacks and practitioners of similar professions (that is, similar in the eyes of the worldly and church authorities of the seventeenth and eighteenth centuries) found spatial expression during the annual fairs. Quacks and operators were being allotted the same spot on the market-place as practitioners of similar suspect professions such as jugglers and rope-walkers.⁶⁴ Indeed, it is remarkable that only these groups were obliged to ask permission from the town government to stand on the market. This was required of none of the other market vendors.⁶⁵

⁵⁵ G.A. Groningen, acta consistorii hervormde gemeente, 21 August 1701.

⁵⁶ *Ibid.*, 28 August 1653.

⁵⁷ *Ibid.*, 9 September 1657.

⁵⁸ *Ibid.*, 9 September 1657, 27 August 1671, 8 September 1686, 7 September 1687, 7 September 1701.

⁵⁹ "mits dat geen persoon in narren kleederen off eenige andere guighelerije op het theater sal moogen worden gebracht"; G.A. Groningen, requestboek 21 August 1680.

⁶⁰ "des dat sulx geschiede sonder de minste lichtveerdicheijt en guijcherije"; *ibid.*, 25 August 1681.

⁶¹ "mits dat sulx geschiede in alle modestie"; *ibid.*, 11 September 1684.

⁶² "alsmede op een taeffel van 3 a 9 planken sijn orviatoran te mogen uijtveijlen en verkopen in alle sinceriteit"; *ibid.*, 9 August 1688.

⁶³ "mits dat geene cluchten ofte vertoninge op sijn theatrum sal mogen doen"; *ibid.*, 31 March 1704.

⁶⁴ R.A. Groningen, stadsordonnantien IV, 27 August 1642 (De Bruyn no. 496) stadsordonnantien V, 9 September 1643 (De Bruyn no. 496); G.A. Groningen, rechterlijke archieven III a 62, 10 September 1659. Elsewhere quacks and jugglers were being allocated the same spot on the market-place as well. See, for example, G.A. Zwolle, AAZ 01-856/6 (requesten van diverse aard, 17e eeuw), ca. 1640.

⁶⁵ G.A. Groningen, resolutie B. en R., 27 August 1642; 4 September 1643 (see also De Bruyn no. 496). The books of request of the Mayors and Council of Groningen only contain requests made by empirics, jugglers and rope-walkers. All the other market vendors did not need to apply. Apparently, no objections existed to their visiting the fair, during which they enjoyed the protection of the "market-peace" (*markvrede*). This implied that they could buy and sell whatever they liked and that the town government guaranteed their safety. During the period of market-peace, they could not be sued or hindered in any other way; J.A. Feith, *De Groninger kermis in vroeger eeuwen* (Groningen, 1894). See for this also the Townbook (*Stadboek*), liber IX art. XLV (issued in 1522) in *Verhandelingen ter nasporing van de wetten en gesteldheid onzes vaderlands; waarbij gevoegd zijn eenige analecta tot dezelve betrekkelijk. Door een genootschap te Groningen Pro Excolendo lura Patria*, vol. V (Groningen, 1828);

How is this attitude towards quacks to be explained? Were they really social marginals,⁶⁶ or were they being marginalized by the local government? In other words, were the imputations raised against them by the town and church authorities based on experience or were they equated wrongly with beggars, vagabonds and other riff-raff? To answer this question, we can resort to an indirect demonstration. It is striking that none of the itinerant medical practitioners visiting Groningen figures in the town's criminal archives or those of the province of Stad en Lande. It may be deduced from this that they were never convicted for a criminal offence,⁶⁷ either by the town,⁶⁸ or the provincial court of justice.⁶⁹ This conclusion is surprising, since it can hardly be reconciled with the bad odour associated with the quacks.

A possible explanation for the bad reputation of the itinerant medical practitioners is given by the historical anthropologist Blok.⁷⁰ In a study of the so-called "infamous professions" in Germany between 1200 and 1800 he questions why the artisans of the German towns considered certain professions to be dishonourable or unclean and excluded their practitioners, professions such as skimmers, executioners, travelling folk, grave-diggers, shepherds, garbage collectors, beggars and chimney-sweepers. At first sight, this appears to be a very heterogeneous group of occupations that have nothing in common. On further consideration, however, it becomes clear that there really was something linking them all together. In the experience of the town dweller,⁷¹ all were associated with the natural, animal and threatening elements in life. They constituted a symbol of the chaos that threatened town order. At the end of the Middle Ages the town as an organizing force still found itself at an early stage. Blok considers the town in that period as a pacified

G.A. Groningen, 308/I r., 13 August 1668 (De Bruyn no. 783).

