

# Visiting Pharmacies:

An Exploratory Study of Apothecary Shops as Public Spaces in  
Amsterdam, c. 1600–1850



Research Thesis  
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## **Abstract**

Apothecary shops played an important role in the commodification of new intoxicants such as tobacco, coffee, tea, cocoa and opium. These consumables were introduced through pharmacies as medicinal substances and turned into key elements of European diets between 1600 and 1850. Consequently, apothecary shops and the social practices within these shops had an early impact on the changing consumption patterns. Surprisingly, the diverse and important public functions of early modern pharmacies have only been explored in a few studies which focused on Venice, Stockholm, and London. It is striking that apothecary shops in Amsterdam have remained unexplored in this regard, since Amsterdam was the largest centre of trade in the seventeenth century. This study aims to close this knowledge gap by focusing on the public and social functions of apothecary shops in early modern Amsterdam. This is then related to the introduction of new intoxicants into society.

For context, three conceptual models are introduced for the apothecary shops in early modern Venice, Stockholm and London. These serve as reference models for the pharmacies in Amsterdam. Apothecary shops in Amsterdam are found to differ significantly from all three of these models, making it most suitable to classify them within a distinct business-oriented model. As it turns out, there is little evidence that these shops attracted social gatherings and, at least from the eighteenth century onwards, the consumption of new intoxicants within them was uncommon. Indeed, these shops were furnished and decorated primarily to do business in the most efficient way possible.

A mixed methods approach was adopted to study the apothecary shops from a new perspective, namely that of the customer. Textual and visual information from a wide range of sources such as literary works, socio-demographic data, and notarial deeds were explored. Moreover, the spread of apothecary shops over Amsterdam was visualised and analysed for the first time, which provided new insights concerning the distribution pattern, business, and clientele of these shops. This comprehensive approach broadens our understanding of the daily practice inside early modern apothecary shops in Amsterdam and allows for better contextualisation of important historical trajectories and long-term dynamics.

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## 2 Prologue

At the end of the 1670s, Quiringh van Brekelenkam painted *De apotheek*, which is depicted on the title page of this thesis.<sup>1</sup> In this image, we see the interior of an apothecary shop, with its counter and characteristic shelves with bottles. The woman standing behind the counter pours a cup of some liquid for a child and a man sits by on a chair, smoking tobacco. Presumably, this man is the apothecary, and the woman is his wife.<sup>2</sup> This depiction of the apothecary and his shop raises several interesting questions that will be addressed in this thesis. For example, why is the apothecary smoking tobacco? Is he doing so for medical reasons, or just recreationally? And could others come and join him? More generally, how were pharmacies in Amsterdam involved in the consumption practices of new intoxicants such as tobacco?

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1. Quiringh van Brekelenkam, *De apotheek*, 1656–1658, oil on panel, 48 × 36 cm, RKDimages, Den Haag, accessed October 31, 2019, <https://rkd.nl/explore/images/251440>.

2. The first assumption is based on apothecaries often being depicted with similar hats, and it being highly unusual to depict an apothecary shop without the apothecary. As for the woman, it was not uncommon in Dutch shops for a shopkeeper's wife to stand behind the counter. See Clé Lesger, *Het winkellandschap van Amsterdam: Stedelijke structuur en winkelbedrijf in de vroegmoderne en moderne tijd, 1550–2000* (Hilversum: Verloren, 2013), 130–31.

### 3 Introduction

Much has been written about the so-called “consumer revolution” in the seventeenth and eighteenth centuries.<sup>1</sup> In this period, luxuries and novelties such as tobacco, coffee, and tea transformed from rare luxuries into key elements of European societies.<sup>2</sup> According to Ralph Davis and others, this was due to the “commercial revolution”: in response to the reduction of production costs brought about by large scale plantation production, the prices of these novelties dropped rapidly.<sup>3</sup> In contrast, Jan de Vries states that this cost reduction by itself is hardly sufficient to explain the increased consumption, and points instead at changes on the consumer’s side, namely the increase of the real wages in northwestern Europe.<sup>4</sup> These financial developments allowed the middle classes and the poor to adopt novel habits of consumption. But, as Brian Cowan rightly points out, financial changes alone are insufficient to fully explain the increased demand for novelties: having the means to pay for something does not necessarily imply wanting to buy it.<sup>5</sup> Another generally accepted explanation is that the receptiveness to the novelties was linked to their original use as medicinal substances. As such, they were aligned with the existing medical beliefs, which made them attractive to European consumers. Moreover, their therapeutic uses helped people get a palate for them and encouraged their consumption.<sup>6</sup>

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1. Key studies on this subject are Neil McKendrick, John Brewer, and J. H. Plumb, *The Birth of a Consumer Society: The Commercialization of Eighteenth-Century England* (London: Europa, 1982); Lorna Weatherill, *Consumer Behaviour & Material Culture in Britain 1660–1760*, 2nd ed. (London and New York: Routledge, 2003), <http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=77291&site=ehost-live>; John Brewer and Roy Porter, eds., *Consumption and the World of Goods* (London: Routledge, 1993).

2. Rudi Matthee, “Exotic Substances: The Introduction and Global Spread of Tobacco, Coffee, Cocoa, Tea, and Distilled Liquor, Sixteenth to Eighteenth Centuries,” in *Drugs and Narcotics in History*, ed. Roy Porter and Mikulas Teich (Cambridge: Cambridge University Press, 1995), 24–51, <https://books.google.nl/books?id=I1YxRwBn5poC>; David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge, Massachusetts, and London: Harvard University Press, 2002), <https://books.google.nl/books?id=GHqV3elHYvMC>; Jordan Goodman, “Excitantia: Or, How Enlightenment Europe Took to Soft Drugs,” in *Consuming Habits: Drugs in History and Anthropology*, ed. Jordan Goodman, Paul E. Lovejoy, and Andrew Sherratt (London and New York: Routledge, 2007), 121–41, <https://books.google.nl/books?id=zRJ9AgAAQBAJ>; Anne E. C. McCants, “Poor Consumers as Global Consumers: the Diffusion of Tea and Coffee Drinking in the Eighteenth Century,” *The Economic History Review* 61, no. S1 (August 2008): 172–200, <https://www.jstor.org/stable/40057651>.

3. Ralph Davis, “English Foreign Trade, 1660–1700,” *The Economic History Review* 7, no. 2 (1954): 151, 163, <https://www.jstor.org/stable/2591619>. This relationship works both ways, of course: the demand also fostered the large scale production.

4. Jan de Vries, *Economy of Europe in an Age of Crisis: 1600–1750* (London, New York and Melbourne: Cambridge University Press, 1976), 185–187, <https://books.google.nl/books?id=zcE3DwAAQBAJ>. See also Jan de Vries, *The Industrious Revolution: Consumer Behavior and the Household Economy, 1650 to the Present* (Cambridge: Cambridge University Press, 2008).

5. Brian William Cowan, *The Social Life of Coffee: The Emergence of the British Coffeehouse* (New Haven: Yale University Press, 2005), 7–8, <http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=188009&site=ehost-live>. In his thorough historiography on p.7–10, Cowan also discusses studies that interpret the spread of the consumption of luxuries and novelties by relying on social emulation theories, functionalist explanations, and subjective motivations. These theories explain the consumption of novelties by their relation to social power, to their functions as, for instance, stimulant beverages which match the capitalistic desire to discipline workers, and to personal motivations which may be influenced by ideologies or culture. I chose not to discuss these explanations here, as they are less directly linked to the apothecary shop.

6. Goodman, “Excitantia”; Jordan Goodman, *Tobacco in History: The Cultures of Dependence*, via Taylor & Francis eLibrary (London and New York: Routledge, 1993), 36–54; Ken Albala, “The Use and Abuse of Chocolate in 17th Century Medical Theory,” *Food and Foodways* 15, nos. 1–2 (2007): 53–74, <https://doi.org/10.1080/07409710701193381>; James E. Shaw and Evelyn S. Welch, *Making and Marketing Medicine in Renaissance Florence* (Amsterdam: Brill, 2011), 213, <http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=356414&site=ehost-live>.

Jon Stobart adds yet another aspect of the explanation: he states that “changes in retailing and shopping were central to the broader transformation of consumption and consumer practices.”<sup>7</sup> After all, it was also in the seventeenth and eighteenth centuries that retail shops changed into “elaborate and enticing temples of consumption” which fostered polite social interactions.<sup>8</sup>

All of the factors mentioned above converge in the early modern apothecary shop. It was here that the new intoxicants – sugar, tobacco, coffee, tea, cocoa, and opium – were introduced to the Europeans as medicinal substances. The apothecary promoted the use of these novelties and thereby directly influenced their commercialisation. Yet, despite the important functions of the early modern pharmacy, the consumption perspective of this place has been the subject of only few scholarly investigations. Where such investigations have produced new insights about the daily practice in apothecary shops in Venice, Stockholm, and London, a comprehensive overview for Amsterdam has not yet been published. This is surprising, since Amsterdam was a major staple market and financial centre during the commercialisation of the new intoxicants, which occurred roughly between 1600 and 1850.

To fill this gap of knowledge, this exploratory study aims to provide insight into early modern Amsterdam apothecary shops as public spaces. What did the Amsterdam apothecary shop look like between 1600 and 1850, and what public functions did it serve? And more specifically, what role did pharmacies play in introducing and assimilating the new intoxicants into Dutch culture? Was the apothecary shop possibly a social space where intoxicants could be consumed for non-medical purposes?

This study is structured around three exploratory themes which will be discussed against a background of historiographical context. This context is provided in the first part of this thesis. The studies that have been conducted on the public function of early modern apothecary shops in Europe are discussed first. Based on these studies, three different models for the function of early modern apothecary shops will be introduced, which will be used as reference models throughout the rest of this study. Next, we relate these findings to Amsterdam. Although little information is available on this particular topic for Amsterdam, secondary literature does exist concerning early modern shops in Amsterdam in general. This information will be used to contextualise the apothecary shops within this city. Lastly, the structure of healthcare in the period of interest is introduced. This provides us with a framework within which we should interpret the apothecary’s business. The historiographical chapter is followed by the first exploratory theme. Here, we study the apothecary shop as a whole. Where could such a shop be found in early modern Amsterdam, and what did the exterior look like? This information will be interpreted in the light of a location theory, and the exterior design of these shops informs us of the business that took place in front of them. After all, the public space of the pharmacy extends beyond its physical walls. In the second theme, we direct our attention to the inside of the apothecary shop. First, the social position and reputation of the apothecary himself is analysed. Did people even want to be seen in this shop? Such factors did of course play a role in the public and social functions of shops. Next, the interior design is subjected to study. What were key items in apothecary shops and what do these tell us about the shop’s public function? In the third theme, the shop’s interior will be further examined with regard to socialisation. For example, the presence or absence of seats and the level of comfort within pharmacies are analysed. Finally, the consumption of intoxicants inside the early modern apothecary shop will be discussed. Here,

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7. Jon Stobart, *Sugar and Spice: Grocers and Groceries in Provincial England, 1650–1830* (Oxford: Oxford University Press, 2013), 1, <https://books.google.nl/books?id=HCMUDAAAQBAJ>.

8. Patrick Wallis, “Consumption, Retailing, and Medicine in Early-Modern London,” *The Economic History Review* 61, no. 1 (February 2008): 28, <https://doi.org/10.1111/j.1468-0289.2007.00391.x>. See also Nancy Cox, *The Complete Tradesman: A Study of Retailing, 1550–1820*, via Taylor & Francis e-Library (London: Routledge, 2000); Clé Lesger, “Urban Planning, Urban Improvement and the Retail Landscape in Amsterdam, 1600–1850,” in *The Landscape of Consumption*, ed. J. H. Furnée and C. Lesger (London: Palgrave Macmillan, 2014), 104–24, [https://doi.org/10.1057/9781137314062\\_6](https://doi.org/10.1057/9781137314062_6); Helen Berry, “Polite Consumption: Shopping in Eighteenth-Century England,” *Transactions of the Royal Historical Society* 12 (2002): 375–94, <https://doi-org.proxy.library.uu.nl/10.1017/S0080440102000154>.

the picture of the public function that was painted in the previous sections will be combined with additional information from primary sources, in order to give us a sense of what role the apothecary shops played in introducing the new intoxicants.

In this study, the focus lies on apothecary shops in early modern Amsterdam. Market stalls or shops other than those which were run by apothecaries are not studied specifically.<sup>9</sup> Sources concerning drug stores (*drogisterijen*) have not been included in this analysis either, except for as reference material to compare apothecary shops to drug stores. It is explicitly stated when a source concerns general drug stores instead of apothecary shops.<sup>10</sup> Throughout this thesis, many different kinds of sources will be encountered. The search for and interpretation of these sources was approached as follows.

The contemporary legal documents were tracked down via secondary sources, while the visual representations were found incidentally in many different databases, such as RKDimages and the online collections of museums. Although this research concerns itself primarily with apothecary shops in Amsterdam, several images and legal documents concerning shops in other Dutch cities were also collected to obtain a broader view. It is not a given, however, that apothecary shops in these cities were similar to those in Amsterdam, so explicit mention will be made whenever sources from outside of Amsterdam are used. The literary descriptions of apothecaries or their shops were found and accessed via the *Digitale Bibliotheek voor de Nederlandse Letteren* (DBNL). The collection of this digital library is composed of texts which belong to Dutch literature, linguistics, and cultural history, and includes both fiction and non-fiction. Search terms such as *apotheek*, *apotheken*, *apotheker*, and *apothekers* and their spelling variants were utilised to find texts written between 1550 and 1850 that contained useful information. The inventories and other notarial deeds were mostly found incidentally via *archieven.nl*, in the Stadsarchief Amsterdam, and in the digitised archive of Amsterdam's notaries which is accessible via <https://akten.amsterdam/>.<sup>11</sup> Most of this work was done by Peter van den Hooff, who was so kind as to provide his database of early modern inventories of Dutch apothecary shops.

Of the 41 inventories that were found this way, the four oldest ones were written in 1628, 1670, 1671 and 1674. Unfortunately, the different style of handwriting used in the seventeenth century rendered it too demanding of a task to decipher the content of these texts. An overview of the number of texts that did end up being used can be found in Table 3.1. A relatively low number of inventories is available for the seventeenth century and none of the inventories found were drawn up after 1804. This may be explained by the fact that the database used was primarily focused on apothecary shops from the eighteenth century. The lack of inventories for the seventeenth century is compensated by images and newspaper advertisements that describe apothecary shops that were put up for sale in Amsterdam. Although advertisements are not as extensive as inventories, they still provide some insight into the contents of apothecary shops. They were found by systematically researching newspapers via *Delpher.nl*, using search words for apothecary shops and their wares.<sup>12</sup> The number of inventories and advertisements from

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9. However, there are cases in which apothecaries also worked as *kruideniers* or *herboristen* – herbalists in English. These cases have not been excluded from the analysis.

10. The demarcation between these different professions in the early modern period is quite complex. Relevant studies on this topic concerning the Netherlands are W. F. H. Oldewelt, "De Oud-Amsterdamsche "Crudenier" Stamvader van Vele Beroepen: Raffinadeur, Apotheker, Drogist, Tabakswinkelier en Kruidenier," *Algemeen Handelsblad*, March 11, 1938, <https://resolver.kb.nl/resolve?urn=KBNRC01:000087681:mpeg21:a0224>; W. F. H. Oldewelt, *Kohier van de Personeele Quotisatie te Amsterdam over het jaar 1742* (Amsterdam, 1945); A. I. Bierman and D. A. Wittop Koning, "Herboristen: een farmaceutisch deelberoep in Nederland onder de Franse wetgeving (1811–1814)," *Tijdschrift voor de geschiedenis der Geneeskunde, Natuurwetenschappen, Wiskunde en Techniek* 14, no. 1 (1991): 1–13; Brand Kruithof, "Het conflict tussen apothekers en drogisten: de professionalisering van twee beroepsgroepen tussen 1865 en 1932" (PhD diss., Erasmus Universiteit Rotterdam, 1995).

11. This latter archive was still a work in progress during this research and was last accessed in October 2019.

12. All credit for finding the advertisements from the seventeenth century goes to Peter van den Hooff, while Wouter Klein has collected the advertisements from the eighteenth century found incidentally during his research for his PhD dissertation on *New Drugs for the Dutch Republic. The Commodification of Fever Remedies in the Netherlands (c. 1650–1800)*. I would like to thank them both for providing me with access to their database.

Period of publication	Inventories	Newspaper advertisements	Visual representations
1600–1649	0	0	2
1650–1699	1	16	15
1700–1749	13	6	5
1750–1799	18	23	6
1800–1850	5 (before 1804)	0	11
<b>Total</b>	<b>37</b>	<b>45</b>	<b>39</b>

Table 3.1: The number of inventories, newspaper advertisements, and visual representations per period that were used for this study. The four illegible inventories from the seventeenth century are not listed in this table. Newspaper advertisements that were published multiple times are only included once; duplicates are omitted.

the nineteenth century was further supplemented with incidental findings, but the number of these sources for this period remains small. However, we do have quite a few visual and literary sources for this century.

To gain insight into the location pattern of apothecary shops in Amsterdam between 1600 and 1850, a digital database with all apothecaries from that period who worked in Amsterdam was constructed. The starting point for this database was the *Biografische Index van Nederlandse Apothekers tot 1867*.<sup>13</sup> This index contains a list of all names and other data of Dutch apothecaries and herbalists which were found incidentally by Dr D. A. Wittop Koning and which were complemented by systematic research of archival sources.<sup>14</sup> Unfortunately, the index is far from complete. For this reason, Peter van den Hooff has created a digital database in which he noted many more details. He found this supplementary information incidentally in Dutch archives and in early publications.<sup>15</sup> Throughout the process of this research, his database was supplemented with more information about the apothecary’s addresses. Again, this happened through incidental findings, and the database may still be considered incomplete. At the end of this study, it contained more than 1600 apothecaries who kept shop between the sixteenth and nineteenth century. Most of these shops operated somewhere between 1660 and 1840; there are only few shops in the database that existed outside of this period. In 1164 cases, the street where the apothecary had his shop was known, and in roughly half of these cases, the approximate location of the shop within this street could be determined.

The fragmentary information from visual representations, literary descriptions, geographic and socio-demographic data, official legislation, and notarial deeds will be combined to paint a definitive picture of the apothecary shop from a consumer’s perspective. To this end, findings in the history of pharmacy are interpreted in conjunction with insights from the fields of art history, history of literature, and legal history between 1600 and 1850. As a result, it will be possible to better contextualise long-term dynamics such as the changing consumption patterns, and the related historical trajectories such as the introduction of the new intoxicants in European society.<sup>16</sup>

13. A. I. Bierman, M. J. van Lieburg, and D. A. Wittop Koning, *Biografische Index van Nederlandse Apothekers tot 1867* (Rotterdam: Erasmus Publishing, 1992).

14. Ibid., 7, 11–13.

15. Peter kindly shared his findings with me for this research, for which I am very grateful.

16. For an overview of pharmaceutical trajectories in general and in more recent history, see Toine Pieters, *Historische trajecten in de farmacie: medicijnen tussen confectie en maatwerk* (Hilversum: Verloren, 2004), <https://books.google.nl/books?id=26L3KrAF7MYC>. For the early modern period, see for example Wouter Klein, “New Drugs for the Dutch Republic” (PhD diss., Utrecht University, 2018).

## 4 Historiographical context

### 4.1 Apothecary shops in early modern Venice, Stockholm and London

Although little is known about social interactions in early modern apothecary shops in Amsterdam, there are several relevant articles available for Venice, Stockholm and London. Especially the history of Venetian pharmacies is brimming with interesting and surprising stories. Venetian apothecary shops were public spaces with important social functions from the fifteenth century until well into the eighteenth century. Filippo de Vivo even refers to them as “centres of communication”.<sup>1</sup>

In fact, apothecary shops in Venice were much like the later coffee houses and salons. People gathered here not only to buy medicinal compounds, but also to converse, gamble and play cards. Some people would even attend the pharmacy daily.<sup>2</sup> Apothecary shops were often also the site of public political, religious and intellectual discourse. This was not without its dangers: the archives of the Holy Office and the secular Inquisitors of State contain many cases of apothecaries being accused of spreading heterodox opinions or disclosing political secrets.<sup>3</sup> Another important activity that took place there was exchanging news. Pharmacies were popular places among both news writers and news addicts.<sup>4</sup> An informer of the Inquisitors of State reported in 1683–1684 on several apothecary shops that “gentlemen and people of different status gather every day, and there sitting down as if in private council each one reports what he has heard and seen all day long, discussing foreign kingdoms, wars and peace deals.”<sup>5</sup> As it turns out, Italians did not just visit the pharmacy to buy medicines.

This social function was actively promoted by the shopkeepers: apothecaries furnished their shops with benches, shelves with books and news sheets, and tables for games and gambling. They displayed beautifully decorated drug jars, regularly possessed interesting cabinets of curiosities, and provided services such as mail exchange facilities or printing tools. Some even arranged for musical performances. These services were meant to enhance the reputation of the shop and thereby attract customers, which was crucial in the extremely competitive medical market of Venice.<sup>6</sup> During the eighteenth century, competition intensified even more as the number of establishments that offered space for sociability, such as coffee houses, increased.<sup>7</sup>

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1. Filippo de Vivo, “Pharmacies as Centres of Communication in Early Modern Venice,” *Renaissance Studies* 21, no. 4 (September 2007): 505–21, <https://doi.org/10.1111/j.1477-4658.2007.00460.x>.

2. Shaw and Welch, *Making and Marketing*; Evelyn Welch, “Space and Spectacle in the Renaissance Pharmacy,” *Medicina & Storia* 8, no. 15 (2008): 127–58, <http://fupress.net/index.php/mes/article/viewFile/10394/9668>.

3. Vivo, “Pharmacies,” 507–10. For an overview of the number of apothecaries accused of heresy between 1547–1586, compared to other trades, see John Martin, *Venice’s Hidden Enemies: Italian Heretics in a Renaissance City* (Berkeley: University of California Press, 1993), 244–47. For more about Venetian pharmacies as centres for religious discourse, see Joanna Kostylo, “Pharmacy as a Centre for Protestant Reform in Renaissance Venice,” *Renaissance Studies* 30, no. 2 (April 2016): 236–53, <https://doi.org/10.1111/rest.12141> and Richard Palmer, “Physicians and the Inquisition in sixteenth-century Venice: the case of Girolamo Donzellini,” in *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (London: Routledge, 1993), 118–133.

4. Vivo, “Pharmacies.”

5. Mario Infelise, *Prima dei giornali. Alle origini della pubblica informazione (secoli XVI e XVII)* (Bari, 2002), 149. Quote reproduced from Vivo, “Pharmacies,” 512.

6. Welch, “Space and Spectacle,” 127–58; Shaw and Welch, *Making and Marketing*, 31–78; Vivo, “Pharmacies,” 519; Kostylo, “Pharmacy as a Centre,” 240–41.

7. Vivo, “Pharmacies,” 520.

So how come apothecary shops, of all places, became centres of communication? This can be explained by several important factors. First, the pharmacists themselves were involved with long-distance traders and could therefore be important sources for news exchange in the shop. Besides this, they had ties with wealthy households which they provided with medicines, and with physicians, which were rich sources of information too. As De Vivo points out, this made apothecaries interesting channels that introduced private news into the public domain.<sup>8</sup> Second, the clientele in these shops was made up of people of different social standings. There could be servants, soldiers, notaries, lawyers, clergymen, bankers, well known painters, physicians, fellow apothecaries and of course news writers, all in the same shop. These people brought information and rumours from different social, professional, and intellectual backgrounds.<sup>9</sup> Third and last, it often took a long time before customers were served, and since the medicines were prepared according to the individual prescription, they could only be prepared after they were ordered. Thus, customers had to spend quite some time in the apothecary shop before they received what they needed. This meant that apothecaries had to provide customers with a comfortable and pleasant waiting area.<sup>10</sup>

As Hjalmar Fors has demonstrated, seventeenth-century pharmacies in Stockholm were meeting places too, albeit in a very different way.<sup>11</sup> They mainly attracted medical practitioners and customers who came there just to buy what they needed. Occasionally, visitors mention that they had talked to someone in the apothecary shop, and on a few occasions, the Collegium Medicum of Stockholm held its meeting inside a pharmacy.<sup>12</sup> However, Fors makes no mention of any evidence for people attending the pharmacy for its social function. Instead, these shops primarily served two other goals, besides distributing medicines.

In the outdoor space, the apothecary shops of Stockholm had a representational function. They were located on the most distinguished streets and were clearly designed to impress. Although they were not as monumental as the palaces of the nobility, they were architecturally beautiful and radiated the city's power.<sup>13</sup> In addition, their status as shops that sold luxury goods contributed to the public perception of Sweden as a civilised nation. This also held true for the interiors of the shops, which were richly decorated. Here, people could discover and experience the global medical space through new exotic and luxury goods. New consumption patterns arose through the global trade network. As such, apothecary shops became both representations of the civilised nation and symbols for its connectedness to the world.<sup>14</sup>

This functional difference between apothecary shops in Venice and Stockholm was related to the differences in the development of both cities: where Venice was already established as Europe's centre of commerce regarding herbs and medicinal compounds, Stockholm was only just integrating into the global trade system.<sup>15</sup> This was also reflected in the number of pharmacies: Venice had over a hundred apothecary shops by the early seventeenth century and struggled to control the trade, whereas Stockholm had only two – and this would only increase to a total of nine by the end of the century.<sup>16</sup> During the seventeenth century, Sweden became a more dominant power in northern Europe. Accordingly, its formerly medieval capital housed

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8. Vivo, "Pharmacies," 517–18.

9. Vivo, "Pharmacies," 513–17; Shaw and Welch, *Making and Marketing*, 31; Kostylo, "Pharmacy as a Centre," 242.

10. Shaw and Welch, *Making and Marketing*, 31–38; Vivo, "Pharmacies," 519–20.

11. Hjalmar Fors, "Medicine and the Making of a City: Spaces of Pharmacy and Scholarly Medicine in Seventeenth-Century Stockholm," *Isis* 107, no. 3 (September 2016): 473–94, <https://doi.org/10.1086/688392>.