⁶⁶ We need to distinguish between the medical and the social position of the itinerants. To avoid misunderstanding: by 'social marginals' I do not mean medical frauds. What is meant here is criminal behaviour in a non-medical sense, as is hinted at in the text of the placards.

⁶⁷ The empirics were brought to *civil* suit on more than one occasion, especially by the surgeons. Those suits, however, do not concern us here, since they related to matters of competence and other infringements on town privileges (see note 33). I know of two cases in which an operator disappeared from town, leaving behind unsatisfied medicine suppliers or patients; G.A. Groningen, r.v.R. 16.1 (uitgaande missiven; outgoing missives), fo.31, 24 January 1565 and G.A. Zwolle AAZ 01-61 9/20 (ingekomen stukken van Deventer; incoming missives of Deventer), 6 June 1752. A third case concerns an itinerant who was banished from town for life after being accused of theft; G.A. Zwolle AAZ 01/078, 23 June 1722 and RA 001-466 (rechterlijk archief), 20 October 1733.

⁶⁸ G.A. Groningen, rechterlijke archieven III j (klapper 277.35); III ii (klapper 277.22); III kk (klapper 277.32); III tt (klapper 277.25).

⁶⁹ G.A. Groningen, klapper op de registers van gedetineerden in de instellingen van het gevangeniswezen in de stad Groningen (register of detainees in the prisons of the town of Groningen), 1670-1887.

⁷⁰ A. Blok, "Infame beroepen," *Symposion* 3, 1981, pp. 104-128. See also W. Danckert, *Unehrliche Leute. Die verfeimten Berufe* (Bern, 1963) and Burke (n. 52), *Popular culture*, pp. 165-169. Burke describes how town people successfully built up mutual loyalty and a feeling of security, as protection against the chaos in the surrounding countryside, through the creation of professional subcultures (namely the guilds, each with their own rituals and patron saints) and hostile stereotypes of outsiders. For this, see also note 28.

⁷¹ Of course, such a thing as "the" town-dweller never existed in reality. The group Blok must have had in mind here comprised members of the social and governmental élite as well as those with vested interests in the town (i.e., those who enjoyed town freedom and the privileges of guild protection). Blok is aware of this problem of general terms; see for his treatment of nominalism and essentialism and family resemblances in language, A. Blok, *Wittgenstein en Elias* (Amsterdam, 1976).

enclave in threatening and hostile surroundings. The town walls were the physical expression of the great need for safety of the community within.

Far more important, however, were the moral demands that were imposed on the participants in town life. In order to acquire town freedom and guild privileges the applicant had to have a good reputation and be free of the obligations of a lord.⁷² Town freedom was a hereditary right and with regard to guild privilege children and widows of members of the guilds were granted reduced tariffs. In the towns people were striving to bring about a "*gute Gesellschaft*." Privileges were being reserved for those who could meet the set standards and were made hereditary to ensure continuity. However, the moral order of the town was vulnerable and the proximity of people alone who did not meet moral standards sufficed as reminders of the dangers that threatened to encroach on the town from outside. The above-mentioned practitioners were not so much avoided because of criminal behaviour, but because of their professional activity, which was considered as a threat to the moral order of the town.⁷³

Whether or not the itinerants found themselves in as great a social isolation as Blok claims may be tested by looking at their marriage customs. Who did itinerants and their children choose as partners?⁷⁴ Did they practise endogamy or exogamy within the professional group?⁷⁵ And, if they married endogamously – which is very likely – did they do so to a greater extent than their sedentary counterparts?⁷⁶ Further research is needed to be able to answer these questions. However, the fact that the itinerants did deviate from the "average" norm of the town can be elucidated

⁷² See, for Groningen, the Townbook of 1425, liber VI art. IV, VIII and IX in *Pro Excolendo* (n. 65). The Townbook can be considered as the constitution of the town. See also the general ordinance on the guilds (de algemene gildebrieff) of Groningen, issued in 1436 in *ibid.*, pp. 217-224, esp. pp. 217 and 219.

⁷³ See also, M. Douglas: *Purity and danger* (London, 1966). In this context, it is illuminating to know that witches and exorcists who were residents of Groningen were punished for their practices not *within* the town, but banished *out of* town. In other words, the danger was warded off by expelling it; see, for example, G.A. Groningen, rechterlijke archieven III ii 2, 13 February 1647; 20 July 1650; 29 March 1669. I would like to thank Willem de Blécourt for pointing my attention to these sources.

⁷⁴ It has been established for the German family Eisenbarth that six persons out of four generations practised the profession of operator, it being passed on from father to son. The marriage customs within the family were remarkable as well. In all those cases where the partner could be located, it proved to be a daughter or a widow of an operator; J. Hasenbach, *Steinschneider, Wundärzte, Heilkräuter* (München, 1984), pp. 123 and 158-160. For dentists, see G.J. van Wiggen, *In meer eerbare banen. De ontwikkeling van het tandheelkundig beroep in Nederland van 1865-1940* (Amsterdam, 1987), p. 21. Van Wiggen states that about 50% of the wives of dentists came from a dental background.

⁷⁵ An example of endogamous marriage within the group of "infamous" professions is supplied by Anna Eva Nagel, who was the daughter of an executioner. She was married to the operator Henricus Pannes. After her marriage she worked as an independent operator in Groningen, Zwolle and Deventer; G.A. Groningen, requestboek 16 September 1735; G.A. Zwolle, *resoluties van Schepenen en Raden*, AAZ 01/081, 17 May 1732; 1 May 1735.

⁷⁶ For the "infamous" profession of executioner it has been established beyond doubt that they married endogamously within the profession. See, for example, B. Lonsain, "De beul in Stad en Lande," in *Groningsche Volksalmanak* (1909), pp. 56-83; B. Lonsain, "Groningsche scherprechtersfamilies," in *Groningsche Volksalmanak* (1925), pp. 84-100; in general: W. de Vries, "Nederlandse scherprechtersdynastieën," *De Nederlandsche Leeuw*, 75, 1958, pp. 285-294. Because executioners led a sedentary life, their marriage customs can be traced more easily than those of the itinerants.

with a few examples of empirics visiting Groningen.⁷⁷ The norm or, indeed, the "ideal townsman" in the Dutch Republic would be a sedentary, Calvinist guild member, a freeman (possessor of *burgerrecht*) who did not have a criminal record. None of this group of empirics of course was sedentary. Moreover, their religious convictions deviated from those of the ideal townsman. To begin with, many dentists were Jews.⁷⁸ Abraham Cyrus, who visited Groningen in 1752, was a Roman Catholic.⁷⁹ The many members of the operating family Rothermel (or Rood Ermel) were Lutheran.⁸⁰ Anna Eva Nagel, who visited Groningen in 1735,⁸¹ was very probably the daughter of a German executioner.⁸² It need hardly be elaborated here that the executioner and his family were deemed infamous by the townspeople. They were avoided by them in the extreme and even had separate seats in church.

Unfortunately, very little is known about the social background and the later vicissitudes of the itinerants. For many, according to Ramsey, empiricism was but one stage in a chequered career. It is not clear, however, whether they were being marginalized by their medical practice or whether "an established pattern of nonconformity made them likelier candidates for unauthorized medical practice."⁸³ Be this as it may, the itinerant medical practitioners were fully aware of the difficult position in which they found themselves. As members of a marginal, "suspect" professional group⁸⁴ they tried to conform themselves as much as possible to the demands of virtue imposed on them by the town. They knew exactly what the town governments expected of them, and acted accordingly by anticipating those expectations in their requests for admission to the annual fairs. In order to placate the town government

⁷⁷ In fact, all the itinerants for whom some biographical details could be established, deviated from the norm.

⁷⁸ G.J. van Wiggen (n. 74), *In meer eerbare banen*, 20. For Groningen, striking names include Gabriel Leon van Essen (G.A. Groningen, requestboek 17 February 1750; 6 December 1754; 7 February 1755), Moses Gabriel (*ibid.*, 25 April 1799) and Salomon Levi (*ibid.*, 16 November 1774; 19 May 1775; 15 January and 13 September 1776). M.S. Cohen specialized in the treatment of corns (*ibid.*, 9 May 1785).

⁷⁹ G.A. Groningen, resolutie B. en R., 23 March 1752; J. Verzijl, "Jan Jacob Cyrus. Pastoor van de St. Mathias te Maastricht en zijn familie," *De Limburgse Leeuw* 2, 1953/1954, pp. 251-254. In 1753, Abraham Cyrus was quartered as an army-surgeon and physician in Zwolle. In Groningen he presented himself as an oculist and "chirurgus."

⁸⁰ G.A. Leeuwarden, lidmatenregister van de evangelisch-lutherse gemeente (register of church-members of the Evangelical-Lutheran parish), 23 September 1743. In 1743, the progenitor of the Rothermel family in The Netherlands, operator Valentijn, settled in Leeuwarden as a Lutheran immigrant from Voigtlande in Germany. See also G.A. Zwolle, AAZ 01/088 (resoluties van Schepenen en Raden), 18 October 1765.

⁸¹ G.A. Groningen, requestboek 16 September 1735.

⁸² She had been in practice in Zwolle in 1732. In her petition she stated that she lived in Recklinghausen in the archbishopric Cologne; G.A. Zwolle, AAZ 01/081 (resoluties van Schepenen en Raden), 17 May 1732. It is very likely that she was descended from the executioner family Nagel mentioned in O. Münster, "Von den Wasenmeistern, Scharfrichtern und Chirurgen in der hinteren Grafschaft Sponheim," *Mitteilungen der westdeutschen Gesellschaft für Familienkunde* 67/68, 1979/1980, pp. 197-200.