12. For an explanation of the Collegium Medicum, see section 4.3.

13. In fact, on p. 485 Fors mentions one shop from the late seventeenth century that did resemble a town palace.

14. Fors, "Medicine."

15. David Gentilcore, "Introduction to the World of the Italian Apothecary: Apothecaries, "Charlatans" and the Medical Marketplace in Italy, 1400–1750," *Pharmacy in History* 45, no. 3 (2003): 93, <https://www.jstor.org/stable/41112167>; Fors, "Medicine."

16. See the overview for Venice in Kostylo, "Pharmacy as a Centre," 239–40 and for Stockholm in Fors, "Medicine," 475–78.

important people and exhibited the country's riches. Pharmacies played an important role in this development, both in the outdoor space of the cityscape and in the indoor space of the shop.<sup>17</sup>

As demonstrated by Patrick Wallis, sixteenth- and seventeenth-century pharmacies in London were also designed to impress. Compared to other shops in their neighbourhood, the exterior of apothecary shops was probably not particularly outstanding. However, apothecaries invested relatively large amounts of their money in the interior design of their shops and they used innovative display techniques. The most notable objects in the shops were the processing equipment, the drug jars which were presented prominently, and the collections of exotica. The latter were exhibited in an ornate style on the ceilings or walls and they represented the connectedness of the apothecary to the global trade network and to the practices of collecting and natural history.<sup>18</sup>

The function of this elaborate display was not in the first place to represent the civilised state of the city, as it was in Stockholm, but to reassure the customers of the trustworthiness of the apothecary. This was necessitated by doubts surrounding the quality and efficacy of medical commodities in London. People trusted the individual's reputation rather than medicine in general, and medical ideas were being widely disputed. New commodities not only had to fit within the Galenic tradition, but they also had to match with the more recent theories that were based on the ideas of Paracelsus and the up-and-coming field of chemistry. Moreover, the fact that some medicines could be poisonous when used in higher doses lead people to be wary of medical compounds. Additionally, apothecaries were generally regarded as excessively profit-oriented and the fact that they were profiting from the health impairment of others made their status all the more dubious. And finally, there was the fear of being deceived by apothecaries: most people were not able to evaluate the actions and claims of the apothecary.<sup>19</sup> This problematic position of pharmacists rendered it necessary for them to invest in shop design that reassured their customers of the quality and value of their wares. The stuffed animals and other exotic items referred to the apothecary's knowledge about and relatedness to the foreign worlds where the medicinal compounds originated. Meanwhile, the beautifully decorated drug jars signalled that the compounds inside were valuable and genuine. As such, shop design influenced the customer's opinion of the shop and thus the shop's popularity.<sup>20</sup>

The design of shops in eighteenth-century London was also influenced by the rise of polite shopping.<sup>21</sup> Many kinds of shops invested in comfort and an attractive environment, turning into "enticing temples of consumption".<sup>22</sup> Wealthy customers would be invited to sit down and take refreshments in an antechamber before inspecting the goods that the shop had to offer.<sup>23</sup> However, while Claire Walsh claims that items such as mirrors, cushions, and chairs for customers are present in almost all the inventories of stores, Patrick Wallis found little evidence for such investments in apothecary shops.<sup>24</sup> He points out that, despite the fact that they served the same social group as other shops, they show far less investment in items that promote polite interactions or social intercourse.

Thus, the elaborate furnishing of apothecary shops in London was primarily to reassure customers and thereby promote business. This does not mean, however, that the functions that

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17. Fors, "Medicine." For information about how pharmacies developed in the eighteenth century, see p. 494 and the sources mentioned there.

18. Wallis, "Consumption."

19. Ibid., 41–43.

20. Wallis, "Consumption," 44–45; Claire Walsh, "Shop Design and the Display of Goods in Eighteenth-Century London," *Journal of Design History* 8, no. 3 (1995): 167–69, <https://www.jstor.org/stable/1316030>.

21. For an introduction of the phenomenon of polite shopping, see Berry, "Polite Consumption."

22. Wallis, "Consumption," 46–48; Walsh, "Shop Design"; Andrew Hann and Jon Stobart, "Sites of Consumption: The Display of Goods in Provincial Shops in Eighteenth-Century England," *Cultural and Social History* 2, no. 2 (2005): 181–86, <https://doi.org/10.1191/1478003805cs0190a>. Quote from Wallis, "Consumption," 28.

23. Berry, "Polite Consumption," 386.

24. Wallis, "Consumption," 48; Walsh, "Shop Design," 166–67.



we found in Venice and Stockholm could not be found in London as well, albeit to a lesser extent. For example, there were some pharmacies which did promote sociability by providing entertainment and fostering conversation and discussion.<sup>25</sup> The most prominent example of this is the fictional apothecary shop that is mentioned in Thomas Middleton's play *The Roaring Girl* from 1611.<sup>26</sup> This place attracted both gentlemen and crooks, who came there to smoke tobacco. Another interesting example is that of pharmacies which provided opportunities for natural philosophers to perform experiments on the exotica and scientific equipment that were present in the shop.<sup>27</sup> Inversely, although the Venetian pharmacies primarily served a social rather than practical function, business was by no means neglected. Here, as in London, shopkeepers aimed to further the reputation of the apothecary by investing in exotica and drug jars with innovative designs, and by spreading images and descriptions of their shops. In fact, the Italian pharmacies were first in displaying jars and exotica and it was in Italy where these were displayed most abundantly.<sup>28</sup>

As we have seen, the apothecary shops in these three cities served quite disparate public functions. Based on these functions, several different shop models can be distinguished. The pharmacies in Venice adhere to a social model, where sociability was at least an equally important reason for people to attend the shop as the goods for sale. The shopkeepers facilitated this by providing suitable furniture. This shop model does not apply to Stockholm, where visitors mainly attended the shop with the purpose of buying the substance they needed. However, it was here that pharmacies served a representational function through their impressive architecture and symbolic interior. This kind of shop can therefore be categorised as following a representation model. The interior of pharmacies in London served to represent the status of the apothecary rather than that of the city. The expensive drug jars and exotica reassured customers of the apothecary's business, expertise and his trustworthiness. This model will be referred to as the trust model. While the diverse models have now been distinguished for Venice, Stockholm and London, little is known about the daily interactions that took place in apothecary shops in Amsterdam or about their public function in this city. To which model do the shops in this important trading city belong? Based on Wallis' statement that Dutch apothecary shops in general were quite similar to the English ones, we may expect these shops to generally follow the trust model.<sup>29</sup> At the end of this study of Amsterdam apothecary shops as social spaces, we will return to the question and see to which conceptual model, if any, the pharmacies in Amsterdam belong.

## 4.2 Shops in early modern Amsterdam

Although there is little specific information about apothecary shops in early modern Amsterdam, the daily business of other shops there has been studied. A rich source for information about shops and shopping streets in Amsterdam is Clé Lesger's book *Het winkellandschap van Amsterdam*.<sup>30</sup> In it, Lesger discusses many aspects of the retail branch between 1550 and 2000, such as the locations of shops, shop design and urban improvement. The following section is

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25. Wallis, "Consumption," 48.

26. Thomas Middleton and Thomas Dekker, *The Roaring Girl*, ed. Paul A. Mulholland (Manchester: Manchester University Press, 1999), 97–99, <https://books.google.nl/books?id=XRaj-LWHapMC>. For a short explanation on the events of this play, see Wallis, "Consumption," 29.

27. Ibid., 40 and 48. For an example concerning Robert Boyle, see Steven Shapin, "The House of Experiment in Seventeenth-Century England," *Isis* 79, no. 3 (1988): 379–80.

28. Welch, "Space and Spectacle," 140–53; Wallis, "Consumption," 46.

29. Wallis, "Consumption," 46.

30. Lesger, *Winkellandschap*. Other important works in early modern Amsterdam in general are Willem Frijhoff and Maarten Prak, eds., *Geschiedenis van Amsterdam, vol. II-1: Centrum van de Wereld, 1578–1650* (Amsterdam: Sun Uitgeverij, 2004); Willem Frijhoff and Maarten Prak, eds., *Geschiedenis van Amsterdam, vol. II-2: Zelfbewuste Stadstaat, 1650–1813* (Amsterdam: Sun Uitgeverij, 2005); Remieg Aerts and Piet de Rooy, eds., *Geschiedenis van Amsterdam, vol. III: Hoofdstad in Aanbouw, 1813–1900* (Amsterdam: Sun Uitgeverij, 2006).

based on this book.<sup>31</sup>

Let us first have a look at the city at large. Where would shops be located? Whether or not a specific street was attractive for shopkeepers depended largely on its accessibility: how easy was it for people to get to this street? Was the street located centrally within the demographic area? And how likely was it for people to pass through this street on their way to other destinations? The proximity of wealthy people, important public buildings, and popular markets played a role as well.<sup>32</sup> Besides that, the location of a shop within the city was related to the type of products that this particular shop sold. After all, customers are generally less willing to cover a large distance for products that are relatively cheap and have to be bought almost daily. Therefore, suppliers of daily necessities, such as food and intoxicants, primarily benefited from reducing the distance to their customers and preferred a monopoly position to a costly property in a main street. By contrast, in the case of durables and other goods, such as cloth, customers want to be able to compare the offerings of different shops. Thus, according to this theory, shops for daily necessities could be found everywhere in the city, whereas shops for durables and luxuries were mainly concentrated in shopping streets in the city centre.<sup>33</sup>

Lesger confirms this location theory for early modern Amsterdam. As shown in Fig. 4.1, suppliers of consumables were quite scattered in the sixteenth century, whereas shops with durables and luxuries were mostly concentrated in a few streets, such as the Nieuwendijk, Warmoesstraat, and St. Jansstraat.<sup>34</sup> These streets had relatively high levels of accessibility.<sup>35</sup> This location pattern within the city remained relatively unchanged throughout the seventeenth and eighteenth centuries, despite the massive population growth and the enormous expansion of the city.<sup>36</sup> This can be explained by the fact that the expansion did not result in fundamental changes in the accessibility of the streets in the city centre.<sup>37</sup> However, it did lead to the migration of wealthy inhabitants from main streets inside the centre to the canals around it. The main streets, now abandoned by the wealthy, turned into shopping streets par excellence. Additionally, the streets in the new neighbourhoods for the wealthy were now more attractive to shopkeepers. Although the shops were too crowded to be desirable within these prosperous streets alongside the canals, they were abundantly present in the cross streets that connected the canals to each other and to the city centre.<sup>38</sup> Another popular location for shops was on the streets that connected the

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31. Market stalls are beyond the scope of this study and will therefore not be discussed in this section.

32. Lesger, *Winkellandschap*, 22–25. Lesger bases himself on R. L. Davies and D. J. Bennisson, “Retailing in the city centre: the characters of shopping streets,” *Tijdschrift voor Economische en Sociale Geografie* 69, no. 5 (1978): 270–85.

33. This theory is explained in Lesger, *Winkellandschap*, 21–25. Lesger refers to the concepts of range – the maximum distance that a customer is willing to travel to buy a product – and threshold – the minimal demand that is necessary to keep the shop afloat. These terms were developed by Walter Christaller (1893–1969) and August Lösch (1906–1945). Another key study in this field is P. T. Kivell and G. Shaw, “The study of retail location,” in *Retail Geography*, ed. John A. Dawson (London: Routledge, 1980), 95–155.

34. “Map of the location of shops in Amsterdam, 1585”, in Lesger, *Winkellandschap*, 31, Fig. 1.5.

35. Ibid., 30–38. To measure the accessibility of the streets, Lesger uses Space Syntax Analysis to indicate the to-movement potential and the through-movement potential. Lesger also identifies specific factors for Amsterdam that influenced the attractiveness of streets for shopkeepers, such as the the ox market which caused the Kalverstraat to be covered in manure, the harbour through which many people entered the city, and the regulation by the local government.

36. See *ibid.*, 87–101 for the situation in the seventeenth century. Lesger primarily bases himself on Melchior Fokkens, *Beschrijvinge der wijdt-vermaarde koop-stadt Amstelredam, van haar eerste beginselen, oude voor-rechten . . . en, haar tegenwoordigen standt* (Amsterdam, 1662) and Tobias van Domselaer, *Beschrijvinge van Amsterdam, haar eerste oorspronk . . . tot dezen tegenwoordige jare 1665, is voorgevallen* (Amsterdam, 1665). For the eighteenth century, see Lesger, *Winkellandschap*, 133–37. About the expansions of Amsterdam, see Lesger, *Winkellandschap*, 75–84; C. P. Burger Jr., “Amsterdam in het einde der zestiende eeuw. Studie bij de uitgaaf van den grooten plattegrond van 1597,” *Jaarboek Amstelodamum* 16 (1918): 1–101; Jaap Evert Abrahamse, *De grote uitleg van Amsterdam: stadsontwikkeling in de zeventiende eeuw* (Bussum: Thoth, 2010); Boudewijn Bakker, “De zichtbare stad 1578–1813,” in *Geschiedenis van Amsterdam. Centrum van de wereld 1578–1650, II-1*, ed. Willem Frijhoff and Maarten Prak (Amsterdam: SUN, 2004), 17–47.

37. Lesger, *Winkellandschap*, 84–87.

38. Ibid., 96–97. For more about the kinds of shops in these cross streets, see *ibid.*, 143–45.



Figure 4.1: Map of the location of shops in Amsterdam, 1585. The black dots mark shops for consumables and the red squares mark shops for durables and other goods. Reproduced from Clé Lesger, *Het winkellandschap van Amsterdam: Stedelijke structuur en winkelbedrijf in de vroegmoderne en moderne tijd, 1550–2000* (Hilversum: Verloren, 2013), 31, Fig. 1.5.

city's gates to the centre.<sup>39</sup>

Before we look more closely at the shops themselves, we will consider the streets. First, it is worth noting that the streets of Amsterdam were very crowded. In the sixteenth century, they were littered with muck and construction materials and frequently crossed by open gutters. This was not without its hazards, especially since it was pitch-black at night without proper street lighting. Tavern keepers were obliged to light candles in their vestibule, but apart from that lanterns were only placed next to bridges.<sup>40</sup> The quality of streets was much improved during the seventeenth century. The open gutters were replaced by brick guttering which lay below the street, more attention was paid to the proper disposal of garbage and a well-thought-out plan for street lighting was implemented. From that time onwards, public life continued after dark.<sup>41</sup> All in all, Amsterdam was doing quite well in the seventeenth century, which is known as the Dutch Golden Age for a reason. Amsterdam's leading position is specially evident when comparing its urban improvement to other cities, where this generally occurred later.<sup>42</sup> In the eighteenth century, this balance shifted. Metropolises such as London and Paris caught up and began to utilise more modern technologies. On the contrary, Amsterdam came to lag behind because it held on to its old-fashioned infrastructure. Footpaths within streets were absent until the second half of the nineteenth century and the large shop windows only emerged at the end

39. Lesger, *Winkellandschap*, 141–43.

40. Ibid., 38–40.

41. Ibid., 102–6. For more about street lighting, see also G. P. Zahn, *De geschiedenis der verlichting van Amsterdam* (Amsterdam: Scheltema en Holkema's Boekhandel; K. Groesbeek & Paul Nijhoff, 1911) and Lettie S. Multhaus, "The Light of Lamp-Lanterns: Street Lighting in 17th-Century Amsterdam," *Technology and Culture* 26, no. 3 (1985): 236–52.

42. Lesger, *Winkellandschap*, 154–55.

of the century.<sup>43</sup>

Streets were generally separated from the houses by a strip of private pavements. These strips belonged to the owners of the corresponding house and could be furnished according to their preferences. They were often equipped with benches and small staircases that provided access to the basements or to the front door, which was usually above street level. Basements were often let out as independent accommodations, and shops could also be found there. The same applies to the small annexes called *pothuizen*, which could be found on the pavements as well and which were also suitable for keeping shop. Above the strips of pavement were awnings and signboards. Many shop owners used these awnings and their private pavement for exhibiting their wares.<sup>44</sup> In an attempt to increase the visibility of their shop, sixteenth-century shopkeepers tended to use more and more of the street itself, which made the streets all the more packed.<sup>45</sup> This was reinforced by the fact that, until the second half of the eighteenth century, business rarely took place inside the shop. Instead, most of the trade happened in front of the shop or through an open window. Lesger suggests that this was related to the lack of light inside – caused in part by glass windows being less translucent than they are today – and with the suspicion that it might be easier for the shopkeeper to commit fraud in a confined space.<sup>46</sup>

As the windows and panes became larger and the glass more translucent, the shops increasingly moved behind the doorstep during the eighteenth century.<sup>47</sup> They also removed their awnings, and by the early nineteenth century signs had become rare as well.<sup>48</sup> The pavements in front of the shop were cleared so that passers-by could approach the now translucent windows to see the wares on display. Thus, instead of a barrier between the house and the street, shops used the pavement as a bridge between two public domains. It was to this same end that shops maximised the surface of glass in the wall on the roadside and accentuated the entry.<sup>49</sup>

Finally, let us consider the interior of early modern shops in Amsterdam. In the seventeenth century, the counter was one of the most prominent features of the shop. It generally took up quite a significant amount of space, and the presence of two counters was not an uncommon sight either. Occasionally, there were tables in the shop as well. Some counters were very basic in construction; others were made of a more expensive type of wood.<sup>50</sup> Apart from the counter, other notable features were the shop's shelves and cabinets, and the many containers with goods that they held. In the early seventeenth century, the presence of cabinets was quite rare, but this became increasingly common towards the end of the century.<sup>51</sup> Amongst the other items that were common in shops are chairs, birdcages, and balances and their accompanying scales and weights for measuring. Only vendors of luxuries and durables followed the fashion trends

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43. Lesger, *Winkellandschap*, 160, 187, 190. For more about the improvements that were made in Amsterdam during the nineteenth century, see Aerts and Rooy, *Geschiedenis*.

44. Lesger, *Winkellandschap*, 42–48. For more about the *pothuizen*, see Theo Rouwhorst, “Oog voor detail: pothuizen,” *Binnenstad. Uitgave van de Vereniging Vrienden van de Amsterdamse Binnenstad* 234 (2009); J. Vrieze, “Pothuizen,” *Ons Amsterdam* 9 (1957): 205–09.

45. Lesger, *Winkellandschap*, 48.

46. *Ibid.*, 49–51, 106–9. Even though the shops all had this open character, there were quite some mutual differences. These were in accordance with their location and their wares. For instance, shops in the more expensive streets were generally more lush, and the use of signs was more necessary for shops that sold luxuries compared to those that sold daily goods. Additionally, the history of the shop plays a role: each owner could adjust the property according to its function and to fashion. *Ibid.*, 109–16.

47. *Ibid.*, 157. Despite this trend, the open, market stall-like shops were still common throughout the eighteenth and nineteenth centuries.

48. For a history of the use of signs, see J. van Lennep and J. ter Gouw, *De uithangteekens in verband met geschiedenis en volksleven beschouwd: Eerste deel* (Amsterdam: Gebroeders Kaay, 1868), <https://books.google.nl/books?id=s7tPAAAAcAAJ>.

49. Lesger, *Winkellandschap*, 158–61. Of course, not all shops adopted this change simultaneously. This led to much variation within shopping streets.

50. *Ibid.*, 118–21. Counters commonly had a length of one to two and a half meters. Lesger also provides examples of shops which had much larger counters.

51. *Ibid.*, 121–25.

and they decorated their shop more abundantly towards the end of the seventeenth century.<sup>52</sup>

For the eighteenth century, Lesger found that the furnishing of shops hardly changed. The counter and cabinets maintained their prominent position and for many shopkeepers, purchasing expensive decoration was not worth it. Shop interiors were generally simple and austere in design. This was also true for shops that sold luxuries outside of the main streets. Similar to the situation at the end of the seventeenth century, only the stores that were located in the main streets and that served the wealthy invested in beautiful interiors.<sup>53</sup> But even in these shops, decoration would often be limited. Important customers would also be welcomed in other rooms behind or above the shop, which were more richly decorated and heated, in contrast to the shop itself. The existence of these rooms made it less important for the shop itself to be richly decorated.<sup>54</sup> Despite this continuity, there were two important trends in the eighteenth century that did affect the interior of shops: glass was increasingly prolific in display cabinets and counters, and artificial lighting was improved. The latter reduced shopkeepers' dependence on daylight, making it possible to display products further to the back of the store.<sup>55</sup>

Lesger concludes that the abundant decorations that were characteristic of British shops were uncommon in Amsterdam. Generally, the cabinets and counters were not very valuable, and shops were scarcely decorated. Some shops did have paintings or mirrors, but the overall impression is that the interior of shops in early modern Amsterdam served a practical purpose rather than a representative one.<sup>56</sup> Unless the apothecary shops were an exception to this rule, it seems unlikely for them to have followed either the representation model or the trust model, in which the shop's design represented the city's state or the apothecary's trustworthiness respectively. Although Wallis said that the Dutch apothecary shops resembled the English ones, Lesger's finding that shop design was less important in Amsterdam than it was in London allows scope to doubt to which extent they did so.<sup>57</sup>

### 4.3 Structure of healthcare in early modern Amsterdam

Now that we have seen what shops in general were like in early modern Amsterdam, we switch to the apothecary shop specifically. Before we have a look at the location and exterior design of apothecary shops, however, pharmacies and pharmacists will be briefly contextualised within the healthcare system of early modern Amsterdam. After all, early modern apothecaries were nodes in a larger network of health professionals. Together with doctors, surgeons and barbers, they took care of the sick. Each medical group had their own responsibilities. The five most important groups were the midwives, barbers, surgeons, doctors and apothecaries. As the name indicates, midwives were occupied with obstetrics. Less obvious is the medical task of the barber, who, aside from shaving and cutting hair, let blood and sharpened lancets. Surgeons – provided they had passed the barber's test first – also let blood. Additionally, they were qualified to perform many other procedures, such as the treatment of swellings, wounds, ulcers, fractures, and dislocations. In contrast to this focus on the external treatments, doctors dealt with internal medicine. Doctors would visit patients, decide how their disease should be treated and prescribe

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52. Lesger, *Winkellandschap*, 126–29.

53. *Ibid.*, 172–76.

54. *Ibid.*, 186–87.

55. *Ibid.*, 176–82.

56. *Ibid.*, 175–76. For comparison with England, Lesger used Walsh, “Shop Design.” One factor that may partly explain this difference between shop design in England and the Netherlands is the influence of Calvinism. This Reformed ideology, which was characterised by sobriety, rigour, and frugality, gained popularity during the sixteenth century and is said to have deeply influenced Dutch social and political tradition. Although I have not found any sources which discuss the influence of Calvinism on the design of shops specifically, it seems reasonable that this ideology may have played an indirect role in their relatively sober interior.

57. Wallis, “Consumption,” 46.

medication. Apothecaries prepared these medicines and delivered them to the patient.<sup>58</sup>

Unlike several other cities in Holland, Amsterdam has never had a separate guild for apothecaries. However, this did not preclude them from joining existing guilds. In 1519, supervision of apothecary shops was attributed to the dean of the guild of St. Luke.<sup>59</sup> This implies that apothecaries belonged to this guild, which represented the seven free arts and, among others, also united the doctors.<sup>60</sup> In 1590, this guild was disbanded and the apothecaries joined the pedlars' guild instead.<sup>61</sup> With the appearance of the pharmacopoeia of 1636, which was the first book containing the legislation regarding the preparations of medicinal compounds, apothecaries asked for their own guild. Although the city of Amsterdam agreed to the request in early 1638, the guild was never established. Instead, the Collegium Medicum was established in the same year, which offered the same protection as a guild.<sup>62</sup> This Collegium consisted of three doctors and two apothecaries who acted as overseers of everything related to medicine. Their goal was to strictly supervise the new and unknown medical practitioners that settled in Amsterdam.<sup>63</sup> One of their activities was to regularly visit apothecary shops to check whether they met the statutory requirements.<sup>64</sup> In 1798, the Collegium Medicum was dissolved and its tasks were taken over by the newly installed *Commissie van Geneeskundig Toevoorzicht*.<sup>65</sup>

Generally, most of the workers within the aforementioned medical fields had their own private work space. However, there were several state-funded institutions as well. The two most prominent institutions for the poor were the *Binnengasthuis* (hospital within the city's walls), which was also known as the *St. Pietersgasthuis*, and the *Buitengasthuis* (hospital outside the city's walls). The *Buitengasthuis* was meant for people who suffered from the plague, from which it derives its alternative name *Pesthuis* (plague house). Both places were established in 1610 for people who were too poor to afford a private doctor, but too sick to stay at home.<sup>66</sup> This focus differs tremendously from that of the private apothecary shops, which were focused on clients who were able to pay for their goods and which were not state-funded. The reputation of both hospitals was lacking, but the *Buitengasthuis* was worst off. Before 1742, it did not employ its own doctors or surgeons and had to ask the *Binnengasthuis* to send theirs when

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58. Annet Mooij, *De polsslag van de stad. 350 jaar academische geneeskunde in Amsterdam* (Amsterdam: De Arbeiderspers, 1999), 35–65; A. J. M. Brouwer Ancher, “Oude ordonnantiën betreffende Genees-, Heel- en Verloskundigen, Apothekers, Kwakzalvers enz.,” *Nederlands Tijdschrift voor Geneeskunde* 25 (1899): 1183–86, <https://www.ntvg.nl/artikelen/oude-ordonnanti%C3%ABn-betreffende-genees-heel-en-verloskundigen-apothekers-kwakzalvers-enz>; Maarten Prak and Lidewij Hesselink, “Stad van gevestigden 1650–1730,” in *Geschiedenis van Amsterdam, vol. II-2: Zelfbewuste Stadstaat, 1650–1813*, ed. Willem Frijhoff and Maarten Prak (Amsterdam: Sun Uitgeverij, 2005), 116–29. About the overlap between the fields of the apothecary and the doctor in the seventeenth and eighteenth century, see M. A. van Andel, “Praktizeerende Apothekers in de 17de en 18de Eeuw,” *Nederlands Tijdschrift voor Geneeskunde* 60 (March 1916): 1330–37, <https://www.ntvg.nl/artikelen/praktizeerende-apothekers-de-17de-en-18de-eeuw>. For the tension between doctors and surgeons, see Mooij, *Polsslag*, 105–12. For more about other prevalent groups of medical practitioners, such as the swindlers or plague doctors, see *ibid.*, 46–49.