⁸³ Ramsey (n. 7), *Professional and popular medicine*, p. 292.

⁸⁴ See, for example, A.Th. van Deursen, *Het kopergeld van de Gouden Eeuw. II. Volkscultuur* (Amsterdam, 1978), p. 21, where there is talk of a "godless and infamous piece of scum, who practices quackery" ("een godtlosen ende infamen stucke rabauts, hem met quacksalverije behelpende").

and prevent a blunt refusal, they made all kinds of concessions in advance.⁸⁵ Thus, they promised to leave the privileges of the surgeons untouched,⁸⁶ or to indemnify them.⁸⁷ Many of the itinerants promised to treat the poor and orphans gratis,⁸⁸ and also to refrain from practising during sermons.⁸⁹

Quack rhetoric

After the itinerants had convinced the authorities of their virtue and were admitted, they had to win the favour of the public. In the limited amount of time they had at their disposal they had to persuade the sufferers to consult them. To make their presence known they used handbills⁹⁰ or the press. The latter possibility existed in Groningen from 1744 onwards. In that year the *Groninger Courant* was founded.⁹¹ Roy Porter has pointed to the clever use the empirics made of the newspaper, then a new means of communication.⁹² They were working in an unknown and impersonal market, where no relationship with the sufferers existed. They were outsiders and enjoyed no local prestige.⁹³ By means of newspaper advertisements they attempted to

⁸⁵ This was the same in all towns. See, for example, G.A. Zwolle, AAZ 001/065 (resoluties van Schepenen en Raden van Zwolle), 2 December 1647; *ibid.*, 16 August 1658; AAZ 01/071 13 December 1699; AAZ 01/078, 12 August 1722; AAZ 01/082 1 February 1741; AAZ 01/083, 20 November 1743, and G.A. Leeuwarden, resolutie Magistraat en Vroedschap 12 July 1754; *ibid.*, 19 July 1771; gildearchieven inv. no. 13 (afschrift van het gildeoortooi uit 1740; copy of the patent of the guild of 1740). Finally, see the inventory made by the Commissioner (see note 33).

⁸⁶ G.A. Groningen, requestboek 16 September 1735.

⁸⁷ *Ibid.*, 1 December 1727. The fees that had to be paid to the surgeons guild amounted to the considerable sum of 19 guilders per week; *ibid.*, 2 July 1705.

⁸⁸ *Ibid.*, 30 December 1695; 19 January 1706; 20 January 1728; 10 April 1743.

⁸⁹ *Ibid.*, 14 August 1721; 3 May 1727. Elsewhere practice during sermons was also prohibited. See, for example, J.I. van Doorninck, "Amsterdamsche tooneelspeelers," *Bijdragen tot de geschiedenis van Overijssel* 2, 1875, p. 87.

⁹⁰ See, for example, the printed handbill of Johan Herman Francken; Provinciale Bibliotheek Friesland, Pa 829.

⁹¹ In 1787 a second newspaper, the *Ommelander Courant*, was established; C. Hoitsema, *De drukkersgeslachten Sipkes-Hoitsema en de Groninger Courant* (Groningen, 1953); B. Tammeling, *De krant bekeken. De geschiedenis van de dagbladen in Groningen en Drenthe* (Groningen, 1988).

⁹² R. Porter, "The language of quackery in England, 1660-1800," in *The social history of language* ed. P. Burke and R. Porter (Cambridge, 1987), pp. 73-103. According to Porter, the empirics played a pioneering role in the development of the newspaper advertisement (p. 93). Ramsey, however, argues that in the long run the empirics became victimized by modern communications and marketing; Ramsey (n. 7), *Professional and popular medicine*, p. 161. This, of course, only holds true for those peddling medicines as their only source of income. In the case of operators physical presence was required.

⁹³ Some though, did. In a future study I hope to examine the return of certain itinerants to the same fairs. Because they travelled to all the fairs in a circuit they must have become familiar to locals who came to appreciate their healing abilities and awaited their coming. On behalf of travelling salesmen, almanacs were printed with information concerning dates and places of fairs to be held, currency systems, distances, etc. See, for example, *Naeuw-keurig reijs-boek, bijzonderlijk dienstig voor kooplieden en reijzende personen* (Amsterdam, 1679) or, for a local version, *Oprechte Groninger Almanach* (Groningen, appearing yearly at least from 1727 onwards).

attract customers.⁹⁴ Each did so in a different way. It is difficult to pick out patterns in the advertisements. The empirics resorted to different strategies. Whereas some chose to reassure their potential clientele by insisting on their respectability, others stressed their strangeness and exoticism – of course within the limits of what was deemed virtuous by the authorities⁹⁵ – with the apparent intention of arousing curiosity and interest and attracting customers. "Otherness" may very well have offered hope to those who had tried everything else on the regular medical market.