59. J.G. van Dillen, *Bronnen tot de Geschiedenis van het Bedrijfsleven en Gildewezen van Amsterdam: Eerste deel* (Den Haag: Martinus Nijhoff, 1929), 29–30, <http://resources.huygens.knaw.nl/retroboeken/gildewezen/>.

60. D. A. Wittop Koning, *De Oude Apotheek* (Delft: Mycofarm, 1966), 48–53.

61. D. A. Wittop Koning, “De voorgeschiedenis van het Collegium Medicum te Amsterdam,” *Jaarboek Amstelodamum* 41 (1947): 58, <https://www.amstelodamum.nl/archief-overzicht/>.

62. P. H. Brans, “Gilden in België, Nederland en Luxemburg, waartoe apothekers hebben behoord,” *Bulletin van de Kring voor de Geschiedenis van de Pharmacie in Benelux* 9 (September 1954): 6–7, <https://www.kringbenelux.eu/publicaties/bulletin-9>.

63. Brouwer Ancher, “Oude ordonnantiën,” 1174.

64. I. Commelijn, “Vierde Boek: Van alle de Stats Oude, en Nieuwe Gebouwen,” in *Beschryvinge van Amsterdam, Haar eerste oorspronk wyt den Huyze der Heeren van Aemstel en Aemstellant; Met een Verhaal van haar Leven en dappere Krijgsdaden . . . tot in den Jare 1691. toe, is voorgevallen* (Amsterdam: Marcus Willemsz. Doorninck, 1665), 197–98, <https://books.google.nl/books?id=kHxjAAAAcAAJ>.

65. Brouwer Ancher, “Oude ordonnantiën,” 1183.

66. Prak and Hesselink, “Gevestigden,” 130–33; Mooij, *Polsslag*, 49–57; D. A. Wittop Koning, *Compendium voor de geschiedenis van de pharmacie van Nederland* (Lochem: De Tijdstroom, 1986), 113.

necessary.<sup>67</sup> Besides these two public hospitals, there were several other public institutions for the poor, such as the medical care that was arranged via churches.<sup>68</sup> Many of these institutions for public healthcare had their own apothecaries. The *Buitengasthuis*, however, did not have an apothecary until 1799 and again relied upon the *Binnengasthuis*.<sup>69</sup>

Aside from the private business of the general apothecary shops and the state-funded medical services for the needy, there was also the delivery of medicinal compounds for the overseas voyages. Medicinal compounds on behalf of the Admiralty of Amsterdam, the executive department which had general authority over the Dutch naval military affairs, were distributed by the *Binnengasthuis* from 1692 onwards.<sup>70</sup> This was an important client for the apothecary of this municipal hospital. By contrast, the Dutch East India Company had its own apothecary to deliver the medicines for the replenishment of the stocks on its merchant ships and for the colonies. This seems to have been the case from the early years of the company onwards: an instruction for the company's apothecary was already written in 1611.<sup>71</sup> At first, the workshop of this apothecary was located in the East India House, among the offices of the East India Company. In the eighteenth century, the workshop was relocated to the eastern docks of the city. Here, medicines were prepared, while the shop in the East India House was probably still in use as an office and to assemble the medical kits for the ships.<sup>72</sup> Whether the West India Company also had its own apothecary shop remains uncertain since there is very little information available about this topic. However, Wittop Koning has found somebody's best man in wedding who was registered as the apothecary of the West India Company.<sup>73</sup>

Finally, a special case of a public apothecary shop was the municipal pharmacy, called *stadsapothek*, which existed from 1692 until 1754. In the first half of the seventeenth century, medicinal compounds for the poor were financed by the city and distributed via both the hospital's pharmacy and private pharmacies. This changed in 1664, when the government of Amsterdam decided that all distribution of medicines to the poor was to be realised via the pharmacy of the *Binnengasthuis*.<sup>74</sup> Towards the end of the seventeenth century, the government introduced a new function: the *stadsapotheker* (municipal apothecary), who was tasked with this distribution from then on. This went on to be carried out from the municipal pharmacy.<sup>75</sup> Unlike the general private pharmacies, this shop was owned by the city of Amsterdam.<sup>76</sup> An illustration of such a municipal pharmacy is given in Fig. 4.2, which depicts the *stadsapothek* of Rotterdam.<sup>77</sup> In

67. G. Hellinga, "Buitengasthuis-apothekers," *Pharmaceutisch Weekblad* 63 (1926): 130–50, <https://www.pw.nl/archief/historisch-archief>; Mooij, *Polsslag*, 49–57, 157–62. For more about the hospitals and their reputation, see F. Tang and M. Wigard, *Amsterdamse gasthuizen vanaf de middeleeuwen* (Amsterdam: Amsterdam University Press, 1994). For the development of the hospitals in nineteenth century Amsterdam, see Mooij, *Polsslag*, 194–235.

68. Wittop Koning, *Compendium*, 116; Maarten Prak, "Stad van tegenstellingen 1730–1795," in *Geschiedenis van Amsterdam, vol. II-2: Zelfbewuste Stadstaat, 1650–1813*, ed. Willem Frijhoff and Maarten Prak (Nijmegen: Sun Uitgeverij, 2005), 293–98.

69. Hellinga, "Buitengasthuis-apothekers," 130–50; Wittop Koning, *Compendium*, 113. For more about the apothecaries of the hospitals, see G. Hellinga, "Amsterdamsche Gasthuis-apothekers," *Pharmaceutisch Weekblad* 59 (1922): 952–64.

70. P. H. Brans, "De geneesmiddelenvoorziening bij de admiraliteit en bij de Oost-Indische Compagnie," *Bulletin van de Kring voor de Geschiedenis van de Pharmacie in Benelux* 31 (November 1963): 14, <https://www.kringbenelux.eu/publicaties/bulletin-31>.

71. *Ibid.*, 15.

72. Jarzy Gawronski, *De Equipage van de Hollandia en de Amsterdam: VOC-bedrijvigheid in 18de-eeuws Amsterdam* (Amsterdam: De Bataafsche Leeuw, 1996), 101.

73. D. A. Wittop Koning, *De Handel in Geneesmiddelen te Amsterdam tot Omstreeks 1637* (Purmerend: Muusses, 1942), 129.

74. G. Hellinga, "De Amsterdamsche Stadsapothekers (1692–1754)," *Pharmaceutisch Weekblad* 82 (1947): 47, <https://www.pw.nl/archief/historisch-archief>.

75. *Ibid.*, 47–51. Hellinga also reproduces the instructions for the *stadsapotheker* and he addresses the individual apothecaries that worked in the city's pharmacy.

76. Wittop Koning, *Compendium*, 117.

77. J.C. d'Armand Gerkens after L.A. Vintcent, "A group of people standing outside an apothecary shop in Rotterdam," ca. 1832, lithograph, 18.1 × 24.2 cm, Wellcome Collection, London, accessed January 20, 2020,



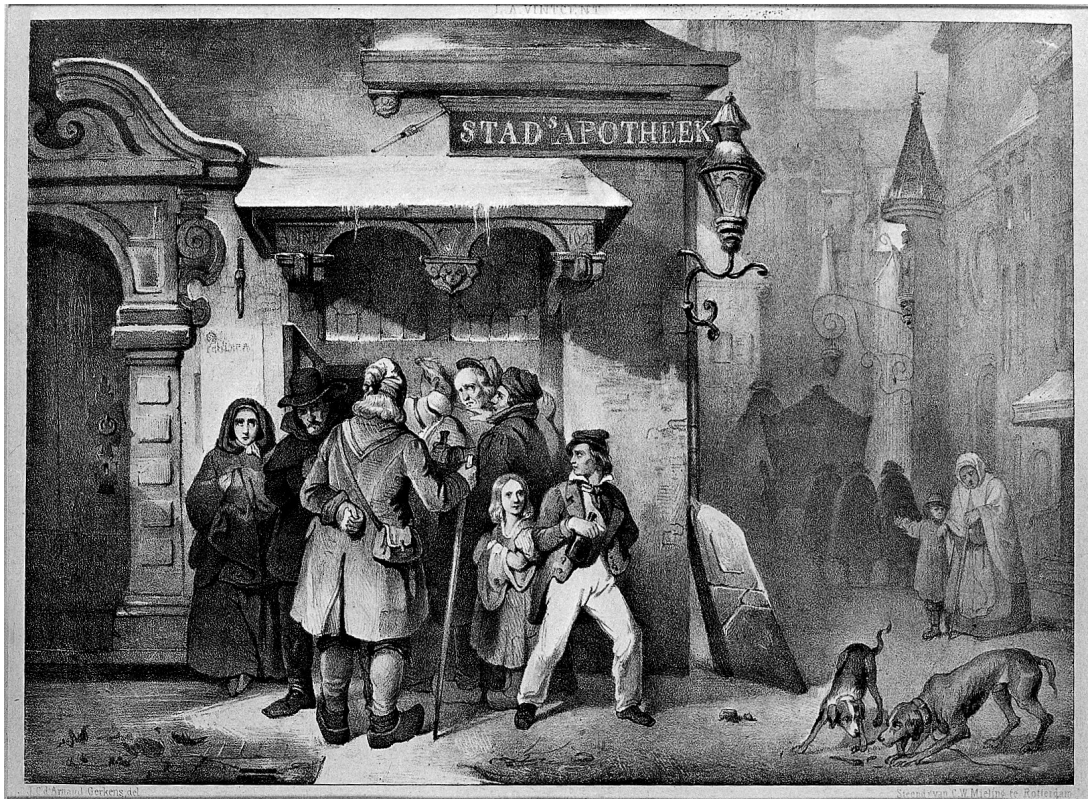


Figure 4.2: A group of people standing outside an apothecary shop in Rotterdam. Created by J.C. d'Armand Gerkens after L.A. Vincent [c.1832]. From Wellcome Collection. [url-https://wellcomecollection.org/works/sr4wrwje](https://wellcomecollection.org/works/sr4wrwje).

1754 the building in which the municipal pharmacy of Amsterdam was situated was reassigned to the postal service. As a result, this apothecary shop was merged with the pharmacy of the *Binnengasthuis*.<sup>78</sup>

In this research, the primary focus is on the private apothecary shops. The apothecary shops of the municipal hospitals and other public institutions will not be discussed in further detail, since any sources which may shed light on their public function and the possibility of consumption within them fall firmly outside of the scope of this research. An exception is the city's municipal pharmacy; we will see that this shop was in many regards different from the private shops and that it served a more representational function.

[urlhttps://wellcomecollection.org/works/sr4wrwje](https://wellcomecollection.org/works/sr4wrwje).

78. Hellinga, "Stadsapothekers," 50–51.



## 5 Exploratory theme 1: Finding the apothecary shop

### 5.1 Location

In section 4.2, we observed that the location pattern of shops in early modern Amsterdam corresponded broadly with the theory that in general, shops for daily necessities were spread out over the city whereas shops for luxuries were concentrated in the shopping streets. In this section, we will analyse the locations of apothecary shops in light of this theory. What do the locations of the early modern pharmacies reveal about the type of shop they were? This is hard to predict in advance. On the one hand, it is not unlikely for the location pattern to indicate that pharmacies were of the same shop type as vendors of luxuries such as beds, linen and books. After all, the apothecary sold luxury products such as bezoar stones, which were relatively durable and could be very expensive. Indeed, Lesger also categorises apothecary shops as shops for durables and other luxury goods.<sup>1</sup> On the other hand, people fell ill regularly and many medicinal compounds that were sold by the apothecary could be regarded as frequently needed goods. If the location pattern turns out to be similar to that of sellers of daily necessities, we may assume that these shops were indeed attended frequently. This also makes it more likely for apothecary shops to have been a place where people came to socialise and to consume the apothecary's wares recreationally.

The digital database – listing all known apothecaries who worked in Amsterdam between 1600 and 1850 – that was constructed for this study shows that the 1164 apothecary shops that were found to exist in the sixteenth until the end of the nineteenth century were spread over 174 different streets of Amsterdam. The ten streets which contained the largest number of apothecary shops can be found in Table 5.1.<sup>2</sup> It immediately stands out that almost all of these streets were important locations for shops in Amsterdam. Nieuwendijk, Warmoesstraat and Kalverstraat were main shopping streets, together with Dam, Damrak, Rokin, and Nes.<sup>3</sup> The four main canals – Singel, Herengracht, Keizersgracht, and Prinsengracht – housed the wealthy. Oudezijds Voorburgwal is a smaller canal within the city's centre, and Haarlemmerdijk and Utrechtsestraat were busy radial streets which connected two of the city's gates with the city centre. The finding that only a maximum of 6.3% of the total number of apothecary shops was located in the same street, and that the shops were spread over no fewer than 174 different streets indicates that apothecary shops were rather spread out over the city. In this respect, they are more similar to the shops for consumables than the shops for durables.

Unfortunately, this table and its underlying database do not provide insight into changes over time. After all, it is theoretically possible that the Prinsengracht was very popular for a few decades, but abandoned by apothecaries in the next. Disappointingly, an attempt to make a rough division of the apothecaries into different time periods failed. For some apothecaries, we know for certain that they were keeping shop in a specific year, or we know the date of their graduation or death. However, the exact period in which a shop existed is rarely known and any approximation would be based on unsubstantiated assumptions. A precursory attempt was

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1. Lesger, *Winkellandschap*, 440–41. Meanwhile, grocers, grocer-apothecaries, and the specialised shops for intoxicants such as coffee and tobacco were categorised as shops for consumables and stimulants.

2. The percentages have not been corrected for street length. Readers who are unfamiliar with Amsterdam should know that the main canals were among the longest streets in Amsterdam.

3. Lesger, *Winkellandschap*, 94.

Street name	Street type	Number of pharmacies	Percentage of pharmacies
Prinsengracht	Main canal	73	6.3%
Herengracht	Main canal	55	4.7%
Nieuwendijk	Main shopping street	55	4.7%
Singel	Main canal	51	4.4%
Haarlemmerdijk	Radial street	48	4.1%
Warmoesstraat	Main shopping street	46	4.0%
Kalverstraat	Main shopping street	43	3.7%
Keizersgracht	Main canal	39	3.4%
Oudezijds Voorburgwal	Miscellaneous	27	2.3%
Utrechtsestraat	Radial street	24	2.1%
Other streets	-	164	60.4%
<b>Total: 174 streets</b>	-	<b>1164</b>	<b>100%</b>

Table 5.1: The number and percentage of apothecary shops per street from the sixteenth until the end of the nineteenth century.

made to approximate date ranges for a number of pharmacies, but the resulting estimations contained such a large degree of uncertainty that the data proved unworkable.

Fortunately, there is one year for which we do have relatively much information. In 1742, the provincial government charged a tax throughout Holland. Although the main purpose of the tax was to collect enough money to comply with financial obligations, the list with names and other personal data that was drawn up, called the *Personele Quotisatie*, proves to be very useful for historians because of its exact description of shops.<sup>4</sup> Among others, the list includes references to the location of the shops, which can be translated into modern addresses.<sup>5</sup> However, this source is not perfect either. The most significant drawback is that it is incomplete: only store owners with an annual income of 600 guilders or more are listed.<sup>6</sup> However, as Maarten Prak en Lidewij Hesselink pointed out, apothecaries generally made good money.<sup>7</sup> From the 120 apothecaries listed in the *Personele Quotisatie*, only seven belonged to the group with the lowest income whereas 57 earned 1,500 guilders per year or more, which was a decent income at the time. Therefore, it seems likely that apothecaries generally earned quite some money and that most of them will have been listed in the *Personele Quotisatie* of 1742.

Based on this list, 120 apothecary shops have been located, from which an overview of the distribution of apothecary shops over different streets in 1742 was created. Table 5.2 lists the streets that contained at least four apothecary shops. This table looks roughly similar to Table 5.1. The top three is made up of the same streets, and the same three main shopping streets are present in the list. All of the main canals still contain over 3% of the apothecary shops each, which may also be related to the canals being among the longest streets of Amsterdam. Apothecary shops are also still well represented in the Utrechtsestraat and in the Haarlemmerstraat, which is located in the extension of the Haarlemmerdijk. The shops are still scattered across many different streets as well: the 120 shops were spread over 68 streets and the highest concentration of apothecary shops in a street was 5.0%. Therefore, the analyses for apothecaries in 1742 appears to be more or less representative of the location pattern of apothecaries in the overall period of research.

It is useful to compare the degree of distribution of pharmacies over multiple streets to that

4. Oldewelt, *Kohier*.

5. I thank Peter van den Hooff for providing me with an overview of the apothecaries that were mentioned in the *Personele Quotisatie* and for figuring out their addresses.

6. Lesger, *Winkellandschap*, 133.

7. Prak and Hesselink, "Gevestigden," 121.

Street name	Street type	Number of pharmacies	Percentage of pharmacies
Herengracht	Main canal	6	5.0%
Nieuwendijk	Main shopping street	5	4.2%
Prinsengracht	Main canal	5	4.2%
Haarlemmerstraat	Radial street	4	3.3%
Kalverstraat	Main shopping street	4	3.3%
Keizersgracht	Main canal	4	3.3%
Singel	Main canal	4	3.3%
Utrechtsestraat	Radial street	4	3.3%
Warmoesstraat	Main shopping street	4	3.3%
Other streets	-	80	66.7%
<b>Total: 68 streets</b>	-	<b>120</b>	<b>100%</b>

Table 5.2: The number and percentage of apothecary shops per street in 1742.

of other shops in 1742. This is made possible by using the overview Lesger provides of the distributions of shops, both for daily necessities and for durables.<sup>8</sup> Like the apothecary's branch, all of the branches analysed by Lesger had their highest concentration of shops in a main shopping street or alongside a main canal. For the shops for daily necessities – bakeries and tobacco shops – there was a maximum concentration of respectively 3.1% and 4.2% in one street. This number was much higher for the durable goods: between 10.1% and 44.4% of the shops from a specific branch could be found in the same street. At 5.0%, the apothecary shops more closely resemble the shops for consumables.

A more detailed comparison of the location pattern of apothecary shops to that of shops for daily necessities can be made by classifying the apothecary shops from 1742 according to the different areas of Amsterdam, see Table 5.3. This classification was introduced by Lesger, who used it to analyse the location pattern of so-called *komenijen*, shops which sold goods such as bacon, ham, butter, candles, beer, beans, flour, and other daily wares.<sup>9</sup> To gain insight in their location pattern, Lesger used the records of the guild of which keepers of *komenijen* were obliged to be a member. This rule was re-enforced by a decree in 1752, which resulted in many new registrations of members for the guild.<sup>10</sup> The percentage of the *komenijen* that could be found in each area is included in the second column of the table. These shops clearly belong to the category of vendors of daily necessities. For reference, the distribution of the population over these areas is included in the third column. This information allows the derivation of the ratio of pharmacies and *komenijen* in each area compared to the number of inhabitants. An overview of the percentages and ratios is also depicted in Fig. 5.1.

When we compare the relative distributions of the pharmacies and the *komenijen* over the different areas of Amsterdam in Fig. 5.1a, some remarkable differences become apparent. More than half of the pharmacies could be found in the city centre and the north-western and southern canals. Although there was no clear segregation of rich and poor within Amsterdam – both good and bad streets could be found in each neighbourhood – the city centre and the south-west part of the canals can generally be regarded as the wealthiest areas.<sup>11</sup> By contrast, the Jordaan, which housed many apothecary shops as well, generally housed poor people in the eighteenth

8. Lesger, *Winkellandschap*, 137.

9. Lesger, *Winkellandschap*, 135–36; Lennep and Gouw, *Uithangteekens*, 116–17. For a map showing the applied classification, see Clé Lesger, “Migranten in Amsterdam in de achttiende eeuw. Residentiële spreiding en positie in de samenleving,” *Jaarboek Amstelodamum* 89 (1997): 45, [https://amstelodamum-archief.nl/resources/1997\\_jb\\_89.pdf](https://amstelodamum-archief.nl/resources/1997_jb_89.pdf).

10. Lesger, *Winkellandschap*, 135–36. Presumably, the number of shopkeepers in the Waterlooplein area was actually higher since this area housed many Jews, who were not allowed to join the guild.

11. Prak, “Tegenstellingen,” 268–69.

Area	% Pharmacies 1742 (a)	% Komenij 1752 (b)	% Population 1795 (c)	Ratio pharmacies (a/c)	Ratio komenij (b/c)
City centre, old part	12.5%	7.4%	8.3%	1.51	0.89
City centre, new part	13.3%	4.8%	10.0%	1.33	0.48
Canals, north-west	18.3%	4.4%	6.9%	2.66	0.64
Canals, south	13.3%	2.1%	4.8%	2.78	0.44
Canals, south-east	1.7%	2.3%	3.6%	0.46	0.64
Noordse Bos	0.8%	6.2%	8.1%	0.10	0.77
Plantage	0.0%	0.5%	0.5%	0.00	1.00
Waterlooplein area	5.0%	4.8%	8.8%	0.57	0.55
Rembrandtplein area	2.5%	3.7%	2.8%	0.89	1.32
Lastage	8.3%	7.4%	6.2%	1.34	1.19
Jordan	14.2%	27.9%	24.8%	0.57	1.13
Westelijke Eilanden	6.7%	7.6%	6.1%	1.09	1.25
Oostelijke Eilanden	2.5%	13.6%	6.9%	0.36	1.97
Miscellaneous	0.8%	6.2%	-	-	-
Outside the city	0.0%	0.7%	2.2%	-	-
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	-	-
<b>Total number</b>	<b>120</b>	<b>433</b>	<b>217,024</b>	-	-

Table 5.3: Classification of apothecary shops in 1742 according to the area of Amsterdam. The data about the komenij shops in 1752 and the population in 1795 was derived from Clé Lesger, *Het winkellandschap van Amsterdam: Stedelijke structuur en winkelbedrijf in de vroegmoderne en moderne tijd, 1550–2000* (Hilversum: Verloren, 2013), 136.

century.<sup>12</sup> However, since this area was by far the most densely populated, the large number of pharmacies there is not too surprising. In Fig. 5.1b, we see that the ratio of these shops in the Jordaan was indeed not that high at all. Yet, it is high for the wealthy areas, especially when compared to the *komenijen*. In contrast, the highest concentrations of these shops for daily wares could be found in the Jordaan and the Oostelijke Eilanden, which were the worst areas of Amsterdam at that time.

This figure also clearly shows that the *komenijen* were more evenly distributed over the different areas than the apothecary shops. The concentration of the pharmacies in the better areas, which is still clearly visible after correction for population, is reminiscent of the location pattern of shops for durables. These shops were also primarily found in attractive areas, such as the shopping streets in the city centre. Unfortunately, Lesger does not provide us with a similar overview of the distribution of shops for luxuries over the different areas. Yet, the comparison between pharmacies and *komenijen* shows that, although the highest percentage of pharmacies in one street was found to be more similar to that of shops for consumables than that of durables, we would be remiss to conclude that pharmacies are of this type, since their distribution pattern over different areas shows significant differences. All in all, apothecary shops do not seem to clearly belong to either one of these two types of shops.

This is confirmed by maps showing the distribution of different types of shops over the city. Figure 5.2 clearly illustrates the difference in location patterns for shops selling consumables (a) and durables (b).<sup>13</sup> The number of bakeries is much larger and these shops are spread all over the city, while the shops for beds are clustered around the Noordermarkt and the Nieuwmarkt and in the Nieuwendijk. These distribution patterns can be compared to the spread

12. Prak, “Tegenstellingen,” 268–69.

13. Fig. 5.2a and b: Maps of the location of bakeries and bed shops in Amsterdam, 1742 and 1777–1795, in Lesger, *Winkellandschap*, 134, 144, respectively Fig. 5.1 and 5.3.