When we submit the advertisements to a closer examination, it is striking to notice that many itinerants spoke highly of their supposed royal and aristocratic contacts. They did so with the apparent intention of benefitting from their respectability. Whether or not these claims were true we cannot prove, but their reading public could not decide this either.⁹⁶ The widow Darmstratin declared in her advertisement that she had an ability "in all kinds of extraordinary sciences and she had given ample proof of this to exalted and mean persons at several courts."⁹⁷ Jannes le Fever claimed to be operator to the Elector of Cologne and to the Prince of Luik,⁹⁸ while Salomon Levi stated to be "privileged dentist to the High Royal Court of Paderborn."⁹⁹ In 1760 "doctor and professor Hillmer" announced himself "who is famous throughout Europe. He is counsellor of His Royal Highness of Prussia."¹⁰⁰ Elsewhere, he claimed to be oculist to the Court of Vienna and to the Republic of Geneva and to be in the pay of the King of France.¹⁰¹ In 1788 "the Chevalier De Tadini, Count Palatine" arrived in Groningen. He said he "had been decorated several times and he was the oculist to the Court of France."¹⁰² Furthermore, he

⁹⁴ Porter describes the itinerant empirics as "those practitioners (honest or not, skilful or not) who practised principally in the open market, treating an anonymous clientele of patients by the sale of nostrums and making themselves, their services and their medicines known through publicity"; Porter (n. 92), "Language", p. 78.

⁹⁵ Ramsey has very aptly pointed to the difference in tone in the empirics' petitions to the local authorities and their own handbills; Ramsey (n. 7), *Professional and popular medicine*, p. 135.

⁹⁶ When we take these claims at face value, it is striking to note the number of itinerants who visited Groningen and claimed to be privileged operators employed by the King of Prussia and the Elector of Cologne. Either they were very generous in granting this title (in which case it did not have much value) or the itinerants did not speak the truth; see also Ramsey (n. 7), *Professional and popular medicine*, p. 140.

⁹⁷ "dewelke kundig is in allerhand extraordinaire weetenschappen, en dezelve ook aan hooge en needrige stands personen, aan verscheijde hooven vertoont heeft"; *Opregte Nieuwe Groninger Courant*, 12 September 1758.

⁹⁸ G.A. Groningen, requestboek, 30 December 1695. W.J.M.J. Rutten has pointed out to me the fact that the sovereign of Luik was a Prince-Bishop. Apparently, Le Fever thought it wise to keep silent about the full title of this Catholic dignity in Calvinist Groningen.

⁹⁹ *Opregte Nieuwe Groninger Courant*, 24 September 1776.

¹⁰⁰ *Ibid.*, 25 July 1760. Indeed, the radius of action of Joseph Frederik Hilmer (or: Hillmer) was very extensive. For not only did he practise in the Dutch Republic, but he did so in France and England as well; Ramsey (n. 7), *Professional and popular medicine*, pp. 25 and 140; J. Barry, "Publicity and the public good: presenting medicine in eighteenth century Bristol", in Bynum (n. 2), *Medical fringe*, p. 34.

¹⁰¹ It is unclear whether this was the same Hilmer as the one who in 1794 was placed on a list of charlatans in Troyes, France; Ramsey (n. 7), *Professional and popular medicine*, p. 34. In any case, there were two persons who travelled under the same name. When one of them visited Groningen, he (or the editor?) explicitly stated "N.B. it is not the professor and counsellor Hillmer of Berlin"; *Opregte Nieuwe Groninger Courant*, 27 September 1776.

¹⁰² *Opregte Nieuwe Groninger Courant*, 12 August 1788.

claimed to be "the First Surgeon of His Royal Majesty of Sicily"¹⁰³ and oculist to the Count of Orleans.¹⁰⁴