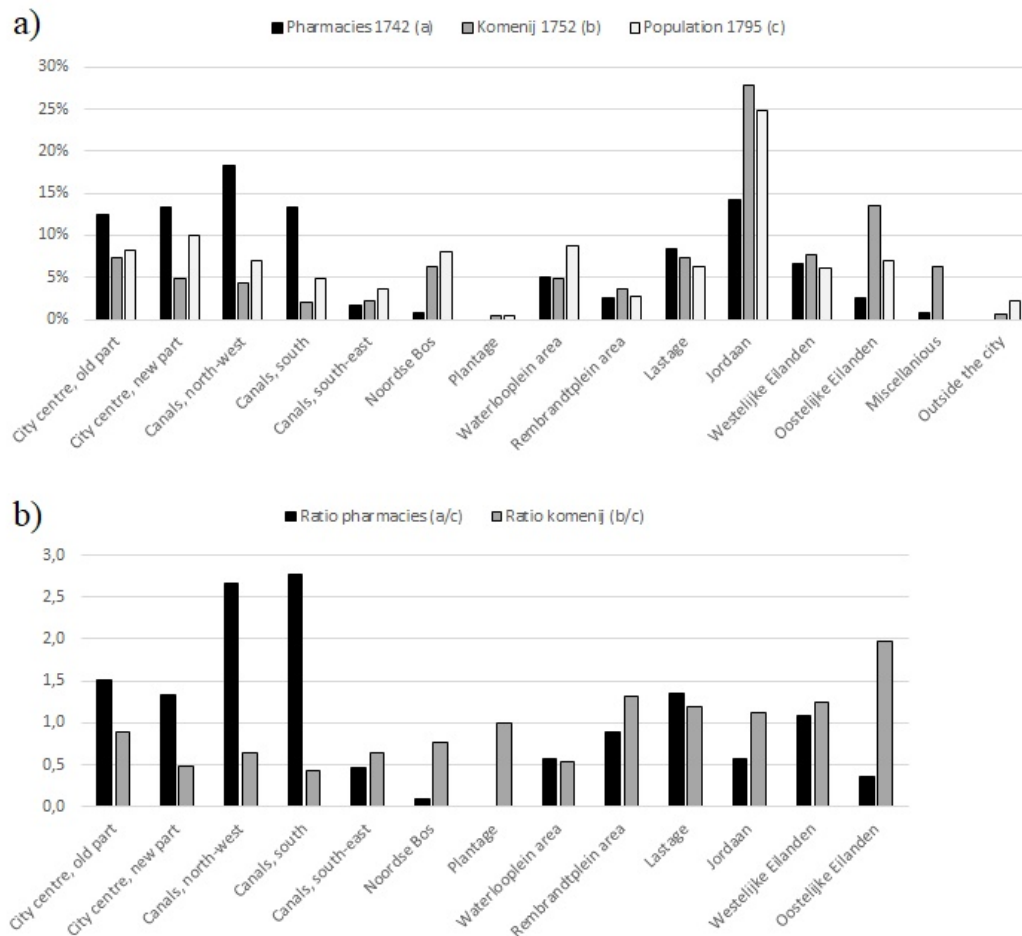


Figure 5.1: a) Geographic distribution of pharmacies (1742), *kosterijen* (1752) and population (1795) over areas in Amsterdam. b) Geographic distribution of pharmacies (1742) and *kosterijen* (1752) over areas in Amsterdam, relative to the population (1795).

of apothecary shops using the map that is shown in Fig. 5.2c. This insightful map constitutes the first visual overview of apothecary shops in early modern Amsterdam.<sup>14</sup> The comparison of this map to those for bakeries (a) and bed shops (b) reveals that, again, the pharmacies bear most resemblance to the bakeries, yet have considerable differences from this type of shop as well. Although the apothecary shops are clearly not as clustered as the bed shops, they are not as widely scattered across the city as the bakeries either. Remarkably, the bakeries are much better represented in the periphery of the city. In the Jordaan, the pharmacies generally remain on the eastern side, and in the Noordse Bos, they are close to absent. Similarly, there are fewer apothecary shops on the edge of the south-eastern canals, and on both the Oostelijke Eilanden and Westelijke Eilanden. Besides these important differences, the situation in the city centre and the northwestern canals seems to have been quite comparable. Both bakeries and apothecary shops were mainly found in the radial streets in the canals, and they were scattered all over the centre.

14. The geolocation and visualisation of the apothecaries was performed using Google Earth Pro and QGIS. The underlying map on which the addresses are plotted was created by Gerrit de Broen in 1724 and its tile was provided by Edward Mac Gillavry (Webmapper) and Menno den Engelse (Islands of Meaning), and it was hosted by CLARIAH via the Amsterdam Time Machine, <https://tiles.amsterdamtimemachine.nl/#16/52.3691/4.8935>. As mentioned before, the conversion of the location data in the *Personele Quotisatie* to modern addresses was graciously performed by Peter van den Hooff.



Figure 5.2: a) Map of the location of bakeries in Amsterdam, 1742. Reproduced from Clé Lesger, *Het winkellandschap van Amsterdam: Stedelijke structuur en winkelbedrijf in de vroegmoderne en moderne tijd, 1550–2000* (Hilversum: Verloren, 2013), 134, Fig. 5.1. b) Map of the location of bed shops in Amsterdam, 1742 and 1777–1795. The information for the period 1777–1795 was found in the archive of the Desolate Boedelkamer. Reproduced from Clé Lesger, *Het winkellandschap van Amsterdam: Stedelijke structuur en winkelbedrijf in de vroegmoderne en moderne tijd, 1550–2000* (Hilversum: Verloren, 2013), 144, Fig. 5.3. c) Map of the location of apothecary shops in Amsterdam, 1742. The location of the shops marked by a circle is known exactly; the location of the shops marked by a triangle is less accurate.



In conclusion, we find that, despite Lesger's categorisation of pharmacies as shops for durables and other goods, their location pattern was more similar to that of shops for consumables, such as bakeries and *komenijen*. However, the pharmacies were not quite as widely spread as the shops for daily necessities. The finding that apothecary shops prefer a monopoly position over clumping together in a few main streets implies that the visitors, the apothecary himself, or both benefited from the proximity of the shop to its clients. This means that the shops were visited regularly, or that the apothecary and his apprentices regularly visited the clients to drop off the ordered medicines. After all, without regular visits to or from people in the immediate neighbourhood, it would have made more sense for the apothecaries to establish their shops in a few main streets where people from all over the city found themselves occasionally. Yet, the differences in location patterns with bakeries and *komenijen* show that the apothecary shops were less common in the poorer areas and relatively better represented in the wealthier areas. This suggests that the apothecary's products were mainly intended for the better off. The people in the poorer areas, with few pharmacies, probably went to the municipal pharmacy, the market or to other stores to buy medicinal herbs and had limited access to the composited medicines that were only sold by apothecaries.

Now that we know where apothecary shops could be found in Amsterdam and what this says about the frequency with which people attended them, we can proceed to the discussion of the general look of these shops. What did potential customers see when they approached the shop? Was this frequently attended shop also an inviting place to spend leisure time?

## 5.2 Exterior design

To gain insight on the design of apothecary shops, multiple sources will be consulted. Textual inventories and advertisements form the starting point of this chapter, and they are supplemented by visual sources such as drawings and paintings and by museum objects from early modern Dutch apothecary shops. Before we start looking at these historical sources, however, it is useful to introduce them in greater detail, since their interpretation is complicated by several factors.

For museum objects, we should note that there is a bias in which items have been preserved over time. For example, we may expect that particularly beautiful items are relatively over-represented compared to plain items. After all, valuable objects are more exceptional and more likely to be saved throughout a long period of time. For drawings and paintings, this bias also plays a role, but more crucial is the adaptation of the depicted scene to suit the desires of the artist or his client. Many images depict an ideal rather than a realistic situation. This was also noted by Welch, who warns us that shops are often represented as well-organised and quiet places because the artists wanted to show that established stores were nothing like the noisy and crowded markets.<sup>15</sup> Moreover, individual objects often had a symbolic or aesthetic function.<sup>16</sup> Therefore, we should be careful when interpreting visualisations.

Inventories are rich sources when it comes to visualising shops. After all, they list everything present in someone's house, and, where it concerned a shopkeeper, what was present in the shop. Be that as it may, these rich sources can also present a myriad of problems. Depending on the reason behind the establishment of the inventory, on the time that had passed between the actual event – such as death or marriage – and the making of the inventory, on fashion, and on other individual circumstances, objects could be omitted from the list.<sup>17</sup> Moreover, consumables

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15. Welch, "Space and Spectacle," 132–32.

16. Th. F. Wijsenbeek-Olthuis, "Boedelinventarissen," in *Broncommentaren 2*, ed. B. M. A. de Vries et al. (Den Haag: Instituut voor Nederlandse Geschiedenis, 1995), 42, <http://resources.huygens.knaw.nl/broncommentaren>.

17. *Ibid.*, 41–46. There were many reasons for drawing up a list of one's belongings. One of the most common reasons was the death of someone who had underaged children. An official stock-taking, which was generally written down by a notary and backed up by witnesses, provided some guarantee that the heritage of the heirs would remain complete until they reached the legal age. It could also have a more practical function: it provided

and small items of trivial value were often left out of the appraisal, and the inventories of the shops were often noted on separate lists, which are not always traceable.<sup>18</sup> As a result of these influences, many inventory reports are incomplete. Yet another bias arises with respect to social status: having an inventory drawn up was primarily in fashion with the upper classes. There are only few lists that provide insight in the belongings of people from the poorest social groups.<sup>19</sup> Additionally, inventories do not describe fixed aspects of the house, such as wall decorations or roof beams.<sup>20</sup> These facts may lead to a misrepresentation and misinterpretation of the actual situation.

Finally, there is a problem concerning wording. Some words have acquired a new meaning or connotation over time, a fact that is easily overlooked.<sup>21</sup> For instance, multiple inventories that were consulted in this research made mention of a “*kapel*” or “*capel*”. Since the modern meaning of this word is chapel, one might easily be led to believe that the shops contained an area devoted to prayer – an interesting observation in relation to the social function of the shop. This interpretation appears to be furthered by the fact that some of the *kapellen* were described as containing statues. As it turns out, however, the word *kapel* was used to indicate something quite different in this context: it was a small cabinet which was used to store mortars and other objects, see Fig. 5.3.<sup>22</sup> Consequently, there is no reason to assume that people would come to the apothecary shop for prayer after all.

Because of all these complicating influences, we should be careful when interpreting inventories. Yet, as Wijsenbeek-Olthuis also concludes in her discussion of the use of inventories as historical sources, inventories are still useful as long as all the aforementioned flaws are taken into account.<sup>23</sup> After all, most of the lists were composed carefully and in an extraordinary level of detail. In this exploratory research, the picture that is painted in the inventories will also be assessed on the basis of other sources, such as visual representations of apothecary shops. By using such a mixed-methods approach, biases from specific sources can be kept to a minimum.

Before we discuss the interior of Amsterdam’s apothecary shops in the next theme, it will be useful to study their exterior. Let us start by taking a brief look at the real estate of the apothecary shop. As we saw in the historiography, the exterior of pharmacies in Stockholm played an important role in relation to their public function.<sup>24</sup> The only image found to depict an apothecary shop in Amsterdam as a whole, is *The Prinsengracht* from the second half of the eighteenth century, see Fig. 5.4.<sup>25</sup> The house on the left, with two people in the doorway,

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clarity and transparency and was just convenient for the inheritors. Other frequent reasons to draw up inventories were bankruptcy or marriages in which both sides contributed goods. In both these cases, inventories served as proof of ownership. Wijsenbeek-Olthuis, “Boedelinventarissen,” 5–6.

18. Weatherill, *Consumer Behaviour*, 203; Wijsenbeek-Olthuis, “Boedelinventarissen,” 7, 40.

19. Wijsenbeek-Olthuis, “Boedelinventarissen,” 7.

20. Margaret Spufford, “The Limitations of the Probate Inventory,” in *English Rural Society, 1500–1800: Essays in Honour of Joan Thirsk*, ed. John Chartres and David Hey (Cambridge: Cambridge University Press, 1990), 142, [https://books.google.nl/books?id=0oo8o8spo\\_UC](https://books.google.nl/books?id=0oo8o8spo_UC).

21. Wijsenbeek-Olthuis, “Boedelinventarissen,” 46.

22. Fig. 5.3a: “Toonbankopstand van een apotheek. Met 6 losse laadjes”, 1695–1705, walnut wood, 57 × 49 × 85 cm, Rijksmuseum Boerhaave Collectie Online, Leiden, accessed November 28, 2019, <http://mmb-web.adlibhosting.com/ais54/Details/collect/50496>. Fig. 5.3b: *Apotheker met echtgenote en knecht in zijn apotheek*, ca. 1650, oil paint on canvas, 101 × 134 cm, Swedish Society for the History of Pharmacy via RKDimages, Den Haag, accessed November 28, 2019, <https://rkd.nl/explore/images/106985>. The man to the left is the apothecary. Based on his clothing, we may assume that he was a member of the Collegium Medicum. Although the title indicates that the man to the right is the apothecary’s apprentice, his clothing is very different from apprentices in other images. It seems more likely that he is a fellow member of the Collegium Medicum, as was suggested by P. van der Wielen, “Nederlandsche Apotheek-Interieurs uit de 17de en 18de Eeuw,” *Pharmaceutisch Weekblad* 74, no. 51 (December 1937): 1629–31, <https://www.pw.nl/archief/historisch-archief>. The exact location of this painting is not known, but since Emanuel de Witte worked in Delft from 1641–1650 and in Amsterdam from 1652–1692, it is most likely painted in either one of these cities.

23. Wijsenbeek-Olthuis, “Boedelinventarissen,” 47.

24. Fors, “Medicine.”

25. Isaac Ouwater, *The Prinsengracht, Amsterdam*, 1782, oil on canvas, 45 × 57 cm, Toledo Museum of Art – Search the Collection, Toledo, accessed November 28, 2019, <http://emuseum.toledomuseum.org/objects/55308>.



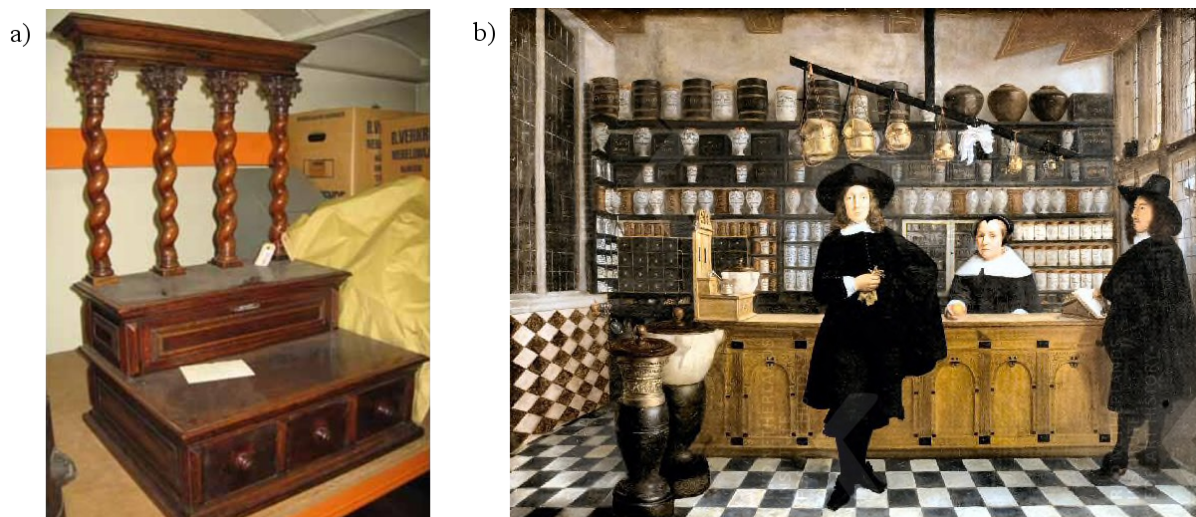


Figure 5.3: a) A so-called “*kapel*” which was placed on the counter in an apothecary shop [1695–1705]. From Rijksmuseum Boerhaave Collectie Online. <http://mmb-web.adlibhosting.com/ais54/Details/collect/50496>. b) Apothecary in his shop, with a “*kapel*” on the left side of the counter. Painting attributed to Emanuel de Witte [ca. 1650]. From RKDimages. <https://rkd.nl/explore/images/106985>.

is the apothecary shop.<sup>26</sup> This property does not look much different from the other houses in the street, and no other evidence was found to describe apothecary shops as standing out in their exterior design. Other images that show parts of the exterior design of apothecary shops in Amsterdam give the same impression. In this regard, nothing points at apothecaries in Amsterdam following the representative model that was found for Stockholm.

Besides the real estate, there are also items that were placed in front of the shop that can tell us something about the appearance of an apothecary shop. As Lesger described, the display of goods on the pavement outside the shop was common in Amsterdam, since business was often done in front of the shop instead of inside.<sup>27</sup> Three inventories confirm that this was also the case for apothecary shops. They list special racks that were intended for display in front of the shop or objects that belonged in window openings. Although only three out of 37 inventories mention goods which were specifically intended for display, it is not unreasonable to assume that other shops also placed wares on their pavements and hung goods on their awnings. After all, the fact that an apothecary did not possess specific racks for outside display does not mean that he did not place goods outside: they often hung on the awning, which is part of the real estate. Moreover, for the purpose of the inventory, it did not really matter whether specific goods were normally displayed inside or outside of the shop. Images, however, do not show any outside display of goods for sale. Yet, almost all of these pictures also depict the rest of the street as being clean and empty. Since this is clearly an idealisation of reality, the omission of outside wares might be unrealistic as well. Then again, almost all depictions show the apothecary shop from the inside. The great prominence of the counter in the centre of the shop also implies that at least a reasonable part of the apothecary’s trade took place there, rather than outside or through an open window. This is not too surprising when we take into account that the apothecary spent much of his time preparing medicines inside the shop, and that he was not just selling ready-made goods but also preparing medicines by request. Thus, after combining these sources, we are left with the impression that there may have been goods for display in front of the apothecary shop, but that the business mainly took place inside. This appears to

26. According to the Toledo Museum of Art, this apothecary shop has been identified as owned by Bouvy and Son. Bouvy was probably the commissioner of this painting, and the painting has remained in his family until 1940.

27. Lesger, *Winkellandschap*, 49–51, 106–9, 157.



Figure 5.4: The Prinsengracht in Amsterdam. Isaac Ouwater [1782]. From Toledo Museum of Art – Search the Collection. <http://emuseum.toledomuseum.org/objects/55308>.

have held true throughout the entire early modern period.

Regardless of the uncertainty about the presence of goods for display on or above the pavement, we can be certain that furnaces were often found in front of the shop. There are three inventories that mention furnaces or coal boxes standing here, and this practice is confirmed by three images. Fig. 5.5a was made in 1694 by Jan Luyken, who lived and worked in Amsterdam at that time.<sup>28</sup> Since this picture was published in a book with images and short verses about many seventeenth century tradecrafts, the picture probably reflects Luyken's idea of a stereotypical apothecary. In 1767, a book by Luyken was published posthumously for which Cornelis van Noorde created the images in Luyken's style. His image of an apothecary, as shown in Fig. 5.5b, is indeed similar to Luyken's.<sup>29</sup> The main difference is that the apothecary is facing his shop instead of the street. The style of the last image which shows the apothecary outside of his shop is quite different, see Fig. 5.5c.<sup>30</sup> This image shows a typical activity in April: April Fools. Here, it is not the apothecary who is stirring in a pan, but presumably an apprentice. Also note that all three images show plants standing on windowsills, but no display of goods

28. Jan Luyken, *De apoteeker*, 1694, paper, 12.26 × 10.3 cm, Amsterdam Museum Collectie Online Research, Amsterdam, accessed November 28, 2019, <http://hdl.handle.net/11259/collection.56022>. Originally published in Johannes Luiken and Caspaares Luiken, *Het Menselyk Bedryf, Vertoond in 100 Verbeeldingen van Ambachten, Konsten, Hanteeringen en Bedryven met Versen* (Amsterdam, 1694), 46.

29. Cornelis van Noorde, *D'Apotheek*, 1767, paper, 10.74 × 9.51 cm, Amsterdam Museum Collectie Online Research, Amsterdam, accessed November 28, 2019, <http://hdl.handle.net/11259/collection.56295>. Originally published in Jan Luyken, *Overvloeijend herte*, fig. VI (Haarlem: Christoph Henrich Bohn, 1767), 22, [https://books.google.nl/books?id=gzhz3WMv\\_IsC](https://books.google.nl/books?id=gzhz3WMv_IsC).

30. Jacobus Buys, *De maand april (Aprilgrap)*, 1772, grey pen and coloured pencil on paper, 23.9 × 28 cm, Sotheby's (New York City) via RKDimages, Den Haag, accessed November 28, 2019, <https://rkd.nl/explore/images/67940>.





Figure 5.5: Depictions of apothecaries or their apprentices using their furnace in front of their shop. a) Created by Jan Luyken [1694]. From Amsterdam Museum Collectie Online Research. <http://hdl.handle.net/11259/collection.56022>. b) Created by Cornelis van Noorde [1767]. From Amsterdam Museum Collectie Online Research. <http://hdl.handle.net/11259/collection.56295>. c) Created by Jacobus Buys [1772]. From RKDimages. <https://rkd.nl/explore/images/67940>.

that were for sale.

The fact that these images show stereotypes implies that it was not uncommon for apothecaries to be seen outside of their shops, stirring a pan with ingredients. These sources, including the inventories, date from 1694 to 1799. So, we can reasonably deduce that the apothecary or his apprentice could regularly be seen on their pavements in the eighteenth century. This indicates that just like for other shops, the pavement was an important area for making contact with passers-by. In many cases, the first contact with the apothecary and his wares would be outside of the shop, before actually entering it.

Other items intended for outdoor use are signs; multiple inventories list one or more of them. Interestingly enough, while only nine out of 37 inventories of apothecary shops mention a sign, twelve out of 20 drug store inventories list one.<sup>31</sup> This implies that having a sign was more common for drug stores than it was for apothecary shops. Lesger poses that in general, one might assume that sellers of luxuries and durables were in greater need of signs.<sup>32</sup> After all, they needed to draw the attention of possible customers in a highly competitive area. Following this theory, one would say drug stores may have been in a more competitive environment than apothecary shops. However, there is no clear difference between the locations of the shops of which an inventory was found. Drug stores, too, were found both in the city centre and in the surrounding neighbourhoods, and the shops in the main streets did not have more signboards than those in less popular streets. Another influence that may explain the difference and the relatively low number of apothecary shops that had signs is the engraving or painting of the property itself and the use of stone bas-reliefs as signs in the facade.<sup>33</sup> An example of such a fixed sign can be seen in Fig. 5.5c. Since these belonged to the real estate, they would not have been listed in an inventory.

The signs that were mentioned in inventories were either signboards, deer antlers, or the typically Dutch *gapers*. These can also be found in paintings, drawings and engravings. For example, in Fig. 5.5b, we can clearly see such a sign and there are two deer antlers below the window.<sup>34</sup> Deer antlers were used as signs by apothecaries because of their usage as medicinal ingredients. Among others, the horn's shavings were used as ingredients for medicines against

31. The inventories of drug stores were found using the same approach as described for the inventories of apothecary shops.

32. Lesger, *Winkellandschap*, 114.

33. Lennep and Gouw, *Uithangteekens*, 67. See also Lesger, *Winkellandschap*, 116, 162 and accompanying footnote 45 of p. 162.

34. For another example of a signboard, see *Iron shop sign "APOTHEEK / PHARMACY"*, 1700–1800, from Rijksmuseum Boerhaave Collectie Online, <http://mmb-web.adlibhosting.com/ais54/Details/collect/11615>.

dysentery, loss of blood, and poisoning, and they were believed to restore strength.<sup>35</sup> Besides this medical function, their interesting shape may have played a role in the use of these objects as signs to draw attention. The same goes for the teeth of sawfishes, which were also commonly used as signs, even though they did not have a medical function.<sup>36</sup> Unlike deer horn, sawfish teeth have not been found in the inventories. However, it is evident from paintings and museum objects that they were used as signs for apothecary shops too. See for example Fig. 5.6.<sup>37</sup> The



Figure 5.6: a) Specimen of tooth of sawfish [1825–1925]. From Rijksmuseum Boerhaave Collectie Online. <http://mmb-web.adlibhosting.com/ais54/Details/collect/12936>. b) An apothecary shop in Amsterdam [1840–1860]. From Amsterdam Museum Collectie Online Research. <http://hdl.handle.net/11259/collection.39196>.

end of the tooth in Fig. 5.6a is pierced, which indicates that this specimen may have been attached to a wall or roof beam. This practice is also depicted in the painting of an apothecary

35. Nicolaes Lemery, *Woordenboek of Algemeene Verhandeling der Enkele Droogeryen*, trans. C. V. Putten and Isaäc de Witt (Rotterdam: Jan Daniel Beman, 1743), 173–74.

36. “De Zaagvstand,” Centrum voor Farmaceutisch Erfgoed, accessed January 8, 2020, <https://farmaceutisch-erfgoed.wordpress.com/2015/07/06/de-zaagvstand/>.

37. Fig. 5.6a: “Specimen tooth of sawfish,” 1825–1925, 12 × 3.5 × 99 cm, Rijksmuseum Boerhaave Collectie Online, Leiden, accessed November 28, 2019, <http://mmb-web.adlibhosting.com/ais54/Details/collect/12936>. Fig. 5.6b: *De Apotheek van Leendertsz, later Bolkestein*, 1840–1860, panel, 56.5 × 31 cm, Amsterdam Museum Collectie Online Research, Amsterdam, accessed November 28, 2019, <http://hdl.handle.net/11259/collection.39196>.

shop in the Leidsestraat in Amsterdam around 1850, shown in Fig. 5.6b, where two of these sawfish signs were attached to the wall on both sides of the door. The *gaper* is also visible in this image, above the left sawfish tooth.<sup>38</sup> While the apothecary's inventories show that signs were in use from 1693 up until 1800, this image shows that such signs have been used in the first half of the nineteenth century as well.

In summary, there are a few things we have learned from the inventories and visual sources thus far. In many cases, the first things potential customers would be confronted with were signs or merchandise that was on display on the awning or elsewhere in front of the shop. Typically, the apothecary or his apprentice could also be found in front of the shop when they were using the furnace to prepare medicine. Looking at these findings, it becomes apparent that inventories offer a valuable contribution to our understanding of apothecary shops in general. This will again become evident in the next theme, when we analyse the interior of early modern apothecary shops and discuss the items that could be found within them.

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38. This specific *gaper* has also been preserved, see "*Gaper*" with top hat. [1850–1899]. From Amsterdam Museum Collectie Online Research. <http://hdl.handle.net/11259/collection.23547>. For more about this *gaper* and *gapers* in the Netherlands in general, see *De Gapergalerij. Eeuwenoude Gapers uit heel Nederland* in the Nationaal Farmaceutisch Museum, <https://www.nationaalfarmaceutischmuseum.nl/exposities/gapergalerij>.

## 6 Exploratory theme 2: Entering the apothecary shop

### 6.1 Reputation

Aside from the location and design of a shop, the reputation of a shopkeeper was an important factor in whether or not one would like to spend time there, and thereby whether or not this place was suitable for attracting sociability. How did customers feel about being seen in the apothecary shop? To answer this question, contemporary literary sources were studied.<sup>1</sup> Since these texts do not appear to indicate a change in the reputation of apothecaries over time, the following section is not structured chronologically but based on the content and author of the text.

In the case of Italy, we know that apothecaries had an excellent reputation and were highly respected.<sup>2</sup> But what of apothecaries in Amsterdam? Wittop Koning has claimed that the social position of Dutch apothecaries in history was rather good. However, he bases this claim on his findings of nine apothecaries in total: one who was a member of a highly regarded brotherhood in the fifteenth century, five who were members of the city council of The Hague during the sixteenth century, and three who served as mayor in Maastricht (1420), Bolsward (born in 1599) and The Hague (1648).<sup>3</sup> Unfortunately, he does not provide examples for Amsterdam or for later periods. It would therefore be inappropriate to jump to conclusions about the social standing of apothecaries in Amsterdam between 1600 and 1850 based on these sources. In fact, the primary texts consulted in this study seem to indicate that the reputation of apothecaries was actually rather bad. Much like pharmacists in England, which have been described by Wallis, Amsterdam's apothecaries had to deal with a fair amount of mistrust.<sup>4</sup>

One source which underlines the bad reputation of the apothecaries in a particularly expressive manner is *De Klucht van Oene*, a farce from 1646. In this short and embellished comic play, Oene recounts his dream about Hell, in which he saw the terrible punishment of many professional frauds: bakers who lie about the weight of their bread, cooks who sell cats and dogs as hares and rabbits, and innkeepers who mix their beer with water. About apothecaries, doctors and barbers, he says that they are with so many that the demons are afraid they will kill everyone in Hell. After all, there are no greater tormentors or murderers in the world than the medical practitioners. By way of punishment, the apothecaries are crushed in a mortar until they start to stink, upon which their dust is mixed with urine and given to the doctors to drink.<sup>5</sup>

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1. A useful source which may provide additional insight in the reputation of apothecaries is the archive with notarial deeds. Unfortunately, insufficient time was available to me to pursue this avenue of research, and no relevant material with regard to the apothecaries' reputation came up while exploring the notarial archive for other purposes within this research.

2. Fors, "Medicine," 481, who refers to Harold J. Cook, *Matters of Exchange: Commerce, Medicine, and Science in the Dutch Golden Age* (New Haven, CT: Yale University Press, 2007), 31; Edward Kremers and George Urdang, *History of Pharmacy: A Guide and a Survey* (Philadelphia: Lippincott, 1951), 72.

3. Wittop Koning, *Compendium*, 186.

4. Wallis, "Consumption," 41–43.

5. Original text: "De Docters end' Aptekers en Barbiers / komen'er met zulke groote hoopen / Dat de Duyvels dickwils vreezen datze den Hel noch of zelle loopen/ En vermoorden al wat'er is / tot in de diepste kolk: Want daer bin gien groter beuls / noch gien mier moordenaers inde werelt as dat volk. D'Aptekers worden'er zoo lang in ien Vijzel estampt datze beginnen te stincken; Dan geeftmer 't stof / mit mensche mieg emengt / aen de Doctoren te drinken." Jan Vos, *Toneelwerken*, ed. W. J. C. Buitendijk (Assen/Amsterdam: Van Gorcum, 1975), 297, [https://www.dbnl.org/tekst/vos\\_002wjcb01\\_01/](https://www.dbnl.org/tekst/vos_002wjcb01_01/).

Besides this rather extreme example, there are quite a few texts that refer to apothecaries as ill-favoured people in a more moderate way. For instance, there is a poem from 1669 in which apothecaries are compared to emperor Vespasian, who accumulated incalculable wealth by charging taxes on the disposal of urine. Pharmacists are accused of making money by selling daily ingredients or even worthless compounds for unreasonably high prices:<sup>6</sup>

What are all their bitter drinks, that they make for the sick,  
Their recipes for the mouth? Piss and filthy dog shit.  
What are all their drugs? Nothing but scams;  
Roots, grass, venomous herbs, from which they squeeze big money.  
[...]  
All of your stench, all of your drinks, all of your pills for the sick,  
They are not worth as much as you ask from the public.

This criticism on the high prices that apothecaries charged was not an isolated issue. In 1609, a regulation was drafted which determined that a patient could have a drug valued by a certified appraiser when the apothecary asked more than six guilders for it. Subsequently, the apothecary had to accept the price that was given by the appraiser. This regulation, however, was probably never instated. Nonetheless, it does indicate that the issue of medical pricing was deemed important in 1609. The regulation was later used as a draft for the legislation concerning the Collegium Medicum. This authority was established in 1638, but the accompanying new regulation was much less extensive than the draft from 1609. Among others, the section concerning the prices of medicines was scrapped.<sup>7</sup> Instead, the Collegium Medicum published a valuation in 1640 which contained standard price indications for many medicinal substances.<sup>8</sup> This shows that the pricing issues were still topical.

Besides their high prices, apothecaries were regularly accused of giving their apprentices too much responsibility. Both in 1705 and in 1818, authors stated that many patients had lost their lives due to the lack of supervision of the apothecary over his apprentices. After all, the apprentices were inexperienced, and they could easily mistake one compound for another.<sup>9</sup> Indeed, in a work of fiction from 1737, a doctor testifies that he had witnessed an apothecary's apprentice confusing one medicine for the other. As a result, one patient received another patient's medicine and vice versa. According to the doctor, the one patient would have died had he swallowed the liquid that was supposed to be administered via the skin by the other.<sup>10</sup> This issue, too, had been addressed in the aforementioned regulation of 1609. This draft regulation contained a section which determined that the apprentices were only allowed to prepare medicinal drugs while they were being supervised by the master servant or by the apothecary himself. However, this section did not make it into the official regulation of 1638 either.<sup>11</sup>

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6. Original text: "VVat zyn all' hun bitter drancken, die sy maecken voor de krancken, Hunn' Recepten voor den mondt? Pis, en vuylen honden strondt. VVat zyn all' hunn' Droogheryen? Anders niet als schelmeryen; VVortels, gras, venynigh kruyt, daer sy groot ghelt persen uyt. [...] All' uw' stancken, all' uw' drancken, all' uw' pillen voor de krancken, Die en zyn soo veel niet weert, als ghy van het volck begheert." Jan de Leenheer, "De Sotheydt van de Aptekers, die Album Graecum, &c, verkoopen," in *Theatrum Stultorum* (Brussel: Martinus van Bossuyt, 1669), 118–20, [https://www.dbnl.org/tekst/leen001thea01\\_01/leen001thea01\\_01\\_0064.php](https://www.dbnl.org/tekst/leen001thea01_01/leen001thea01_01_0064.php).

7. Wittop Koning, "Voorgeschiedenis," 53–55. The full text of this draft regulation is given in appendix I on p. 59–62. For the regulation from 1638, see W. Stoeder, *Geschiedenis der Pharmacie in Nederland* (Schiedam: Schie-Pers, 1974), 88–96.

8. *Ibid.*, 99–102.

9. Robert Pitt, *List en Bedrog der Medicynen* (Rotterdam: Barent Bos, 1705), 74–75, [https://www.dbnl.org/tekst/pitt003list01\\_01/](https://www.dbnl.org/tekst/pitt003list01_01/); "Waarom sterven er menschen aan geneeslijke kwalen? III," *Vaderlandsche Letteroefeningen*, 1818, 15, [https://www.dbnl.org/tekst/\\_vad003181801\\_01/\\_vad003181801\\_01\\_0213.php](https://www.dbnl.org/tekst/_vad003181801_01/_vad003181801_01_0213.php).

10. Johan Willem Claus van Laar, *Den Bedrieger Bedroogen* (Amsterdam: Pieter Aldewerelt, 1737), 294–95, [https://www.dbnl.org/tekst/loni001bedr02\\_01/](https://www.dbnl.org/tekst/loni001bedr02_01/).

11. Wittop Koning, "Voorgeschiedenis," 52 and appendix I on p. 59–62. For the regulation from 1638, see Stoeder, *Geschiedenis*, 88–96.

After telling the story about the apprentice who delivered the wrong medicines, the doctor in the work from 1737 makes a particularly meaningful statement: “In the meantime, all these mistakes are made at the expense of doctors.”<sup>12</sup> The authors of the texts discussed so far came from many different backgrounds: they combined poetry and writing with jobs such as glazier, monk, or brewer. However, a significant proportion of the authors of critical texts about apothecary’s is composed of doctors, which implies that doctors were the main opponents of apothecaries.<sup>13</sup> This conflict is confirmed by descriptions in literature, and was primarily a result of the fact that apothecaries tended to perform tasks which were originally reserved to doctors.<sup>14</sup> For example, they visited patients at home.<sup>15</sup>

It is even worse when the mortar is in charge at the bedside, and a presumptuous apothecary, instead of occupying himself with his herbs, and making sure, that the preparation of medicines, which has been entrusted to him, takes place properly, feels the pulse with a formal facial expression, without even knowing, what a wrist is, and – Heaven knows, on which grounds or on which protocol! – prescribes the recipe, that he can barely read.

Only when the apothecary’s treatment did not work, the doctor would be called, who subsequently had the job of fixing what the apothecary had just made worse by administering the wrong treatment.<sup>16</sup>

Aside from this and the fact that apothecaries took over work – and thus money – from physicians, Christopher Lawrence points out another reason why this practice of home visits was problematic for doctors.<sup>17</sup> As he explains, it threatened the social order by disturbing “the boundaries between trade and profession, master and servant, gentleman and labourer.” After all, physicians were considered better than apothecaries. This is beautifully illustrated by a quote from 1720, when a doctor is said to “have crawled from the snail shell of the apothecary shop into the nacre oyster shell of medicine.”<sup>18</sup> There was one treatment, however, which apothecaries were expected to give: high colonics.<sup>19</sup> At that time, physical treatments were

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12. Original text: “Ondertusschen zo koomen al die Abuyzen, op reekening van de Doctoren.” Laar, *Den Bedrieger Bedroogen*, 294–95.

13. Of course, the fact that doctors were highly literate – whereas many other groups in society were not able to write – also played a role in this finding.

14. Apothecaries and doctors were not the only groups that were not on good terms with each other. For a description of arguments between doctors among themselves, see Mooij, *Polsslag*, 65–72.

15. Original text: “Nog erger is het, wanneer de vijzel het gezag voert aan het ziekbed, en een waanwijze apotheker, in plaats van zich met zijne kruiden bezig te houden, en op te letten, dat de bereiding der geneesmiddelen, welke hem is toevertrouwd, behoorlijk geschiede, met een deftig gelaat den pols voelt, zonder eens te weten, wat een pols is, en - de hemel weet, op wat voor gronden of naar wat regelen! - het recept voorschrijft, dat hij naauwelijks lezen kan.” “Waarom sterven,” 15.

16. “Waarom sterven,” 15; “A.J. van den Sigtenhorst. Ing gr. 8 vo. IV en 64 bl. f.-60,” *Vaderlandsche Letteroefeningen*, 1839, 516, [https://www.dbnl.org/tekst/\\_vad003183901\\_01/\\_vad003183901\\_01\\_0209.php](https://www.dbnl.org/tekst/_vad003183901_01/_vad003183901_01_0209.php) and the preface of Bontekoe, *Alle de Philosophische, Medicinale en Chymische Werken* as described in Andel, “Praktizeerende Apothekers,” 1333. See the rest of this last article for an overview of Bontekoe’s complaints about apothecaries and for a discussion of the different kinds of problems that were caused by apothecaries crossing the boundaries of their profession.

17. Christopher Lawrence, “Medical Minds, Surgical Bodies: Corporeality and the Doctors,” in *Science Incarnate: Historical Embodiments of Natural Knowledge*, ed. Christopher Lawrence and Steven Shapin (Chicago: University of Chicago Press, 1998), 167, <https://books.google.nl/books?id=dAQ2W9ihxK8C>. Bontekoe claimed that apothecaries took over so many tasks that they ended up having more work than physicians and surgeons. See Andel, “Praktizeerende Apothekers,” 1334.

18. Original text: “uit het slekkenhuisje van den Apotheek in de parlemoere schulp van de geneeskunst was gekroopen.” Jacob Campo Weyerman, *De Rotterdamsche Hermes*, Adèle Nieuweboer (Amsterdam: Huis aan de drie grachten, 1980), 12, [https://www.dbnl.org/tekst/weye002rott01\\_01/](https://www.dbnl.org/tekst/weye002rott01_01/).

19. See for instance Willem Kist, *Het leven, gevoelens en zonderlinge reize van den landjonker Govert Hendrik Godefroi van Blankenheim tot den Stronk* (Haarlem: François Bohn, 1800), 2, [https://www.dbnl.org/tekst/kist001leve01\\_01/](https://www.dbnl.org/tekst/kist001leve01_01/).



generally the job of the barbers or surgeons; the doctors thought it was beneath them.<sup>20</sup> The fact that enemas were most commonly administered by apothecaries can probably be attributed to the involvement of medicinal preparations. Indeed, enema syringes and their accompanying jugs are regularly found in the inventories of apothecary shops.

A particularly strong critic of apothecaries was Steven Blankaart (1650–1702). Surprisingly, he had worked as an apothecary's apprentice in his youth before he advanced into medical school. He came to work as a doctor in Amsterdam by 1674.<sup>21</sup> Blankaart argued that all doctors must learn pharmacy so that, like him, they can check whether the apothecary is doing his job properly, or, better yet, so that the doctor can prepare medicine himself.<sup>22</sup> Additionally, he and fellow physician Cornelis Bontekoe advise people to use healthy daily substances such as tea, rather than the “foul smelling, nasty apothecary's drinks” that were being sold by the apothecary.<sup>23</sup>

Again, the picture that is painted in literature is confirmed by legislation. Even the first known decree from Amsterdam concerning apothecaries, which was issued in 1519, states that no one is allowed to administer medicines unless these medicines have been prescribed by a doctor.<sup>24</sup> In multiple regulations that followed, this clause is reiterated more specifically by stating that apothecaries must not practice as physicians.<sup>25</sup> This shows that as early as the sixteenth century, for which no literary sources were found, the transgressive behaviour of the apothecaries posed a threat to doctors and to the medical system as a whole. The conflict between the physicians and apothecaries is further illustrated in the draft regulation from 1609, which said: “The physicians and apothecaries will in good friendship among themselves each on his own serve the sick without one despising the other.”<sup>26</sup> Apparently, it was necessary to include such a clause in a formal regulation.

Aside from the aforementioned texts, the other texts in the DBNL usually speak negatively about apothecaries or only mention pharmacists without giving an indication as to whether their reputation was good or not. A clear exception to this are texts that were written by apothecaries themselves. Take for example a text from 1805 in which the author, who identifies himself as apothecary, exclaims that “pharmacy is one of the most noble arts or sciences”.<sup>27</sup> After all, pharmacy has a major impact on the wellbeing of people and an apothecary needs to possess many kinds of knowledge. He concludes that “this convinces us expressly, that pharmacy is truly a momentous science, and an apothecary a man, who deserves respect.”<sup>28</sup>

20. “de auto klisterspuit,” Centrum voor Farmaceutisch Erfgoed, accessed January 10, 2020, <https://farmaceutischerfgoed.wordpress.com/2015/06/01/de-auto-klisterspuit/>.

21. A. J. van der Aa, *Biographisch Woordenboek der Nederlanden. Deel 2. Eerste en tweede stuk* (Haarlem: J. van Brederode, 1854), 586, [https://www.dbnl.org/tekst/aa\\_001biog02\\_01/](https://www.dbnl.org/tekst/aa_001biog02_01/).

22. Steven Blankaart, *Verhandelinge van de Opvoedinge en Ziekten der Kinderen* (Amsterdam: Hieronymus Sweerts, 1684), 277–78, [https://www.dbnl.org/tekst/blan012verh01\\_01/](https://www.dbnl.org/tekst/blan012verh01_01/); Steven Blankaart, *De Kartesiaanse academie ofte, institutie der medicyn* (Amsterdam: Jan ten Hoorn, 1683), 341, [https://www.dbnl.org/tekst/blan012kart01\\_01/](https://www.dbnl.org/tekst/blan012kart01_01/).

23. Cornelis Bontekoe and Steven Blankaart, *Gebruik en Mis-bruik van de Thee, Mitsgaders een Verhandelinge wegens de Deugden en Kragten van de Tabak. Hier nevens een Verhandelinge van de Coffee, Met des zelfs krachten in gezonde, en ongezonde*. (The Hague and Amsterdam: Pieter Hagen / Jan ten Hoorn, 1686), 49–50, [https://www.dbnl.org/tekst/bont009gebr01\\_01/](https://www.dbnl.org/tekst/bont009gebr01_01/). Original text of the quote: “stinkende morsige Apteek-drank.”

24. Dillen, *Bronnen*, 29–30. A similar clause can be found in the next regulation concerning apothecaries, which was issued in 1550. This regulation can be found in Stoeder, *Geschiedenis*, 29–35.

25. See for example *Leeuwarder Apotheek, volgens de Galenische en Chimische wyze; door den arbeit van 't Genoodschap der Artzen dier stede opgemaakt, en door d'achtbaarheid der Majestraat bevestigd. Naer den tweden Latynschen druk in't Nederduitsch vertaalt* (Amsterdam: Nicolaas ten Hoorn, 1712), 179, [https://www.dbnl.org/tekst/\\_lee024leeu03\\_01/](https://www.dbnl.org/tekst/_lee024leeu03_01/). For an overview of such regulations, see Andel, “Praktizeerende Apothekers,” 1330.

26. Original text: “Die Medecynmeesters ende Apteekers sullen in goede vrientschap onderlinge elck in tsyne de krancken bedienen sonder den eene den ander te verachten.” Cited in Wittop Koning, “Voorgeschiedenis,” 59.

27. Original text: “De Pharmacie is dus eene der edelste kunsten of wetenschappen.” R. A. K., “Over de waardije der pharmacie,” *Vaderlandsche Letteroefeningen*, 1805, 324, [https://www.dbnl.org/tekst/\\_vad003180501\\_01/\\_vad003180501\\_01\\_0307.php](https://www.dbnl.org/tekst/_vad003180501_01/_vad003180501_01_0307.php).

28. *Ibid.*, 324–25, quoted from p. 325. Original text: “Dit alles overtuigt ons op het nadrukkelijkt, dat de

It should be noted that there is some bias involved in the fact that so many of the texts in found in DBNL that mention apothecaries give a bad impression of them. After all: people are more eager to write an opinion piece when they have a complaint about something than when they are content. Additionally, mocking people is more interesting in a comic than sincerely praising them. Indeed, apothecaries were not the only ones in Hell in *De Klucht van Oene*, and physicians were not spared either.<sup>29</sup> For example, in 1817 another description of Hell is given, in which the main character is being shown around by the devil. In Hell's laboratory, several demonic apothecaries were just preparing extracts and concoctions out of body parts of bad people and in a particularly large black kettle, doctors were being cooked. The devil explains that these doctors were being tortured in a similar way as they tortured the people that they had treated in their lifetime.<sup>30</sup>

However, even when taking this bias into account, we may conclude from the studied literary sources that the reputation of apothecaries was hardly outstanding. After all, even the author who wrote an opinion article in favour of pharmacists recognised that there was little respect for the apothecaries and their trade as a whole. In fact, some apothecaries were so ridiculed and hated by the people that they would rather lie and say that they were students or worked at an office than confess to being pharmacists.<sup>31</sup> Other evidence of apothecaries acknowledging their bad reputation can be found on awnings, as an example from the Haarlemmerdijk shows: "Quum homines valeant, ars tuae Phoebe jocet."<sup>32</sup> Or, in other words: when the people are healthy, they despise the apothecary shop. This text was presumably written on the awning by the shopkeeper himself. As was indicated at the beginning of this section, there does not seem to be much of a change in the reputation of Amsterdam-based apothecaries over time. This impression has been expressed in literature as well: a source from 1805 mentions that "pharmacy has been neglected for a long, long period."<sup>33</sup> This problem was not over by the beginning of the nineteenth century, either: a newspaper article from 1844 states that "the condition of pharmacy in general and apothecary shops in particular in our country, has meanwhile reached such a state of decline and deterioration, that one can hardly imagine it, when one has not seen it up close."<sup>34</sup>

Based on these considerations, it does not seem likely that the apothecary shop was a popular place to spend leisure time between 1600 and 1850. One needed the apothecary, but his bad reputation implies that the apothecary was not a popular man to be seen with and that people had little reason to spend more time than necessary inside his shop.

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Pharmacie waarlijk eene gewigtige wetenschap is, en een geschikte Apotheke een man, die hoogachting verdient."

29. Vos, *Toneelwerken*, 217–310.

30. T. H. Friedrich, "De hel. Eene voorlezing van T. H. Friedrich," *Vaderlandsche Letteroefeningen*, 1817, 522–23, [https://www.dbnl.org/tekst/\\_vad003181701\\_01/\\_vad003181701\\_01\\_0329.php](https://www.dbnl.org/tekst/_vad003181701_01/_vad003181701_01_0329.php). The devil also elaborates on why specifically the apothecaries had been chosen to torture the doctors: these men were most eager since doctors had always been their harassers on earth (original text: "Dat wij juist apothekers tot hunne pijnigers verkozen hebben, geschiedde met goed overleg, omdat wij namelijk bij deze heeren den besten wil vooronderscheiden, wanneer het daarop aankwam, om aan hunne oude plaaggeesten, de artsen, hun hart eens regt te kunnen ophalen.")

31. R. A. K., "Over de waardije," 325–26.

32. Hieronymus Sweerts, *Koddige en ernstige opschriften, op luyffens, wagens, glazen, withangborden en andere taferelen. Van langerhand by een gezamelt en uitgeschreven, door een liefhebber der zelve. Tweede deel* (Zaltbommel: De Europese Bibliotheek, 1969), 7, [https://www.dbnl.org/tekst/swee002kodd01\\_01/](https://www.dbnl.org/tekst/swee002kodd01_01/). The author translates the Latin into Dutch as "Wanneer ne menschen zijn gezont, Acht men d' Aptheek niet waard een stront."

33. Original text: "De Pharmacie is lang, zeer lang miskend." R. A. K., "Over de waardije," 327, written by the translator of R. A. K.'s text.

34. Original text: "De toestand der Pharmacie in het algemeen en de Apotheken in het bijzonder in ons vaderland, is intusschen op zoodanigen trap van achteruitgang en verval, dat men zich er moeilijk een denkbeeld van kan vormen, als men niet van nabij daarmede bekend is." "Geneeskundige Wetten, met betrekking tot de Pharmacie," *Algemeen Handelsblad*, November 21, 1844, <http://resolver.kb.nl/resolve?urn=ddd:010074974:mpeg21:p005>.

## 6.2 Interior design

When we compare inventories with regard to furnishing, it becomes clear which objects characterised the interior of apothecary shops.<sup>35</sup> Almost all inventories list a counter, equipment that was necessary for the preparation of medicines, and shelves or cabinets with many bottles and jars. This corresponds with what Lesger found for shops in Amsterdam in general.<sup>36</sup> He stresses the importance and prominence of the counter, and even mentions that the presence of two counters was not uncommon. Apothecary shops do not seem to have been an exception to this trend: three inventories of pharmacies list multiple counters. However, there are also two inventories which do not mention a counter at all. Whereas the shops with two counters were all listed in the last decade of the eighteenth century, the two shops without a counter were described in 1736 and 1737. This might indicate that, although having a counter was common for all apothecary shops in the period that was studied, the counter may have become increasingly important over time. Yet, we should keep in mind the biases of inventories discussed in the previous theme. Of course, this finding may well be purely coincidental; after all, the other 32 shops all had only one counter. For our purposes, it suffices to know that upon entering an apothecary shop between 1600 and 1850, the customer's attention would immediately be drawn to the counter, the shelves or cabinets with jars, and the various pieces of equipment.

Every inventory that provides a description of the shop lists a myriad of packaging materials such as boxes, flasks and jars. These are also visible in every depiction of an apothecary shop, regardless of the period within our scope. This is not surprising, since the storage of the many medicines and their ingredients required many containers. Moreover, as we saw in the historiography about apothecary shop in London, such elaborate display of jars could serve a reassuring function as well. Especially ornate containers such as Delftware jars with brass lids signalled that the apothecary's wares were valuable, and that the apothecary could be trusted.<sup>37</sup> The presence of such beautiful and expensive items for storage in the Amsterdam apothecary shops indicates that the trust model played a role here as well, even though the shops were less abundantly decorated than those in London overall.<sup>38</sup> At the time, winning trust was crucial to apothecaries, since they had no branded products to rely on yet. The quality of medicine depended largely on the individual apothecary and his standards in preparing it. Besides, as discussed in the previous section, the reputation of apothecaries was generally lacking. The apothecary would certainly benefit from having an expensive and beautiful display because he could discern himself from his competitors by the design of his shop.<sup>39</sup> The following excerpt from 1803 gives a good impression of how many flasks and jars could be present:<sup>40</sup>

1 ditto [varnished wooden] shop cupboard on its base; with 56 drawers containing various herbs; above it 1 ditto glass cabinet with several ointments; besides & above

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35. For a discussion of the methods used in finding inventories, see the discussion of inventories in exploratory theme 1.

36. Lesger, *Winkellandschap*, 118–26.

37. Wallis, "Consumption," 44–45; Walsh, "Shop Design," 167–69.

38. See the discussion in the last paragraph of section 4.2 and Lesger, *Winkellandschap*, 175–76.

39. Other ways for a shopkeeper to discern himself from others were through the quality and quantity of his wares, his knowledge, his reliability, and his customer-focused attitude. *Ibid.*, 182–83.