The itinerants took an ambivalent attitude towards the regular medical practitioners.¹⁰⁵ On the one hand, they were each others economic competitors. On the other hand, however, empirics liked to be associated with the regulars – and in particular with the academics – in order to legitimize their own medical practice. Michael Baptist de Wincel claimed to be "accepted as oculist and surgeon by the French academies."¹⁰⁶ Dentist Simon Nathans reported in his advertisement that he possessed many certificates of "several governments as well as of professors and doctors in medicine, that will be shown at request."¹⁰⁷ Some empirics even publicized lengthy testimonials in the newspaper. In these cases they comprised the statements of locals who had been successfully treated by the empiric during his stay.¹⁰⁸ In his advertisement he would describe how his patient had suffered a long time from his or her ailment – preferably from childhood – and how his case had been given up as incurable by the regulars.¹⁰⁹ Sometimes the itinerants reacted in their advertisements to accusations that had been brought against them by the regular profession. Valentijn Rothermel, for example, challenged all the *doctores medicinae* of the province to repeat their charges against him in person. Next, he demanded arbitration by the Medical College of Groningen.¹¹⁰ A week later he even offered four ducats to the first who would have themselves treated by him.¹¹¹ Later still, he proclaimed to the population of Groningen that he had treated a cataract and two hare-lips successfully – "to the surprise of the doctors and surgeons of this province."¹¹² In their advertisements the operators promised painless treatment and quick

¹⁰³ G.A. Groningen, requestboek, 27 July 1758.

¹⁰⁴ Ramsey (n. 7), *Professional and popular medicine*, p. 25.

¹⁰⁵ *Ibid.*, pp. 282-283.

¹⁰⁶ *Opregte Nieuwe Groninger Courant*, 17 February 1758.

¹⁰⁷ *Ommelander Courant*, 23 April 1793. Apparently, Nathans wanted to establish familiarity with the regulars. In his advertisement he called the physicians and surgeons of the town to recommend him to their patients; *ibid.*, 3 May 1793. Empirics not only brought testimonials with them, but asked for them as well when they had been successful in Groningen ("*attestatie secundum rei veritatem*") See, for example, G.A. Groningen, requestboek 8 October 1688; 20 October 1707; 26 June 1719. Those patients who had been cured had to make a personal testimony in the town hall.

¹⁰⁸ *Opregte Nieuwe Groninger Courant*, 24 November 1752; 30 November 1762; 14 January 1763; 24 September 1776; *Ommelander Courant*, 12 August 1788; 20 July 1790.

¹⁰⁹ "die door verscheiden voor ongeneesbaar opgegeven was"; *Opregte Nieuwe Groninger Courant*, 8 May 1761; "en veel gedoctort en gemedicineert, en nooit beterschap gevonden hebbe"; *ibid.*, 28 January 1763.

¹¹⁰ "zoo verzoekt hij zulke, zig liever tegen hem zelfs als agter zijn rug te komen blameren, zoo zal hij zig met zulke kwaadsprekende opentlijk voor het Collegium Medicum tot Groningen komen te verantwoorden"; *ibid.*, 28 April 1761. See also for the public conflict between regulars and irregulars, R. Porter, "I think ye both quacks: the controversy between Dr. Theodor Myersbach and Dr. John Coakley Lettsom," in Bynum (n. 2), *Medical fringe*, 56-78; Ramsey (n.7), *Professional and popular medicine*, pp. 139 and 283-284.

¹¹¹ *Opregte Nieuwe Groninger Courant*, 5 May 1761. A month later he repeated his offer; *ibid.*, 5 and 9 June 1761.

¹¹² *Ibid.*, 12 June 1761.

and total recovery.¹¹³ Many, to conclude, promised to help the poor free of charge¹¹⁴ or to demand payment only after the patient had been cured.¹¹⁵

An ever-recurring element in the advertisements of the empirics was the use of incomprehensible jargon,¹¹⁶ which was meant to impress.¹¹⁷ Oculist De Wincel announced he could cure cataract by removing "the darkened *humores christallinos*" from the eye.¹¹⁸ Heinrich Caspar advertised with his "superb *elixir vitae*, *argebusades* and splendid *eau de cermens* and *spiritus citrie* and *spiritus carminativae*."¹¹⁹

A last means to persuade the townspeople was to suggest cosmopolitanism.¹²⁰ The itinerants liked to suggest that they came from distant foreign regions to bring the long-awaited medicine to the suffering community. In 1761 the English oculists Savage and Bourke announced their arrival on the Continent, "bringing with them many secret remedies for the recovery of people's health and for the cure of several infirmities and ailments that have been considered incurable in Europe until this day."¹²¹ Operator Johan Herman Francken proclaimed that "forty years ago I laid my hands on an infallible medicine for dysentery in Italy."¹²² Chevalier De Tadini claimed to be travelling to Brussels and Paris after his stay in Groningen.¹²³

Broadly speaking, the itinerants could choose between two alternative strategies. Some stressed their virtue and their proximity to the townspeople by referring to royal or academic approval. They carried certificates with them to give proof of this. Others, however, chose to impress with jargon, exoticism and cosmopolitanism. They,

¹¹³ *Ibid.*, 3 and 21 April 1761; *Ommelander Courant*, 4 July 1788; 5 June 1789; 6 May 1791.