40. Original text: "1 dito [Gladhout] Winkel Kast op zijn Kruisvoet; met 56 Laaden daarin diverse Kruiden; daarboven 1 dito Glaze Kast met Eenige Zalven; daarnaast & boven Eenige Winkel Planken; daarop 91 Tinctuur Flessen met dito; 17 Water dito; 6 Gladde Schuifdoozen met dito; 28 Tonnetjes met dito; 3 Porcelijne Flessen; 1 Gladhoute Glaze Kast; daarin 60 Flessen met dito; daarop 1 Groote Delfse dito; Een Kastje met 24 Flessen; 1 dito Glaaze Kast; daarop 1 Delfse Fles; daarin 52 Flessen met dito; Een Kastje daarin; Een Partij Potjes met besse Geleij & Extracten; 1 dito daarin 2 Blikke Trommeltjes & Rommeling; Eenige Winkelplanken; daarop 130 Siroop & andere Delfse Potten met Kopere Dekzels; 18 Dito zonder dito; 3 Porc: dito; 25 Water Flessen; 32 Gladhoute Schuifdoozen; 30 Tinctuur Flesjes; Een dito Glaase kast; daarin 70 Spiritus Flessen; Een dito dito; daarin 156 dito met Poeders" Inventaris der Goederen gevonden in den Boedel van Hendrik Winter en Anna Gezina La Personne, 5 September 1803, inventory number 6541, no. 48, 5072: Archief van de Commissarissen van de Desolate Boedelkamer, Gemeente Amsterdam Stadsarchief, Amsterdam, the Netherlands.

it several shop shelves; on top of them 91 tincture bottles with ditto; 17 water ditto; 6 varnished sliding boxes with ditto; 28 barrels with ditto, 3 porcelain bottles; 1 varnished wooden cupboard; containing 60 bottles with ditto; on top of it 1 large Delftware ditto; a cupboard with 24 bottles; 1 ditto glass cabinet; on top of it 1 Delftware bottle; inside of it 52 bottles with ditto; a cupboard containing a batch of small jars with berry jelly & extracts; 1 ditto containing 2 tins and other stuff; several shop shelves; on them 130 syrup and other Delftware jars with brass lids; 18 ditto without ditto; 3 porc[elain] ditto; 25 water bottles; 32 varnished wooden sliding boxes; 30 tincture bottles; one ditto glass cabinet; containing 70 spirit bottles; a ditto ditto; containing 156 ditto with powder...

Apart from these items, this shop also contained a counter with 17 drawers for herbs and spices, several small cupboards for storing equipment such as mortars and sieves, and of course the equipment itself. Just as there were no shops without containers for the medicinal drugs and their ingredients, there were no shops without equipment for preparing medicines. Every shop had at least a set of weighing balances and a mortar and pestle, and one or more furnaces were usually present as well. It was also not uncommon to possess multiple mortars of different sizes or materials. This is shown in Fig. 5.3b, where a large mortar was placed on a pedestal and a small mortar was stored on the *kapel*. Fig. 6.1 shows such large and small mortars up close.<sup>41</sup> Besides



Figure 6.1: a) Large mortar (34 × 41 cm) with signature “FRANSISCUS SCAPMAN AMSTERDAM ANNO 1736”. Casted in bronze by Franciscus Schaapman [1736]. From Amsterdam Museum Collectie Online Research. <http://hdl.handle.net/11259/collection.20913>. b) Small mortar (15 × 14.5 cm) with signature “IAN VAN EWIJCK ANNO 1631”. Ordered by Jan van Ewijck [1631]. From Rijksmuseum Boerhaave Collectie Online. <http://mmb-web.adlibhosting.com/ais54/Details/collect/58083>.

these essential items, many shops also had equipment such as a still and distillery furnace, saucepans, decoction pans, cooling vessels, funnels, sieves, spatulas, and medicinal weights and other measuring standards. Besides, there were of course many bowls, dishes, trays and cups that were used in the preparation process of medicines. With all this equipment and the many jars, the apothecary shop must have been quite packed. This assumption is not reflected in paintings and engravings, which often show the shops as clean and spacious rooms without any clients. However, this representation is influenced by the preferences of the painter, who usually wanted to give a positive and thus orderly image of the shop.<sup>42</sup>

The fact that the apothecary shop is characterised by the counter, the shelves or cabinets with jars and ingredients, and the various pieces of equipment is also illustrated in Fig. 5.3b and Fig. 6.2.<sup>43</sup> We see a *kapel* on the prominently present counter, many flasks and jars on shelves, a large cabinet, and a mortar and pestle in the front. It should be noted that the apothecary's shop in Fig. 6.2 is a caricature, which means that we should take it with a grain of salt. Indeed,

41. Fig. 6.1a: Franciscus Schaapman, “Vijzel,” 1736, brass, 34 × 41 cm, Amsterdam Museum Collectie Online Research, Amsterdam, accessed November 28, 2019, <http://hdl.handle.net/11259/collection.20913>. Fig. 6.1b: Jan van Ewijck, “Vijzel met stamper,” 1631, 15 × 14.5 × 13.5 cm, Rijksmuseum Boerhaave Collectie Online, Leiden, accessed November 28, 2019, <http://mmb-web.adlibhosting.com/ais54/Details/collect/58083>.

42. Welch, “Space and Spectacle,” 131–32.

43. Fig. 6.2: Petrus de Wacker van Zon, *Jan Perfect of De weg der volmaking, vertoond in het leven en de zonderlinge lotgevallen van een voornaam wijsgeer*, 3rd ed., vol. 1 (J. Immerzeel Jr., 1834), p. II, [https://www.dbnl.org/tekst/daal002janp01\\_01/daal002janp01\\_01\\_0001.php](https://www.dbnl.org/tekst/daal002janp01_01/daal002janp01_01_0001.php).



Figure 6.2: Illustration from Petrus de Wacker van Zon in Jan Perfect. The apothecary, on the left, has accidentally taken an overdose from which he is about to die. His son has just dropped the jar in which one of his three twin brothers (who died shortly after birth) was being stored as a curiosity. Meanwhile, the maid is crying because she stepped barefoot in the puddle of burning liquor [1834]. From DBNL. [https://www.dbnl.org/tekst/daal002janp01\\_01/colofon.php](https://www.dbnl.org/tekst/daal002janp01_01/colofon.php).

the story behind the scene is rather bizarre and it was not common for apothecaries to display dead babies in a jar atop their cabinets. However, the other furniture of the shop does not play a key role in the story and rather served as a stereotypical and recognisable depiction of an apothecary shop. This implies that apart from exaggerations, the furniture is representative, and indeed it is very similar to what can be seen in many other depictions.<sup>44</sup>

There are many more items that could be found in an apothecary shop. One important category that is yet to be discussed here is that of the exotica, such as the snake in a jar in Fig. 6.2. Such curiosities were present in about one fifth of the studied inventories. Paintings and engravings show that they were often exhibited on ceilings or walls of eighteenth and nineteenth century apothecary shops. Whether they were present in the seventeenth century as well remains uncertain; they were only listed in inventories between 1718 and 1800 and can be seen in pictures from 1714 onwards. An example of curiosities can be found in Fig. 6.3, which shows a fish and a crocodile hanging from the roof beams.<sup>45</sup> Also note the weighing balances that are clearly visible in this image. The reason for displaying curiosities was to represent the connectedness of the apothecary to the global trade network and to show his expertise with regard to exotic

44. See for example Fig. 5.3b and Fig. 6.3, and the frontispieces of Daniel Sennert, *Epitome Institutionum Medicinae cum Libro de Febris* (Amsterdam: Jodocus Janssonius, 1644); Valerius Cordus, *Leyds-man der Medicynen* (Rotterdam: Pieter van Waesberghe, 1656); Antonius de Heide and Stephanus Blankaart, *'t Nieuw-ligt des Apothekers of Nieuwe-gronden en Fondamenten der Artzeny-en Chymise-bereiding: Nuttig Voor alle Apothekers en Chirurgijns* (Amsterdam: Jan Claesz ten Hoorn / Jan Bouman, 1683), <https://books.google.nl/books?id=gZZjAAAAcAAJ>; *Ontleding over d'Amsterdamsche Apotheek* (Amsterdam: Jan ten Hoorn, 1689).

45. *Interieur van een apothekerszaak omstreeks 1800*, in Oldewelt, "Oud-Amsterdamsche "Crudenier".





Figure 6.3: Interior of an apothecary shop around 1800 [1938]. From Delpher. <https://resolver.kb.nl/resolve?urn=KBNRC01:000087681:mpeg21:a0224>.

medicines. After all, many of his ingredients originated in foreign countries and were acquired from exotic animals there. This function of interior display fits within the trust model for apothecary shops and ultimately served to win the customer's trust and to stimulate business.<sup>46</sup> Besides, it is not unreasonable to assume that these objects drew customers just because they were interesting to look at. There seems to be a relation between these shops and their location: as far as the addresses are known, all of the apothecary shops that contain exotica are located on important streets in well-off areas.<sup>47</sup> Again, we should be careful with drawing conclusions, since this is only based on seven inventories. Nonetheless, when we consider that one third of the inventories for which the address is known describes an apothecary shop that was located in a generally poor area, it is remarkable that none of the apothecaries with exotica was located there.

Displaying curiosities was not the only way by which apothecaries could impress their customers. The design and wood type of the furniture could differ between shops and so served to distinguish one shop from the other as well. For example, compare Fig. 5.3b and Fig. 6.3. While the furniture in Fig. 6.3 looks very basic, without any carvings, the counter in Fig. 5.3b was clearly made by a carpenter. Of course, the artist may have taken artistic license in depicting the counter in Fig. 6.3 in a simplified way. However, the role of carved furniture in impressing customers is also evident from an advertisement from 1698, which mentions walnut furniture "after today's fashion with flat plasters and carved capitals and foliage."<sup>48</sup> Since advertisements only have a few lines to describe the shop, the fact that this advertiser chose to mention the

46. The use of exotica also fits within the representation model. However, since no connection has been found between the local government of Amsterdam and the display of curiosities in pharmacies there, it seems unlikely that these items were placed in the shop to represent the city's wealth or link to the global trade network.

47. The seven shops with curiosities were located on the Singel (1718), Herenmarkt (1791), Kalverstraat (1795 and 1797) and the Warmoesstraat (1800). For two shops, the location is unknown.

48. Original text: "T'Amsterdam is een schoone en nieuwe Apothekers Winckel te Koop, waer van Toonbank, Sitplaats, Kruytkas, Plaester- en Oly Kas van curieus Nootebomenhout naer de hedendaegse Mode met platte Plaeysters, gesneden Kapiteelen en hangent Lofwerck gemaectt zijn; voorts een schoone Vurnuijs, geschilderde Boeteljes, en wat tot een brave Apothekers Winckel behoort." Mentioned in the advertisement section of *Oprechte Haerlemsche courant*, November 20, 1698, <https://resolver.kb.nl/resolve?urn=ddd:011227522:mpeg21:p002>.

wood type and its design indicates that this was an aspect of the shop that stood out. Although other advertisements and inventories did not offer information about the extent of decoration on furniture, they did mention it when counters and cabinets were made of walnut wood or when the wood was varnished. Inventories, too, specifically mention furniture fashioned from special wood, as can be seen in Fig. 6.4.<sup>49</sup>

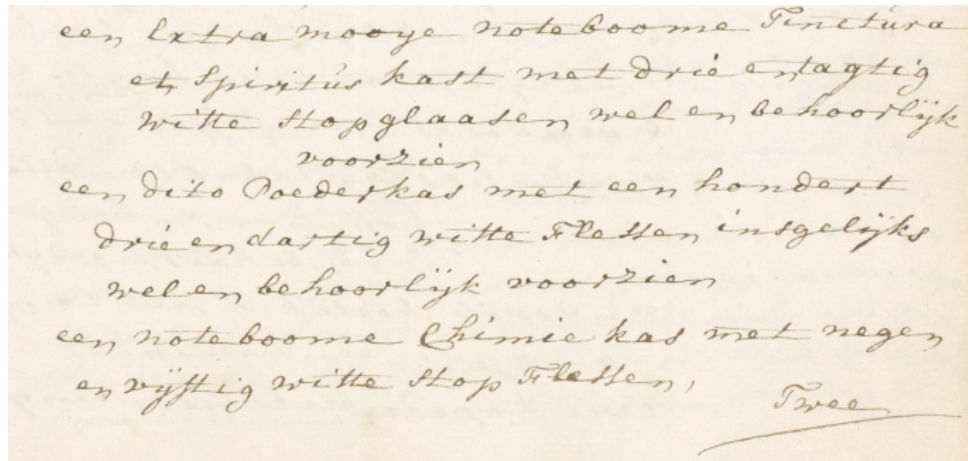


Figure 6.4: Excerpt from *Contract van Verkoop van een Apothecarswinkel van Nicolaas Rijnders aan Matthijs Storij*. [1777]. From Gemeente Amsterdam Stadsarchief, Amsterdam, the Netherlands. It reads: “An extra beautiful varnished wooden tincture and spirits cabinet with eighty-three white corked glasses, fully outfitted; a ditto powder cabinet with one hundred thirty-three white flasks, likewise fully outfitted; a varnished wooden chemistry cabinet with fifty-nine white corked flasks.”

Based on inventories, we can discern a change in fashion over time: in the seventeenth century and well into the eighteenth century, walnut wood is the only type of wood that is specifically mentioned, whereas this is not mentioned anymore after 1777. Instead, from 1797 onwards, inventories only mention it when furniture is made out of varnished wood.<sup>50</sup> Although images do not state which type of wood was present, they do show whether the counter was cheap and simple or intricately carved or painted.

Besides the type of wood, inventories mention the use of glass in cabinets, which implies that this, too, was something that stood out to customers. This ties in with the trend that Lesger discerned for shops in general that glass was increasingly prolific in furniture during the eighteenth century.<sup>51</sup> And of course, there were the painted drug jars, which were already discussed above. The presence of such items in an inventory indicates that this shop was among the more opulent. Fig. 6.5 shows such a shop in 1824, which contains wooden furniture that covers the walls of the shop and an impressive number of drug jars and barrels.<sup>52</sup> Again, note the *kapel* on the edge of the counter and the fixed sign within the window pane. The two counters that are displayed here, one for herbs and one for medicine, contribute to the luxurious furnishing. Other attractive aspects of this beautiful shop are the lanterns, the large windows,

49. *Contract van Verkoop van een Apothecarswinkel van Nicolaas Rijnders aan Matthijs Storij*, 26 May 1777, inventory number 15016, no. 68, 5075.X: Archief van de Notarissen ter Standplaats Amsterdam, Gemeente Amsterdam Stadsarchief, Amsterdam, the Netherlands.

50. “Gladhout” is taken to mean varnished wood here, but the precise definition is not entirely clear. For more about this technique in history, see Bernice Crijns, “Identifying and repainting historical graining techniques in interiors dated before 1800,” in *Material imitation and imitation materials in furniture and conservation*, ed. Miko Vasques Dias (Amsterdam: Stichting Ebenist, 2017), 7–18, <http://www.ebenist.org/wp-content/uploads/2017/11/Ebenist2016.pdf>.

51. Lesger, *Winkellandschap*, 176–79. Another important trend was the use of improved artificial lighting, *ibid.*, 179–82. Indeed, the so-called “Engelse lamp” which Lesger describes was also found in five inventories, of which the first was drawn up in 1792.

52. Hendrik Muller Jr., *Apotheek in de Warmoesstraat bij de Vischsteeg te Amsterdam*, 1824, oil on panel, 26 × 33 cm, private collection, Den Haag.





Figure 6.5: Apothecary shop in the Warmoesstraat in Amsterdam. Created by Hendrik Muller Jr. [1824]. From a private collection.

and the private pavement.<sup>53</sup>

Notably absent in the inventories of private apothecary shops are decorative items like mirrors and paintings; only few visual sources depict such items either. Two exceptions were found: the painting on the title page of this thesis shows a small painting or mirror behind the counter, and in Fig. 6.5 we can distinguish three canvasses hanging on the right side of the shop. The lack of such decoration corresponds with what Lesger found for other shops in Amsterdam: they were generally soberly furnished.<sup>54</sup> Yet, as we just discussed, there were shops that invested in their shop design not through paintings but through the choice of wood, the carving of wood, and the use of glass. When the opulence of shops is compared to their location, we find that the most intricately decorated shops were located on prime spots. This confirms what we found for exotic items: again, shops that invested more in their interior design were located in better areas. This trend may be explained by the theory that apothecary shops in better areas were more in need of decorative items that drew attention, such as curiosities, because the competition in these areas was generally higher. Moreover, the shops in these streets generally served a wealthier clientele, which may have demanded a more luxurious shop design.

Now that we have a general idea of what an apothecary shop looked like, both from the outside and from the inside, we can proceed to the discussion of the activities and socialisation that happened in this public space. Did the apothecary provide seats in his shop, for people to gather

53. For more about shop windows and the development of shops' pavements from public to private spaces, see Lesger, *Winkellandschap*, 116, 158–62.

54. *Ibid.*, 186.



and exchange gossip? Additionally, were the intoxicants that were sold by the apothecary also bought for recreational purposes and consumed in the shop as such? These questions will be discussed in the next theme.

## 7 Exploratory theme 3: Interacting in the apothecary shop

### 7.1 Socialisation

The inventories have shown thus far that when customers entered the shop, their eye would immediately be drawn to the prominent presence of the counter – or even multiple counters – and they would be impressed by the great number of jars and bottles and the many pieces of equipment that were scattered around the shop. In main streets, the shop would generally be even more finely decorated, with furniture of beautiful design and expensive wood types and additional decoration in the form of curiosities. But what about the social function of the shop? Was there a waiting area, or items that promoted social interactions?

When we look at the inventories, we encounter seats regularly throughout the whole period: about one third of the studied apothecary shops contained one. In approximately half of these cases, it concerned a chair. One inventory mentioned the exact position of the chair, namely that it stood “in front of the counter”.<sup>1</sup> A chair was presumably often placed here, since this is regularly depicted in paintings and engravings as well. Note, for example, the empty chair near the left counter in Fig. 6.5 and, of course, the chair in the painting on the title page of this thesis. In the latter, we see that it is the apothecary who uses this chair to sit on. In many frontispieces of pharmacopoeias or related official publications, the chair is used by an important-looking man, see for example Fig. 7.1a which was published in 1683.<sup>2</sup> The man is probably a doctor or an apothecary who works for the Collegium Medicum. After all, this institution was involved in the development of the pharmacopoeias and its inspectors regularly visited apothecary shops to ensure that the apothecary abode by the official instructions. It therefore makes sense that these important doctors or apothecaries were depicted on the frontispieces of the pharmacopoeia. This is clearly visible in the frontispiece of the *Ontleding over d’Amsterdamsche Apotheek*, see Fig. 7.1b.<sup>3</sup> The three men in this engraving are clearly involved in the official inspection of the apothecary shop. The man in Fig. 7.1a also observes the apothecary while he weighs something, representing the control of the authorities over the apothecary’s business. Taking into account that this depiction of inspectors was symbolic and that the inspectors of the Collegium Medicum used to visit individual shops only twice a year, we may question how likely it was to for a customer to find such a man sitting in front of the apothecary’s counter. It was probably more common for the apothecary or his wife or apprentice to use this chair.

Since the inventories do not tell us who used the chair, and paintings and engravings rarely show incidental customers, it is hard to say whether this chair was used by customers as well. However, inventories also list small benches or a “place to sit” in general, *zitplaats* in Dutch. The inventories and visual sources make it seem plausible that, when the apothecary did provide

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1. Original text: “Een stoel voor den toonbank.” Verbaal in den Boedel van Anthonij Storm, 13 October 1803, inventory number 6544, no. 51, 5072: Archief van de Commissarissen van de Desolate Boedelkamer, Gemeente Amsterdam Stadsarchief, Amsterdam, the Netherlands.

2. Jan Luyken, Frontispiece for Heide and Blankaart, *Nieuw-licht*, Amsterdam Museum Collectie Online Research, Amsterdam, accessed December 3, 2019, <https://am.adlibhosting.com/online/advanced/Details/collect/69752>. Similar frontispieces can be found for example for *D’Amsterdamsche Apotheek* (Amsterdam: Jan Claesz ten Hoorn, 1682) and *Leeuwarder Apotheek* (Amsterdam: Jan Claesz ten Hoorn, 1696).

3. Jan Luyken, Frontispiece for *Ontleding over d’Amsterdamsche Apotheek* (Amsterdam: Jan ten Hoorn, 1689), Amsterdam Museum Collectie Online Research, Amsterdam, accessed January 16, 2019, <http://hdl.handle.net/11259/collection.2506>.

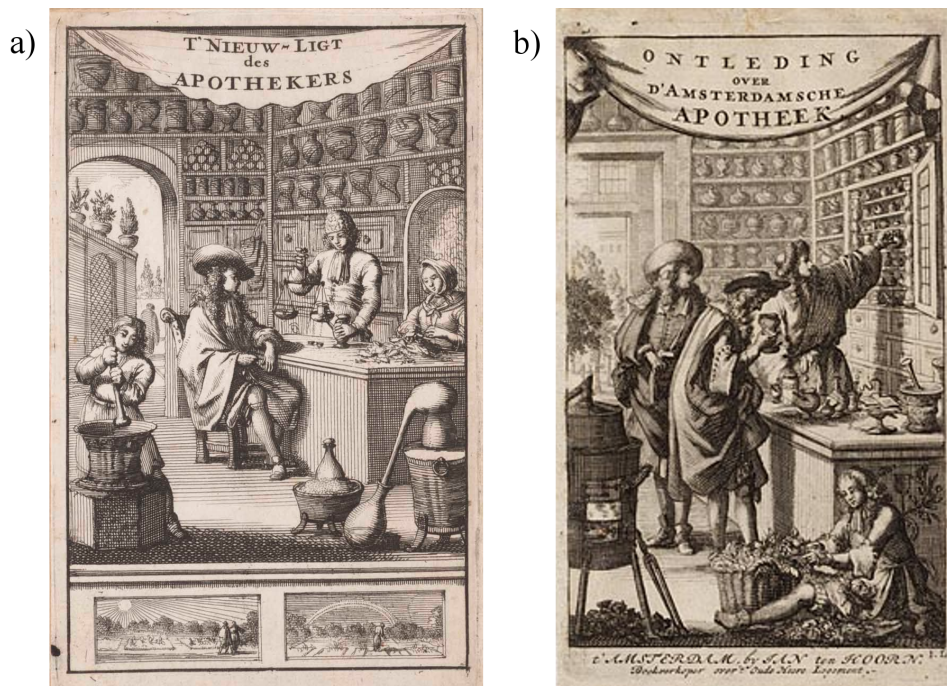


Figure 7.1: a) Frontispiece of *'t Nieuw-licht des Apothekers*. Created by Jan Luyken [1683]. From Amsterdam Museum Collectie Online Research. <https://am.adlibhosting.com/amonline/advanced/Details/collect/69752>. b) Frontispiece for *Ontleding over d'Amsterdamsche Apotheek*. Created by Jan Luyken [1689]. From Amsterdam Museum Collectie Online Research. <http://hdl.handle.net/11259/collection.2506>.

a seat for customers, it was rather a bench like this than a chair. It is not entirely clear what *zitplaats* is meant to indicate: it may be a chair, but it can also refer to a bench or an area with multiple chairs or benches. Besides the counter chair, visual sources only depict small benches, if seats are shown at all – meaning by *zitplaats*, the notary was likely referring to either one of these pieces of furniture. Several inventories make mention of shelves or cabinets above these seats, which renders it less likely that they refer to a chair near the counter. After all, this chair would be placed in the middle of the room, and not near a wall. Moreover, one inventory lists both a chair and a *zitplaats* separately, which also implies that this piece of furniture was different from a chair. Taking all this into account, it seems most likely that a *zitplaats* was a small bench. Interestingly, the studied visual sources only depict the apothecary or members of the Collegium Medicum as sitting on the chair near the counter, whereas the small benches are only used by customers. Such benches are depicted in the paintings in Fig. 7.2.<sup>4</sup> In both images, the bench holds only one person at a time and no other benches are depicted. Inventories also do not mention more than one chair, one bench or *zitplaats*, or both, which suggests that there was no such thing as a waiting area by which the apothecary actively promoted socialisation.

Turning our attention to the literary sources, we are provided with valuable insights on the daily practice within apothecary shops, which could shed some light on the absence of a waiting area. When someone was ill, the doctor would come to visit them and decide upon the treatment. Whenever this treatment involved medicine, the doctor would write a prescription, which a family member of the diseased then brought to an apothecary. The apothecary prepared this medicine and once finished, he would have his errand boy deliver it to the patient's house.<sup>5</sup> When

4. Fig. 7.2a: Richard Brakenburgh, *Interieur van een apotheek*, 1665–1702, oil on panel, 32 × 24.8 cm, Sotheby's (London) via RKDimages, Den Haag, accessed December 3, 2019, <https://rkd.nl/explore/images/66533>. Fig. 7.2b: Lizzy Ansingh, *De jonge Apotheker*, ca. 1850, oil on canvas, private collection via RKDimages, Den Haag, accessed December 3, 2019, <https://rkd.nl/explore/images/278930>.

5. This practice is mentioned in, among others, Jan Pietersz. Meerhuysen, "Van een Apoteeckers Ionghe die hem vergiste," in *De geest van Jan Tamboer of Uytgeleeze stoffe voor de klucht-lievende ionckheijdt* (Amsterdam,

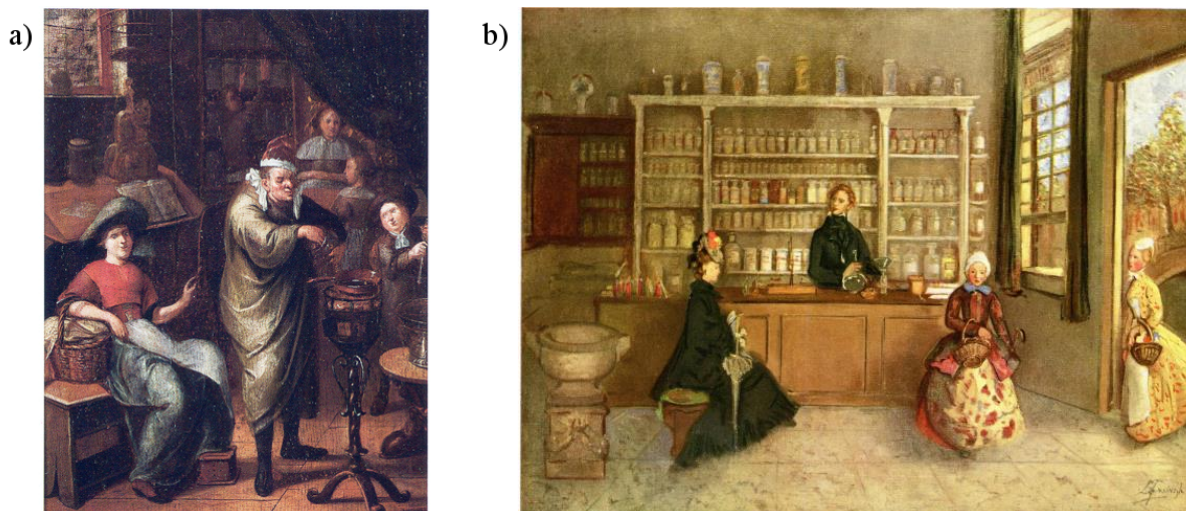


Figure 7.2: a) *Interieur van een apotheek*. Created by Richard Brakenburgh [1665–1702]. From RKDimages. <https://rkd.nl/explore/images/66533>. b) *De jonge apotheker*. Created by Lilzzy Ansingh [ca. 1850]. From RKDimages. <https://rkd.nl/explore/images/278930>.

the preparation was not too time-consuming, it could also be given directly to the customer, who could spend the short waiting time on a bench if present.<sup>6</sup> However, literature indicates that a lot of medicine was delivered to customers' homes and that the errand boy had a quite busy job.<sup>7</sup> This appears to indicate that clients did not usually wait for several hours inside the apothecary shop to get their ordered medicine, as they did in Venice: when the preparation of their drug took too long, they would just leave and have it delivered at home. This takes away one of the factors which caused the Venetian apothecary shop to become a central social space, thereby rendering the social model less probable for the situation in Amsterdam. Images also usually depict waiting clients as standing in front of the counter, which confirms this idea that clients would not stay in the shop for long.<sup>8</sup> The lack of necessity to wait inside the shop renders it unlikely for customers to have frequently used the chair in front of the counter.