¹¹⁴ *Oprechte Nieuwe Groninger Courant*, 24 March 1752; 17 February 1758; 24 April 1761; September 1786. This could prove advantageous for an additional reason: the "Turkish" doctor Ali proclaimed to treat the poor gratis up to a maximum of twelve persons; *ibid.*, 30 November 1762. In other words, whoever wanted to profit needed to hurry.

¹¹⁵ *Ibid.*, 17 November 1747; 25 July 1760; 24 April 1761; 3 July 1761; 27 September 1776; 21 September 1779.

¹¹⁶ Here a warning is in order. For us, living in an extremely specialized world with a highly developed division of labour, it is difficult to judge the extent of knowledge of medical terminology and medical theory of the general reading public of that time. What is incomprehensible to us might very well have made a lot of sense to patients in the seventeenth and eighteenth centuries. See for this, for example, M.J. van Lieburg, "Zeeuwse piëtisten en de geneeskunde in de eerste helft van de 17e eeuw," in *Worstelende wetenschap. Aspecten van wetenschapsbeoefening in Zeeland van de zestiende tot in de negentiende eeuw*, ed. H.J. Zuidervaar (Archief, mededelingen van het Koninklijk Zeeuwsch Genootschap der Wetenschappen, Middelburg, 1986), pp. 63-86.

¹¹⁷ In this the empirics stood by no means alone. The regulars often used the same tactics to win their clientele. They were often satirized for it in dramatic literature. See, for example, M.A. van Andel, "De dokter in het Oud-Hollandse blijspel," *Medisch Weekblad* 24, 1917/1918, pp. 385-394 and 404-413; J.B.F. van Gils, *De dokter in de oude Nederlandsche tooneelliteratuur* (Haarlem, 1917); J.C. Weyerman, *Het vermakelijk wagenpraatje*. Ed. by G. Maréchal (Muidersberg, 1988); Porter (n. 92), "Language."

¹¹⁸ *Oprechte Nieuwe Groninger Courant*, 17 February 1758.

¹¹⁹ *Ibid.*, 23 September 1777.

¹²⁰ See also Ramsey (n. 7), *Professional and popular medicine*, p. 140.

¹²¹ "Savage en Bourke weder in Europa gearriveerd zijn, medebrengeende menigvuldige geheijmenissen tot herstellinge van 's menschen gezondheid, en verscheijden gebreken en kwalen, die tot dezen dag toe in Europa voor ongeneesbaar geagt worden, ja zelfs op hunne reijze over 155 perzonen in een korten tijd van blindheid geholpen hebben"; *Oprechte Nieuwe Groninger Courant*, 9 June 1761.

¹²² *Ibid.*, 10 October 1747.

¹²³ *Ibid.*, 30 September 1788.

on the contrary, stressed the differences between the townspeople and themselves.¹²⁴ In short, some of the empirics tried to inspire confidence, while others wanted to thrill. Both were trying to win a clientele. This was the paradox they had to bridge. Advertising on a strange market was a matter of push and pull, of attracting and repelling.

Nevertheless, in spite of all the similarities with the English situation which Porter has so vividly depicted, there was also a major contrast in the Dutch Republic. The Dutch regulars did not, like their English counterparts, take up the gauntlet and do battle with the empirics in the newspapers. There was no need to do this, since they were protected by town regulations, whereas in England "medical anarchy" reigned. In the Dutch Republic, medical regulations guaranteed the regulars their place under the sun. Still, the advertisements of the itinerants were considered a nuisance to regular medical practice. For this reason, the Executive Administration (*Uitvoerend Bewind*), aiming to extinguish quackery, took measures against advertising non-registered medicines.¹²⁵

Epilogue

The itinerant medical practitioners acted within the space that was permitted to them by the town government and the regular medical practitioners. The exclusive interest of the sufferer lay in the recovery of his or her health. He chose to be treated by the therapist offering the best prospects of recovery.¹²⁶ In other words, in the *ancien régime* the initiative for consultation lay with the sufferer.¹²⁷ The public judged

¹²⁴ This also sheds light on the great differences existing between the upper and lower strata of the town community; see also Ramsey (n. 7), *Professional and popular medicine*, pp. 293-294, where he suggests that the sheer strangeness of the itinerants attracted many to them: "It was accepted that healers were sometimes odd; their medical practice, although it compounded their delinquency in the authorities' view, seems paradoxically to have helped reintegrate them into the community ... Many of the economic makeshifts associated with popular medicine were illegal or at least frowned upon by the authorities."

¹²⁵ Henceforth, some advertisements were permitted, others were not. This caused much uncertainty amongst the printers of the newspapers. See, for example, the letter Joh. Enschede & Zn. of Haarlem wrote to the Minister of National Education. He wanted to know whether the advertisements enclosed by him were to be considered illegal or not; A.R.A. Den Haag, archief Binnenlandse Zaken 1796-1813, inv. no. 322 (verbaal Agent Nationale Opvoeding; verbatim report of the Minister of National Education), 3 January 1801, no. 4 and *ibid.*, inv. no. 312 (missive Joh. Enschede & Zn.) 2 January 1801. Sometimes, however, a printer had to be given a reminder by the Minister. This happened to the printer of the *Leeuwarder Courant*, who according to the Minister had inserted three illegal advertisements; G.A. Leeuwarden, resolutie gemeentebestuur, 19 October 1801.

¹²⁶ Porter uses a nice expression for this: "he who paid the piper called the tune"; Porter (n. 12), "The patient's view," p. 192. See also N.D. Jewson, "Medical knowledge and the patronage system in 18th century England," *Sociology* 8, 1974, pp. 369-385. Jewson characterizes the transition of eighteenth century to nineteenth century medical practice as one from "client-dominated" to "doctor-dominated"; see also M. Neve, "Orthodoxy and fringe: medicine in late Georgian Bristol," in Bynum (n. 2), *Medical fringe*, p. 44. Neve argues that the essence of quackery is auto-medication by the patient. In this context, he speaks of a conspiracy between customer and seller (p. 50) and concludes: "The real quack may, in the end, be the drug-taking self-helper" (p. 53).

¹²⁷ This prerogative was explicitly stated in the scroll of the surgeons guild of Groningen: "Everybody will have the right to consult an outsider (i.e., outside of the guild and even outside of town), provided he treats nobody else" ("Sal mede een jegelijcken vrij en open staen een meester tot zijn cure van buijten te verschrijven, mits dat dezelve niemant anders cureren ende meesteren zal"); G.A. Groningen, archief der gilden (guild scroll of the surgeons), inv. no. 6, art. XI (De Bruyn no. 423).

therapeutic results, not the logical consistency of a rational system of knowledge. The academic *doctores medicinae* had to allow themselves to be compared in terms of success with the empirics. Therefore, it was in their own interests that possibilities for consultation of the irregulars remained as limited as possible. Regulars and irregulars alike saw themselves confronted with a relatively inelastic market. The regulars wanted to keep the supply-side of medical help as confined as possible. For this, they used all the means at their disposal, varying from legitimizing¹²⁸ their own knowledge to insinuations and exclusion of the itinerant medical practitioners.

Ramsey, who considers medical practice from three perspectives (as a healing act, as an economic activity and as a social role) suggests an alternative – if heuristic – tripartite model for the description of the medical world in the *ancien régime*.¹²⁹ First, there was the regular physician (and, I would add, the surgeon). He enjoyed the protection of corporate privilege and therefore he did not partake in the "frenzied competition" of the market economy. He had high morals and lived a quiet life in his domicile. Then, there was the empiric, who can be conceived of as being an entrepreneur or even a "proto-capitalist" in the open market. Being an outsider and a stranger he had to use all the available marketing techniques to earn a living. Third, there was the category of the local or folk healers who fell into the domain of traditional society. For them, tradition and prestige played a greater role than economic scarcity. Because they figured in a social system that was relatively isolated from the other two categories they need not concern us here.

Although Ramsey is quite willing to admit the inadequacies of his model, he presents us with useful categories with which to tackle the "medical anarchy" of the *ancien régime*. It is hardly a matter for discussion that the physicians used their alleged professional ethos as an instrument to secure and legitimize their position on the inelastic medical market.¹³⁰ They had to compete with all kinds of medical practitioners who intruded on their domain. It was, therefore, in their interest that the itinerants were being stigmatized and marginalized. Not so much because of their ignorance or fraud, but because they posed a threat to the economic and moral order of the town that was dominated by a social élite that – as Francken's complaint went – in its turn was being influenced by the regular medical practitioners.

¹²⁸ Porter superbly demonstrates how a crusade of a physician against a quack was turned against himself. His accusation degenerated

Summary

Modern historical insights have as yet hardly permeated Dutch medical historiography, as has been the case with its English and French counterparts. Thus, the history of quackery – and, indeed, the history of medical practice in general – has always been looked at from an iatrocetric perspective. It appears more fruitful, however, to look at medical practice in the *ancien régime* from an externalistic point of view, which takes social and economic factors into account as well. Itinerant medical practitioners were participants in an inelastic medical market. Here it is argued that they should not be regarded as frauds, who were ignorant of even the most elementary principles of medicine and whose only goal it was to fill their pockets at the expense of their submissive patients. Rather, they were fighting to earn a living in a world where the public regarded them in a therapeutic sense as equals to the regular medical practitioners. Because of this, attempts were made by the medical and governmental élites of the towns to exclude them from the medical market.

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