There is a single visual source which forms an exception to this: the image shown in Fig. 7.3 depicts an apothecary shop where four people are seated around a table, clearly socialising.<sup>9</sup> Nevertheless, we can be sure that this is not a realistic representation. After all, inventories and other paintings or engravings do not provide any evidence that supports this scene. And, perhaps more importantly, this engraving is clearly symbolic. On the far end of the shop we see a large garden, even though inventories fail to mention any gardens near shops and gardens near

1659), 210–12, [https://www.dbnl.org/tekst/meer017gees01\\_01/meer017gees01\\_01\\_0223.php](https://www.dbnl.org/tekst/meer017gees01_01/meer017gees01_01_0223.php); R., “Verhaal wegens eenen gelukkig uitgevallen misslag, van twee zeer verschillende lyders, van welke de een het geneesmiddel, aan den anderen voorgeschreeven, gebruikt had,” *Vaderlandsche Letteroefeningen*, 1792, 195–96, [https://www.dbnl.org/tekst/\\_vad003179201\\_01/\\_vad003179201\\_01\\_0241.php](https://www.dbnl.org/tekst/_vad003179201_01/_vad003179201_01_0241.php); M. D., “Vrijmoedige bedenkingen, over de uitoefening der geneeskunde in de stad Rotterdam,” *Vaderlandsche Letteroefeningen*, 1817, 465, [https://www.dbnl.org/tekst/\\_vad003181701\\_01/\\_vad003181701\\_01\\_0341.php](https://www.dbnl.org/tekst/_vad003181701_01/_vad003181701_01_0341.php).

6. Jan Pietersz. Meerhuysen, “Van een Ioncker die zijn Knecht om Dia Satiria sondt,” in *De geest van Jan Tamboer of Uytgeleeze stoffe voor de klucht-lievende ionckheydt* (Amsterdam, 1659), [https://www.dbnl.org/tekst/meer017gees01\\_01/meer017gees01\\_01\\_0211.php](https://www.dbnl.org/tekst/meer017gees01_01/meer017gees01_01_0211.php).

7. See for example Blankaart, *Kartesiaanse academie*, where Blankaart mentions that in his time as an apothecary's apprentice, he had to polish the streets of Amsterdam. Original text: “Doe ik by mijn Meester J. van der Pol zaliger, Apothekers jongen pleeg te zijn, en ik dagelijks veel stampen, en de straten van Amsterdam tot zijn profijt geduig moest slijpen, en daar by des avonds laat te bedde gaan en des ogtens vroeg op staan, kon ik veel beter en langer slapen. . .”.

8. See for example the aforementioned figures 5.6b, 6.3, 6.5, and 7.4 and the figure on the title page of this thesis. The paintings shown in Fig. 7.2 are exceptions to this statement.

9. Frontispiece for Jac. Shipton, *Pharmacopoea Batheana ofte den Apotheek van de Heer Georgius Bath. M.D.* (Amsterdam: Jan ten Hoorn, 1698), Google Books, accessed December 3, 2019. <https://books.google.nl/books?id=bi91AAAAcAAJ>.





Figure 7.3: Frontispiece of *Pharmacopoea Batheana* [1693] From Google Books. <https://books.google.nl/books?id=bi91AAAAcAAJ>.

an apothecary shop would have probably been smaller. This indicates that the combination of the elements in this engraving is not realistic. Lesger notes that this was frequently the case in the depiction of shops: the artists wanted to highlight multiple aspects of the trade and combine elements that normally took place in different spaces.<sup>10</sup> Like the garden scene in the background, the scene in the front served a symbolical function. Although it is unknown who these people are, it can be considered most likely that this scene is included to honour important people such as two famous doctors and their wives, or others who were important in relation to the establishment of this book. Note that there is someone sitting on a chair near the counter as well. This man is not in company, but depicted in a similar way as the man in Fig. 7.1a. His presence presumably symbolises the authority's oversight.

Hardly any trends over time regarding seating can be detected in inventories or images and the location of the shops does not seem to influence the likelihood of finding a chair there either. Several shops on prime spots had chairs, but shops in the Jordaan and on the Bierkaai (now: Oudezijds Voorburgwal) also had a seat. The only factor that may have been related to the presence of a seat is the overall impression of luxury of the shop: nine out of the 18 nicely decorated shops had a seat, while there was only one shop with a seat among the eight shops that looked just fine or worse. Thus, a chair or bench may have been a luxury item which fit in a shop that invested in attractiveness in other ways as well. It should be noted, however, that the

10. Lesger, *Winkellandschap*, 122–23.

figures discussed above date from the late seventeenth and second half of the nineteenth century, and that the inventories, too, list seats from the very end of the seventeenth century until the early nineteenth century. Unfortunately, these sources do not reveal anything about socialisation before roughly 1680. As we will see in the next section, however, alcohol consumption was not uncommon within apothecary shops during that period and it is reasonable to assume that this was accompanied by social interactions. This practice will be examined in greater detail in the context of the discussion of intoxicants.

The findings so far give off the impression that the apothecary shop was not a public place with an important social function. As we saw in the previous theme, apothecary shops were no exception to the generally sober furnishing of shops in early modern Amsterdam. They usually did not have paintings or mirrors to attract customers, nor did they provide items such as chess tables that were found in Italian apothecary shops. The information about seats in the shops reinforces this impression: only one in three apothecary shops contained a chair or a bench at all, and these only provided room for one or two customers at a time. Thus, the apothecary shop was not a very attractive area for people to spend their leisure time. Should people want to hear the latest news or play a game, they would rather go to a tavern or coffee house that did provide comfortable places to sit. The fact this place was not a hot spot for socialisation does not mean, however, that no conversations would be held in this public space at all. Just like in other public areas, people could meet others incidentally or have a conversation with the apothecary, his wife or his apprentices. This is also shown in Fig. 7.4 from 1806, which illustrates how Christiaan Andriessen meets a man at the apothecary shop and makes small talk with him.<sup>11</sup>

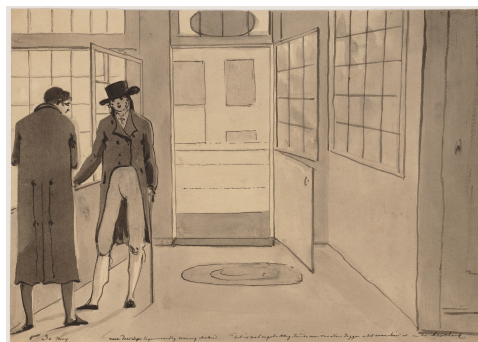


Figure 7.4: Drawing from the diary of Christiaan Andriessen which shows himself in the apothecary shop, discussing the low number of patients with an unknown man. Created by Christiaan Andriessen [1806]. From Beeldbank Gemeente Amsterdam Stadsarchief. <https://archief.amsterdam/beeldbank/detail/28fe8fac-72a1-9eb3-8353-cd5d7b687434/media/a51c51e5-ed86-03a8-9349-57fe5e742c46>.

The interior of the municipal pharmacy, the *stadsapotheeek* in Dutch, serves as an exception to the lack of chairs and decoration. As we have seen in the section about the healthcare structures in early modern Amsterdam, this pharmacy opened in 1692 and was funded by the government to distribute medicine to the very poor. In 1754, when this shop was closed, an inventory was drawn up which listed no fewer than fifteen chairs.<sup>12</sup> There were also three pillows and two tables with a green tablecloth. This suggests that this place had a more important social function than the regular apothecary shops discussed above. Moreover, the walls of this pharmacy were

11. Christiaan Andriessen, *30 mey neen daar zijn tegenwoordig weinig zieken...*, 1806, drawing, Collectie Koninklijk Oudheidkundig Genootschap via Beeldbank Gemeente Amsterdam Stadsarchief, Amsterdam, accessed December 4, 2019, <https://archief.amsterdam/beeldbank/detail/28fe8fac-72a1-9eb3-8353-cd5d7b687434/media/a51c51e5-ed86-03a8-9349-57fe5e742c46>.

12. D. A. Wittop Koning, "De Inventaris van de Stadsapotheeek van Amsterdam in 1754," *Bulletin Kring voor de Geschiedenis van de Pharmacie in de Benelux* 70 (September 1986): 17, <https://www.kringbenelux.eu/publicaties/1986/bulletin-70-september-1986>.

decorated with three framed maps and a large mirror with a frame made of olive wood. Other impressive items were the many beautiful Delftware drug jars and the cabinets that incorporated glass elements. The pieces of equipment, too, suggest an air of wealth and luxury: there were no fewer than seven large mortars and six small ones. Besides these, there were five furnaces, six funnels and many more items of equipment. This rich interior is quite different from what was found in regular private apothecary shops and suggests that this shop had a representational function as well. After all, it was owned by the city's government, which may have wanted to show off its prosperity. Unfortunately, little information is available about the social activities within this shop and it is not known whether it was also actively used by the city to display their wealth, for instance to important visitors.

Not much is known about the function of this shop from a customer's perspective either. The many chairs may indicate that in contrast to the regular pharmacies, people did come to this shop to socialise, but there is no evidence to support this idea. What is more, this shop was intended for the poor, who could not afford to buy medicines, and we may question whether these customers were even allowed to sit on the elegant chairs, which were covered with green cloth or with a special kind of Russian leather. Then again, after the merger of this shop with the pharmacy of the municipal hospital in 1754, a new municipal pharmacy was built containing a dedicated waiting area.<sup>13</sup> Unfortunately, no information was found regarding the number of chairs in this new area. Besides having a representational function, the chairs may also have been used by doctors, who may have been present in this shop to prescribe medicines. After all, the poor could not afford for a doctor to come visit them at home. The same shop is also shown in an idealised way in a painting from ca. 1730, see Fig. 7.5.<sup>14</sup> The large number of chairs is not depicted in this painting. Note that there are no poor people in this painting, while this shop was intended for the poor, and that the shop looks disproportionately spacious. Two inventories of the pharmacy of the *buitengasthuis*, which was the city's hospital for the poor who suffered contagious diseases such as the plague, also contained multiple chairs, albeit not as many as the municipal apothecary shop. Besides three chairs, we know that there was a table, a lectern, curtains, three lamps and a lantern.<sup>15</sup> There is no additional information on the furnishing of the apothecary shop in the *buitengasthuis*, but since there were only three chairs and no decorative items listed in the inventories, we may conclude that this place had a less important representational and social function than the *stadsapothek*.

All in all, the legal, visual, and textual sources have shown little evidence for an important social function of the regular private apothecary shop; the social model does not apply to pharmacies in Amsterdam. The lack of decoration and comfort was not very inviting and people did not seem to have much reason to stay there any longer than strictly necessary. This also renders it unlikely that the apothecary served medicinal spirits or any of the new intoxicants for non-medical purposes. Yet, the primary and secondary sources have not yet been explored with regard to the new intoxicants specifically. This will be done in the next section.

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13. Hellinga, "Stadsapothekers."

14. *Geïdealiseerde weergave van het interieur van de stadsapothek ten tijde van stadsapotheker Carolus Schaap*, ca. 1730, oil on canvas, Beeldbank Gemeente Amsterdam Stadsarchief, Amsterdam, accessed December 5, 2019, <https://beeldbank.amsterdam.nl/beeldbank/weergave/record/?id=010194000403>.

15. Buiten Gasthuis: Inventaris van den Heer Apothecar, 1 March 1855, inventory number 1309, no. 51, 342: Archief van de Gasthuizen, Gemeente Amsterdam Stadsarchief, Amsterdam, the Netherlands; Inventaris van den Heer Apotheker in het Buiten Gasthuis, 26 September 1867, inventory number 1309, no. 51, 342: Archief van de Gasthuizen, Gemeente Amsterdam Stadsarchief, Amsterdam, the Netherlands. Although they were not discussed in detail above, lecterns were not uncommon in the inventories of regular apothecary shops and the municipal pharmacy had one too.





Figure 7.5: *Geïdealiseerde weergave van het interieur van de stadsapothek ten tijde van stadsapotheker Carolus Schaap* [ca. 1730]. From RKDimages. <https://archieff.amsterdam/beeldbank/detail/e6948431-59e4-2f87-07f8-8695e8ec91f8/media/41b6a242-b082-d512-53a3-fd21ee41264f>.

## 7.2 Consumption of intoxicants in the apothecary shop

In the seventeenth century, the so-called “new intoxicants” were introduced to the public. While these substances – sugar, tobacco, coffee, tea, cocoa and opium – were luxurious goods in Europe at the beginning of this century, which were prohibitively expensive for ordinary citizens, their use was widespread by 1850. The shift from scarce exotic goods to common necessities was facilitated by multiple factors. Of course the great sea voyages, which expanded the European horizon of trade from the beginning of the sixteenth century onwards, played an important role by making many exotic compounds more readily available to Europeans. As the supply increased, prices dropped, making the substances more affordable for a wider public.<sup>16</sup> Aside from this, Rudy Matthee lists the role of the government, which was interested in the widespread use of such compounds because it could tax them.<sup>17</sup> Aside from these commercial factors, there were also some social factors which fostered the popularisation of the new intoxicants. For example, Matthee describes the symbolic role that they played in demarcating the boundaries between different social groups and between the habits of males and females.<sup>18</sup> And, obviously, the vendors of the compounds also stimulated the popularisation of the goods by actively promoting their use.<sup>19</sup>

Interestingly, all of these compounds were originally used as medicinal drugs and initially sold

16. K. Albala, “Stimulants and Intoxicants in Europe, 1500–1700,” in *The Routledge History of Food*, ed. Carol Helstosky (London: Routledge, 2014), chapter 3, <https://books.google.nl/books?id=S16vBAAQBAJ>. This of course reinforced itself: as these substances became affordable for a wider public, the demand grew, which stimulated production on a larger scale, leading to further reduction in price.

17. Matthee, “Exotic Substances,” 24–25.

18. *Ibid.*, 38–39.

19. Albala, “Stimulants and Intoxicants.”



by an apothecary. This medical function is also said to have contributed to their popularisation. As James Shaw and Evelyn Welch put it: “Medicine played a role in building acceptance for new commodities, constructing taste through therapy and encouraging consumption of costly and exotic ingredients.”<sup>20</sup> To get an idea of the extent to which the apothecary was involved in the commodification of the new intoxicants, primary sources have been studied, of which the analysis will be discussed below. Did the apothecary shop as a public space play a large role in the introduction and spread of the new intoxicants, for example by facilitating the consumption of such substances in his shop? Before we answer this question, it is useful to briefly discuss each of the aforementioned intoxicants. When and how were they introduced to Europe? And for which medical conditions were they believed to be useful?

Sugar was the first of the new intoxicants that could be found in the apothecary shop. By the end of the fifteenth century, it was already being cultivated on Madeira and the Canaries by the Spanish and the Portuguese.<sup>21</sup> At that time it was an expensive luxury. From the 1550s onwards, sugar production in the New World expanded, and so did the trade with this area. As sugar became a mass colonial import, the prices dropped, and it became more widely available.<sup>22</sup> The use and popularity of sugar was also related to that of the other new intoxicants. Coffee, tea and cocoa were sweetened with sugar, some opium smoking mixtures contained it and it was also employed in the tobacco industry.<sup>23</sup> Sugar was considered both an exotic spice and a powerful medicinal substance and for both these purposes, people could buy sugar at the apothecary shop.<sup>24</sup> As the number of confectioners increased during the first half of the seventeenth century, the role of the apothecary shop in selling sugar was reduced.<sup>25</sup> Nevertheless, it was still being used as a medicine. The first pharmacopoeia, the *Pharmacopoea Amstelredamensis* from 1636, contained white and brown sugar and rock sugar, and except for brown sugar these compounds can still be found in the first national pharmacopoea, the *Pharmacopoea Batava* from 1805.<sup>26</sup> Sugar was used as an ingredient of syrups and as a sweetener in other medicines, but it was also believed to have medicinal properties in and of itself. For example, it was regarded as a compound that raises thirst, remedies coughing, relieves heat, cleanses the mouth of fat, aids the stomach, and supports the kidneys and bladder.<sup>27</sup> By the late seventeenth century, however, sugar seemed to have lost much of its popularity as medicine, as becomes apparent from this statement from 1683:<sup>28</sup>

Since it is now a matter of certainty, that the sugar and syrups are so harmful, these are not so often prescribed anymore in the pharmacies by the best doctors of

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20. Shaw and Welch, *Making and Marketing*, 213.

21. J. M. van Winter, “Suiker in de middeleeuwse keuken,” *Jaarboek 'de Oranjeboom'* 66 (2013): 48, [https://www.academia.edu/6159303/Suiker\\_in\\_de\\_Middeleeuwen.Oranjeboom.2013](https://www.academia.edu/6159303/Suiker_in_de_Middeleeuwen.Oranjeboom.2013); Courtwright, *Forces of Habit*, 27–28.

22. Courtwright, *Forces of Habit*, 28.

23. *Ibid.*, 28–30.

24. A decree was issued in 1601 stating that apothecaries, confectioners and bakers were no longer allowed to abundantly decorate pastries and pies. This shows that at the time, apothecaries were involved in the production of sugar candy. See Hk. Cohen, “Uit den Goeden, Ouden Tijd: De Apotheke in den Strijd Tegen de Weelde,” *Pharmaceutisch Weekblad* 67, no. 23 (June 1930): 578–81, <https://www.pw.nl/archief/historisch-archief>.

25. Margreet Algera, *Mens en Medicijn: Geschiedenis van het Geneesmiddel* (Amsterdam: Meulenhoff, 2000), 160–62.

26. For online access to all digitised pharmacopoeas from Dutch cities between 1636 and 1795, see <https://www.stichtingfarmaceutischerfgoed.nl/resources/gedigitaliseerde-farmacopees>. For the *Pharmacopoea Batava* from 1805, see *Pharmacopoea Batava* (Amsterdam: Johannem Allart, 1805), <https://archive.org/details/b22037299>.

27. Winter, “Suiker,” 49–51. See also Hans Zotter, ed., *Das Buch vom gesunden Leben: Die Gesundheitstabellen des Ibn Butlan in der illustrierten deutschen Übertragung des Michael Herr* (Graz, 1988).

28. Original text: “Over mits het nu seker is, dat de suiker en syroopen soo schadelijk sijn, werden die van de beste Doctoren onser republyke soo veel in d’Apotheken niet meer voorgeschreven, wyl sy door lange ervaring bevonden hebben, dat de selve schadelijkheid by brachten, en de siekten langer deden duuren.” From Blankaart, *Kartesiaanse academie*, 171.

our republic, because they have found through long-standing experience, that these brought harm, and prolonged the courses of illnesses.

Yet, a medical dictionary from 1743 still refers to sugar in general as being good for chest diseases and for stimulating the production of saliva.<sup>29</sup> Rock sugar had an additional function: it was useful for people who had a cold. Moreover, brown sugar was used in enemas and against dysentery. It was also noted, however, that sugar could cause toothache and highs. Thus, sugar did still serve a medicinal function in the eighteenth century. This continued into the nineteenth century as well: a medical dictionary from 1856 also discusses sugar, and mentions that the medical use of sugar is so frequent and so commonly known that it is not necessary to discuss it in detail. The dictionary does mention, however, that sugar can be used as an antidote in the case of copper poisoning.<sup>30</sup> So, although the main use of sugar during the eighteenth and nineteenth centuries was non-medical, sugar was had not entirely lost its medicinal function.

This is even more true for tobacco. Tobacco was already encountered by Europeans in 1492, on one of Columbus' expeditions, and it was cultivated in many areas in West Africa and Asia by the 1620's. However, it was still very expensive at that time. This changed with the establishment of tobacco plantations in America, and from the 1630s tobacco became a product of mass consumption in Europe.<sup>31</sup> Again, the rise in consumption levels was related to the increased availability via the colonial production during the seventeenth century.<sup>32</sup> However, as David Courtwright points out, the commodification of tobacco in Europe was restrained by several authorities at first, such as the English, Irish, Russian, Chinese and Turkish governments and some religious authorities. For instance, Russians who used snuff were punished by having their noses cut off.<sup>33</sup> Courtwright does not state why these authorities were so strongly against tobacco use, but general criticism was that smoking tobacco caused bad breath, affected the teeth and clothing, and formed a fire hazard.<sup>34</sup> Nevertheless, this resistance did not prevent tobacco from gaining popularity among all social groups.<sup>35</sup> This may have been related to its medicinal benefits, which provided a legal reason to develop a taste for tobacco. Around 1670, the Dutch consumed a yearly average of 1.5 pounds of tobacco per inhabitant, which rendered them the biggest consumers in Europe.<sup>36</sup> Indeed, Amsterdam became the main market for tobacco in the seventeenth century. By 1700 there were an estimated 3000 to 4500 people employed in Amsterdam's tobacco industry, who produced about ten to fifteen million pounds of tobacco.<sup>37</sup>

As with sugar, the main use of this intoxicant had become recreational by the end of the seventeenth century. Nonetheless, some of these millions of pounds of tobacco could still be found in the apothecary shop. The use of tobacco for medicinal purposes continued well into the nineteenth century. It was not mentioned in the first pharmacopoea from 1636, but the leaves of

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29. Lemery, *Woordenboek*, 614–16.

30. M. N. Beets and B. Meijlink, *Woordenboek van Droogerijen, Bevattende eene Uitvoerige Beschrijving der Onderscheidene in den Handel van Droogerijen begrepene Voorwerpen, ... alsmede Aanwijzing van het Gebruik, ... met een uitvoerig Register der Latijnsche, Fransche, Hoogduitsche en Nederlandsche benamingen*, vol. 4 (Amsterdam: Gebroeders Diederichs, 1856), 75.

31. Courtwright, *Forces of Habit*, 14–15; Phil Withington, "Intoxicants and Society in Early Modern England," *The Historical Journal* 54, no. 3 (2011): 367–38, <https://doi.org/10.1017/S0018246X11000197>. For more about the history of tobacco, see for example Goodman, *Tobacco*; Goodman, "Excitantia"; Anne Charlton, "Medicinal Uses of Tobacco in History," *Journal of the Royal Society of Medicine* 97, no. 6 (2004): 292–96; J. Hughes, *Learning to Smoke: Tobacco Use in the West* (Chicago and London: The University of Chicago Press, 2003); P. C. Mancall, "Tales Tobacco Told in Sixteenth-Century Europe," *Environmental History* 9, no. 4 (2004): 648–78; Grace G. Stewart, "A History of the Medicinal Use of Tobacco 1492–1860," *Medical History* 11, no. 3 (1967): 228–68; H. K. Roessingh, *Inlandse Tabak: Expansie en contractie van een handelsgewas in de 17e en 18e eeuw in Nederland*, PhD thesis (Wageningen: H. Veenman & Zonen B.V., 1976), <https://edepot.wur.nl/15276>.

32. Goodman, *Tobacco*, 61.

33. Courtwright, *Forces of Habit*, 16.

34. Ibid.

35. Ibid.

36. Courtwright, *Forces of Habit*, 15; Goodman, *Tobacco*, 57.

37. Roessingh, *Inlandse Tabak*, 420–23.

*nicotianae* could be found in the *editio quarta* from 1643 and in all subsequent pharmacopoeas for Amsterdam.<sup>38</sup> It was used in different ways – Algera mentions syrups, balms, bandages, powders, and extracts – and for many different conditions.<sup>39</sup> It could be applied internally against fluid retention, epilepsy, the whooping cough, tetanus, and abdominal cramps, and externally in ointments against skin rashes and in enemas against constipation. Sniffing tobacco was said to alleviate headaches and bring relief when dealing with a bad cold. Smoking was regarded as soothing and analgesic, and as useful for relieving constipation and coughing. Besides, it cheered people up and renewed their energy. Other conditions which would be treated by tobacco were strokes, paralysis, narcolepsy, shortness of breath, tooth ache, and scurvy, and it could even be applied to cure wounds. And as if this were not enough, tobacco was also believed to have a preventative effect against the plague.<sup>40</sup> Another important and widely used application was the administration of tobacco smoke to the rectum in an attempt to bring someone back to consciousness who has been rescued after falling into one of the many canals.<sup>41</sup> This was not an uncommon incident in Amsterdam, which had many canals and at least as many bars. Especially the combination of drinking and fog could be a dangerous one. This method was used throughout the nineteenth century. An example of a pipe designed for this practice can be seen in Fig. 7.6.<sup>42</sup> Beets' medical dictionary still mentions other medical applications that were used



Figure 7.6: Tobacco enema as designed by David van Gesscher [1775–1825]. From Rijksmuseum Boerhaave Collectie Online. <http://mmb-web.adlibhosting.com/ais54/Details/collect/17118>.

in his days as well: snuff could be useful for chronic eye infections and smoking tobacco relieves persistent coughing. Other applications were useful against dropsy, seizures, scurvy, and heavy convulsions.<sup>43</sup> However, Beets also warns that people should be careful with using tobacco for medicinal purposes, since it actually turned out to be a strong narcotic poison which strongly stimulates the intestinal walls.

The recreational use of tobacco was combined with the use of other intoxicants, such as coffee, tea and cocoa. The introduction of these new caffeinated drinks in Europe occurred somewhat

38. For the used pharmacopoeas, see footnote 26.

39. Algera, *Mens en Medicijn*, 291–92.

40. All of the mentioned applications of tobacco were derived from Algera, *Mens en Medicijn*, 290–93; Bontekoe and Blankaart, *Gebruik en Mis-bruik*, 103–32; Lemery, *Woordenboek*, 489–90. For a more extensive discussion of the medical uses of tobacco over time, see for example Charlton, “Medicinal Uses”; Stewart, “A History.”

41. For primary sources referring to this practice, see David van Gesscher, “Beschryving van het maakzel en gebruik eener zeer eenvoudige tabaks-klysteer,” *Vaderlandsche Letteroefeningen*, 1779, 481–87, [https://www.dbnl.org/tekst/\\_vad003177901\\_01/](https://www.dbnl.org/tekst/_vad003177901_01/), M. N. Beets and B. Meijlink, *Woordenboek van Droogerijen, Bevatende eene Uitvoerige Beschrijving der Onderscheidene in den Handel van Droogerijen begrepene Voorwerpen, ... alsmede Aanwijzing van het Gebruik, waartoe Deselve in het Algemeen en Inzonderheid in de Genees- en Artsenijmengkunde worden aangewend*, vol. 3 (Amsterdam: G. J. A. Beijerinck, 1850), 32–33, and those described in Algera, *Mens en Medicijn*, 292.

42. “Tobacco enema,” 1775–1825, 17.5×16.5×5.5 cm, Rijksmuseum Boerhaave Collectie Online, Leiden, accessed January 16, 2020, <http://mmb-web.adlibhosting.com/ais54/Details/collect/17118>.

43. Beets and Meijlink, *Woordenboek*, 32–33.

later than that of sugar and tobacco. Cocoa was encountered first by Europeans, during an expedition of Columbus in Mesoamerica in 1502.<sup>44</sup> At the end of the same century, they encountered tea in China and coffee in the Near East.<sup>45</sup> For all three intoxicants, the European trading companies first established regional trade within the West or East, and it was only around the middle of the seventeenth century that these new intoxicants were exported to European countries on a commercial scale.<sup>46</sup> Tea was still very expensive at first and its popularisation took until 1720, when the price dropped and the import grew rapidly.<sup>47</sup> Like the other new intoxicants, coffee, tea, and cocoa were originally introduced as medicinal compounds, but because of this late introduction, they were not yet included in the first *Pharmacopoea Amstelredamensis* from 1636.<sup>48</sup> The first reference to coffee, tea or cocoa is in the second edition of the translated pharmacopoea, the *Pharmacopaea Amstelredamensis, of d'Amsterdammer Apotheek* from 1683. All studied editions of this Dutch pharmacopoea listed these three new intoxicants, up until 1756, as well as the Latin edition from 1701. However, the *Pharmacopoea Amstelaedamensis Renovata* from 1726 and its Dutch translation from 1767 do not mention cocoa, tea or coffee anymore. Interestingly, the next pharmacopoea, the *Pharmacopoea Amstelodamensis Nova* which was published at the end of the eighteenth century, reintroduces cocoa, but not tea or coffee, and the *Pharmacopoea Batava* from 1805 does the same. In conclusion, it seems that the medical functions of these three new intoxicants became important in Amsterdam later than those of tobacco and sugar, which were included in the first pharmacopoea. Additionally, cocoa was regarded as an medical ingredient for a longer period than coffee and tea.

Be that as it may, the medical background of coffee and tea certainly played no small role in their commodification. As Algera describes, “tea doctor” Cornelis Bontekoe (1647–1685) actively advocated the healthy properties of tea, and his 1678 book *Tractaat van het excellentste kruyd thee* gave a boost to consumption of tea in the Netherlands.<sup>49</sup> He is even said to have drunk fifty to a hundred cups per day.<sup>50</sup> Remarkably, Bontekoe strongly mistrusted apothecaries. For example, in discussing the benefits of tea for patients suffering from stomach conditions, he wrote that the patients would “become completely healthy and refreshed by the long and daily use, better by tea than by any filthy decoction made by our bragging apothecaries.”<sup>51</sup> This implies that one did not have to go to the apothecary shop to buy tea for medicinal purposes, it could also be bought elsewhere. Besides treating conditions of the stomach, tea was said to relieve dropsy, constipation, and gout, and it was believed to cleanse the blood and cure headaches. Moreover, it would be useful against excessive sleep and anxiety and make the user happy, courageous and more intelligent. And, finally yet importantly, it would even arouse lust.<sup>52</sup> Coffee, on the other hand, was an anti-love elixir.<sup>53</sup> Yet like tea, it was used as a panacea for many ailments such as drowsiness, headaches, and deviations of the blood, and it was prescribed

44. Ross W. Jamieson, “The Essence of Commodification: Caffeine Dependencies in the Early Modern World,” *Journal of Social History* 35, no. 2 (2001): 271, <https://doi.org/10.1353/jsh.2001.0125>.

45. Ibid., 275–76.

46. Jamieson, “Essence of Commodification,” 276; Lesger, *Winkellandschap*, 153.

47. Lesger, *Winkellandschap*, 153. For more in-depth discussions of the history of the introduction of cocoa, tea and coffee into Europe, see M. Berg et al., eds., *Goods from the East, 1600–1800: trading Eurasia*, Part IV: A Taste for Tea (Houndmills, Basingstoke, Hampshire: Palgrave Macmillan, 2015), 259–329; Cowan, *Social Life of Coffee*; Goodman, “Excitantia”; H. E. Jacob, *Coffee: The Epic of a Commodity* (New York: Skyhoes Publishing, 2015); McCants, “Poor Consumers”; S. Topik, “Coffee as a Social Drug,” *Cultural Critique* 71 (2009): 81–106.

48. For the used pharmacopoeas, see footnote 26.

49. Algera, *Mens en Medicijn*, 282.

50. Simon Schama, *The Embarrassment of Riches: An Interpretation of Dutch Culture in the Golden Age* (Berkeley: University of California Press, 1988), 172, <https://books.google.nl/books?id=L8W9oB6Ab8sC>.

51. Original text: “. . . door het lange en dagelijkse gebruyk geheel gesont en verfrist werden, beter door Theé als door eenig stinkend Apozema van onse groot-sprekende Apothekers gemaakt. . .”. From Bontekoe and Blankaart, *Gebruik en Mis-bruik*, 18–19.

52. Algera, *Mens en Medicijn*, 282–83; Matthee, “Exotic Substances,” 31; Lemery, *Woordenboek*, 710.

53. Algera, *Mens en Medicijn*, 285.

for diseases related to the gastric and respiratory tracts.<sup>54</sup> Similarly, cocoa was regarded as a medical treatment for many different conditions, as becomes evident when we look at Dillinger's table with a list of the historical uses of cocoa in medicine, which spans no less than two and a half pages.<sup>55</sup> The universal applications of cocoa are also evident in the following extract of a poem from 1631:<sup>56</sup>

Doctors lay by your irksome Book  
 And allye Petty-Fogging Rookes  
 Leave Quacking and Enucleate  
 The Vertues of our Chocolate  
  
 Let th'Universall Medicine  
 (Made up of Dead-mens Bones and Skin)  
 Be henceforth Illegitimate  
 And yield to Sovereigne-Chocolate  
  
 Let Bawdy-Baths be us'd no more  
 Nor Smoaky-Stoves but by the whore  
 Of Babilon: since Happy-fate  
 Hath Blessed us with Chocolate  
  
 Let all the Paracelsian Crew  
 Who can Extract Christian from Jew;  
 Or Out of Monarchy, A State  
 Breake all their Stills for Chocolate  
  
 Nore need women longer grieve  
 Who spend their Oyle, yet not conceive  
 For 'tis a Helpe Immediate  
 If such but Lick of Chocolate  
  
 Twill make old women Young and Fresh  
 Create new motions of the Flesh  
 And cause them long for you know what  
 If they but tast of Chocolate  
  
 Both High and Low, both Rich and Poor  
 My Lord, my Lady, and his —  
 With all the Folkes at Billingsgate  
 Bow, Bow your Hamms to Chocolate

Around the 1670's, the recreational consumption of coffee, tea, and cocoa became increasingly common in Europe as the new commodities became more affordable and as changes in social systems allowed for them to play a role in public life.<sup>57</sup> This popularisation continued during

54. Matthee, "Exotic Substances," 30–31; Lemery, *Woordenboek*, 126.

55. Teresa L. Dillinger et al., "Food of the Gods: Cure for Humanity? A Cultural History of the Medicinal and Ritual Use of Chocolate," *The Journal of Nutrition* 130, no. 8 (2000): 2061–63, <https://doi.org/10.1093/jn/130.8.2057S>.

56. Antonio Colmenero de Ledesma, *Chocolate, or an Indiane Drinke*, trans. Capt. James Wadsworth (London: John Dawkins, 1651) as quoted in Albala, "Use and Abuse," 69–70. For more in-depth discussions of the medical applications of cocoa, tea and coffee in history, see Albala, "Stimulants and Intoxicants"; Bertil B. Fredholm, "Notes on the History of Caffeine Use," in *Methylxanthines. Handbook of Experimental Pharmacology vol. 200* (Berlin, Heidelberg: Springer, 2011); Martha Makra Graziano, "Food of the Gods as Mortals' Medicine: The Uses of Chocolate and Cacao Products," *Pharmacy in History* 40, no. 4 (1998): 132–46; Donatella Lippi, "Chocolate in History: Food, Medicine, Medi-Food," *Nutrients* 5, no. 5 (2013): 1573–84; Bontekoe and Blankaart, *Gebruik en Mis-bruik*; Philip K. Wilson, *Chocolate as a Medicine: A Quest over the Centuries* (Dorchester: Henry Ling Limited, 2012).

57. Matthee, "Exotic Substances," 38.

the eighteenth century: coffee consumption rose from about 2 to 120 million pounds, tea from 1 to 40 million pounds and cocoa from 2 to 13 million pounds.<sup>58</sup> As they became more popular, the caffeinated drinks were sold more and more in specialised shops instead of in pharmacies.

Finally, a new intoxicant that was still popular as a medicine by the 1850s is opium. Opium has a very long history both outside of Europe and among Europeans, but for now it suffices to know that its use as a medicinal ingredient was well established in Europe by the beginning of the sixteenth century.<sup>59</sup> At that time, it was already occasionally being taken for recreational purposes, and opium addiction was already an issue for some. For example, Dutch physician Sylvius de la Boe confessed at the beginning of the seventeenth century that he needed opium to be able to perform his duties as a doctor.<sup>60</sup> However, it would take until the nineteenth century for opium to become a product of mass consumption.<sup>61</sup> Within the field of pharmacy, opium was most often used in a tincture of opium with alcohol which was known as laudanum.<sup>62</sup> Besides this, opium was also present in several main medicines such as mithridatum, theriac and discordium.<sup>63</sup> The therapeutic application depended on which part of the plant was used. All studied pharmacopoeias mention the flower, seeds, fruits and sap of the opium poppy.<sup>64</sup> The poppy's bulbs and their sap were famous for their ability to induce sleep, for which they were also known as the so-called *slaapbollen* or sleep balls. Because of this property, opium was widely used to calm children down.<sup>65</sup> Besides this, they were said to be useful for many symptoms, such as diarrhoea, vomiting, haemorrhaging, and hiccups, and it could induce sweating and relieve pain. The seeds had analgesic effects, too, and were said to be soothing and good for the chest, while not inducing sleep like the sap. From the seeds, an oil could be produced that was used for skin care. The flower itself was used for the chest, and to soothe, to thicken the bodily fluids, and to induce sweat and saliva. Moreover, it was prescribed for bad colds, shortness of breath and pleurisy.<sup>66</sup> Around 1850, opium was still commonly used as a medicine. Beets' medical dictionary from that period describes it as one of the most excellent medicines.<sup>67</sup> Yet, its reputation had worsened by then: Beets also mentions that there is no other medicine which is so frequently abused as opium.<sup>68</sup>

...almost incredibly many are the thousands of people, of reasonable beings, who deliberately poison themselves with it, not so much with the intention to shorten their lives, although an untimely death is always the inevitable consequence of it, but to dwell continuously in a certain state of excitement, in a kind of drunkenness, notwithstanding that they know, that they will soon, as a consequence, drag around

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58. Courtwright, *Forces of Habit*, 20.

59. Martin Booth, *Opium: A History* (New York: St. Martin's Griffin, 1996), 15–23, <https://books.google.nl/books?id=HXGzAAAAQBAJ>. For more about the history of opium, see John C. Kramer, "Opium Rampant: Medical Use, Misuses and Abuse in Britain and the West in the 17th and 18th Centuries," *British Journal of Addiction (to Alcohol & Other Drugs)* 74, no. 4 (1979): 377–89; H. Derks, *History of the Opium Problem: The Assault on the East, ca. 1600–1950* (Leiden and Boston: Brill, 2012); Koen Deforce, "The historical use of laudanum. Palynological evidence from 15th and 16th century cesspits in northern Belgium," *Vegetation History and Archaeobotany* 15, no. 145 (2006): 145–48.

60. Booth, *Opium*, 24.

61. Gemma Blok, *Ziek of Zwak: Geschiedenis van de verslavingszorg in Nederland* (Amsterdam: Uitgeverij Nieuwezijds, 2011), 10, [https://books.google.nl/books?id=\\_wAPCM1tk4gC](https://books.google.nl/books?id=_wAPCM1tk4gC).

62. Booth, *Opium*, 26.

63. Ibid.

64. For the used pharmacopoeias, see footnote 26.

65. Lemery, *Woordenboek*, 507–8; Blok, *Ziek of Zwak*, 11.

66. Lemery, *Woordenboek*, 507–8.

67. Beets and Meijlink, *Woordenboek*, 211.

68. Original text: "...schier ongeloofelijk veel zijn de duizendtallen van menschen, van redelijke wezens, die zich met hetzelfde opzettelijk vergiftigen, niet wel zoo zeer met oogmerk om het leven te verkorten, schoon een vroegtijdige dood er altijd het onvermijdelijke gevolg van is, maar om gestadig in eene zekere opgewondenheid, in eene soort van dronkenschap te verkeeren, niettegenstaande zij het weten, dat zij weldra, ten gevolge daarvan, een geheel uitgeput ligchaam zullen rondslepen, totdat zij als afgeleefde grijsaards reeds in den bloei hunner jaren ten grave dalen." From *ibid.*, 213–14.

a completely exhausted body, until in the prime of their lives they descend into the grave as decrepit old men.

Now that we have an idea of the historical context of the new intoxicants and their therapeutic applications in Europe between 1600 and 1850, we can proceed to the discussion of the primary sources to see what these can tell us about the role of apothecary shops in the popularisation of the new intoxicants. As we have seen in previous sections, pharmacies in early modern Amsterdam did not provide many pieces of comfortable furniture, nor do primary sources provide much evidence for an important social function. It does therefore not seem likely that the apothecary shop was a place where people came to relax and consume intoxicating substances. Is this hypothesis confirmed by primary sources, such as inventories, legislation, and literature?

Besides listing the pieces of furniture that could be found in the shop, several inventories also mentioned which medicinal compounds were present in the shop and in other rooms of the house where they were stored.<sup>69</sup> By examining the quantity of the new intoxicants present in the shops, we might be able to draw conclusions about the popularity of these compounds. Based on the fact that almost all of the intoxicants were included in all pharmacopoeas between 1693 and 1803 – the time range in which the studied inventories were drawn up – we might expect to find them in all of the inventories. Exceptions are cocoa, which was not mentioned in the *Pharmacopoea Amstelaedamensis Renovata* from 1726 and 1767, and coffee and tea, which were only listed in pharmacopoeas up until 1756. In reality, looking at the inventories, only opium was commonly present. It is mentioned in twelve out of fourteen inventories that mention medical ingredients, whereas tobacco and cocoa, in the form of snuff and chocolate, only appear once in 1792. Sugar is not mentioned as such, but honey was present in 1718 and 1736 and we know that sugar was an ingredient of many syrups and other composited medicines. Coffee and tea are not mentioned at all. Similar results were found in a collector's cabinet from 1756.<sup>70</sup> This cabinet held three products of the opium poppy – seeds, fruit, and a gum or resin – and cocoa beans, while tobacco, sugar and coffee were not present. Unlike the shop inventories, the inventory of this cabinet did list *Thea Bohea*, also known as tea plant. Apparently, this substance was still related to medicine to the collector.

One factor which may help explain the difference in presence between opium and the other new intoxicants is that there were many different forms in which the poppy was used: inventories list the fruits and the seeds, opium processed in an oil or water based composited drug, a so-called *gummi*, and of course as an ingredient of the famous *laudanum*, *theriac*, and *mithridaet*. This multitude of preparations which have a part of the opium poppy as their main ingredient increases the statistical chance of finding one of these in an inventory. Even so, opium was found in the apothecary's inventory significantly more often than the other intoxicants.<sup>71</sup> A more compelling explanation is that the consumer market for opium was less competitive. After all, it did not become a product of mass consumption until the nineteenth century, whereas sugar was already being sold in specialised shops by the first half of the seventeenth century.

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69. For an overview of the number of inventories per period that were used in this study, see Table 3.1. Of the 37 inventories, 14 mention specifically which medicinal substances were present.

70. It concerns the collector's cabinet with its contents, 1765, 212 × 98 × 66.5 cm, Amsterdam Museum Collection Online Research, Amsterdam, accessed January 13, 2020, <https://hart.amsterdam/collectie/object/amcollect/23548>. This cabinet may actually date back earlier than 1765, see Raymond van der Ham and Annette Bierman, *Van gildekast tot schoenendoos: Nederlandse simpliciaverzamelingen* (Leiden: Erato, 2017), 30. I would like to thank Judith van Gent of the Amsterdam Museum for providing me with the inventory list of this collector's cabinet. Due to a lack of time, other collector's cabinets have not been studied within the scope of this research. These sources may still hold interesting information on the presence of the new intoxicants within the medical domain in the Netherlands.

71. Another factor that may have played a role but which does not explain the large difference between the presence of opium and that of the other intoxicants is the apothecary's purchasing pattern. As James Shaw and Evelyn Welch point out, apothecaries made infrequent purchases in bulk, which resulted in highly variable stock; Shaw and Welch, *Making and Marketing*, 64. Realistically though, the effect of this should be statistically neutral across all inventories.

During the eighteenth century, coffee and tea were mainly sold in specialised shops as well, such as coffee houses and general drug stores. This also became evident in Bontekoe's statement that people should use tea rather than going to the apothecary for a different treatment. By 1742, there were no fewer than 185 specialised shops for coffee, tea, or both.<sup>72</sup> Cocoa and tobacco were listed in the pharmacopoeas for a longer period than coffee and tea, which might explain why these are mentioned in an inventory while coffee and sugar are not. Moreover, we know that tobacco was still used for enemas well into the nineteenth century. Yet, the market for these substances was competitive as well: there were 233 tobacco vendors in 1742.<sup>73</sup>

Thus, the inventories indicate that aside from opium, the intoxicants were not often found in pharmacies in Amsterdam between 1693 and 1803. This confirms the image that the apothecary shop was not an important social place where these substances were consumed recreationally. Contemporary opinion articles give the same impression. For instance, in 1839 someone mentions that the situation in the Netherlands is not as bad as elsewhere, where the apothecary often runs a coffeehouse as well.<sup>74</sup> Apparently such practices were not common in the Netherlands. Another text which compares the Dutch situation to that in another country was published in 1827. The anonymous author describes the situation in London and Manchester with regard to opium, and states:<sup>75</sup>

Especially on Saturday evenings, the apothecary shops are well-stocked with opium pills of one and two grains, ready-made in stock, to fulfil the many requests, which are never in short supply.

The tone and the reference to the English situation as an "*opmerkelijke bijzonderheid*", a remarkable peculiarity, shows that the sale of opium pills for leisure purposes was not part of the normal course of the apothecary's business in the Netherlands. In another example, a critic writes that apothecaries get angry when their apprentice is not around, because it means they cannot retreat into the house and smoke their pipe.<sup>76</sup> This implies that the apothecary shop itself was not regarded as a suitable space to smoke pipe; one had to retreat into the house to do it.

These examples from literature again indicate that the average apothecary shop in Amsterdam was not a place for consumption or for buying intoxicants recreationally. However, since the inventories mainly cover the eighteenth century and the literary sources are from the first half of the nineteenth century, we may question whether this is representative for the seventeenth century as well. After all, in this period, the new intoxicants were not as commonly used as in the later periods. Indeed, the painting on the title page of this thesis, which shows the apothecary smoking a pipe inside his shop, dates from the 1650s. Unfortunately, no other seventeenth-century sources were found which address the consumption of the new intoxicants.

Interestingly, primary sources do describe the consumption of alcohol in apothecary shops. For example, a decree from 1419 commands that apothecary shops in Utrecht cannot be open after the taverns close, in an attempt to prevent people from diverting to the apothecary shop to continue drinking.<sup>77</sup> As it turns out, especially in the smaller cities, apothecaries were important

72. Cite[153–54]Lesger2013. Note that these number are underestimations since only the shopkeepers with sufficient income were registered.

73. Lesger, *Winkellandschap*, 153–54.

74. "Sigtenhorst," 519–20.

75. Original text: "Des Zaturdagavonds vooral zijn de Apothekers-winkels ruim voorzien van Opium-pillen van een en twee grein, in voorraad gereedgemaakt, om aan de veelvuldige aanvragen te voldoen, waaraan het alsdan nooit ontbreekt." From "Iets over het opium-vertier te Londen," *Vaderlandsche Letteroefeningen*, 1827, 140, [https://www.dbnl.org/tekst/\\_vad003182701\\_01/\\_vad003182701\\_01\\_0265.php](https://www.dbnl.org/tekst/_vad003182701_01/_vad003182701_01_0265.php).

76. "Eenige aanmerkingen op zeker stukje, getiteld: 'Het praktizeren der apothekers'," *Vaderlandsche Letteroefeningen*, 1826, 465, [https://www.dbnl.org/tekst/\\_vad003182601\\_01/\\_vad003182601\\_01\\_0369.php](https://www.dbnl.org/tekst/_vad003182601_01/_vad003182601_01_0369.php).

77. A. J. van Huffel, "Historisch-Pharmaceutische varia V," *Pharmaceutisch Weekblad* 73 (1936): 1054, <https://www.pw.nl/archief/historisch-archief>. Huffel refers to Johannes Jacobus Dodt van Flensburg, *Archief voor kerkelijke en wereldsche geschiedenissen, inzonderheid van Utrecht. Deel 5* (Utrecht: N. van der Monde, 1846), 81, [https://www.dbnl.org/tekst/dodt001arch05\\_01/dodt001arch05\\_01\\_0040.php](https://www.dbnl.org/tekst/dodt001arch05_01/dodt001arch05_01_0040.php).



sellers of wine for a long period.<sup>78</sup> The practice of serving alcoholic beverages in apothecary shops seems to have continued well into the seventeenth century. A source from the nineteenth century claims that those who longed for a drink, “gathered before and after the middle of the seventeenth century and later in the houses of the apothecaries.”<sup>79</sup> Indeed, a book from 1631 states that besides taverns, many apothecary shops were places where customers could become drunk on wine and beer, and that this practice was stimulated there as well.<sup>80</sup> A source from 1645 also mentions the sale of brandy.<sup>81</sup> Additionally, Fig. 7.7, which is taken from a book published in 1645, shows someone drinking something inside the apothecary shop while leaning back against the counter. <sup>82</sup> Theoretically, this man might be an inspector of the Collegium Medicum, just



Figure 7.7: *De Seste Ver-Eeringe; Aen den Heren Apothekarius, ofte Monsieur Puyste-vuyr* [1646]. From Archive.org. <https://archive.org/stream/deugdenspooorinde01baar>.

like we saw in Fig. 7.1. However, the situation in Fig. 7.7 seems to be decidedly less formal: the drinking man is represented as leaning back against the counter instead of looking attentively at the apothecary or his wares. Moreover, the chapter following this image mentions the presence of alcohol within Amsterdam’s apothecary shops. It therefore seems more plausible that this man is consuming some kind of spirit, be it for medical or recreational reasons.

Although it is unknown when exactly the consumption of alcoholic beverages in Amsterdam’s

78. Henriette A. Bosman-Jelgersma, *Poeders, Pillen en Patiënten: Apothekers en hun zorg voor de gezondheid door de eeuwen heen* (Amsterdam: Sijthoff, 1983), 41–43.

79. Original text: “kwamen voor en na het midden van de zeventiende eeuw en later bijeen, aan de huizen der apothekers.” Jacobus Scheltema, *Geschied- en Letterkundig Mengelwerk*, vol. IV (Utrecht: J. G. van Terveen en Zoon, 1830), 237, <https://books.google.nl/books?id=rA8bAAAAAYAAJ>.

80. Adamus Westermannus, *Christelijcke Zee-Vaert ende Wandel - wech/ Hoe een Schipper/ Coopman ende Reysende Man in de vreesse Godes in zijn uyt ende in reyse/ als oock een yeghelijck Mensche in tijde van Onweder/ Dond’re/ Blixemen/ harde Winden ende Waters-noodt hem houden ende draghen sal* (Amsterdam: Broer Jansz., 1631), 197, <https://hdl.handle.net/2027/njp.32101067679330?>.

81. See for example Petri Baardt, *Deugden-Spoor; in de On-Deughden des werelts aff-gebeeldt* (Leeuwarden: Hans Willems Coosman, 1645), 121, <https://archive.org/stream/deugdenspooorinde01baar>.

82. *De Seste Ver-Eeringe; Aen den Heren Apothekarius, ofte Monsieur Puyste-vuyr* in *ibid.*, 118. Unfortunately, it remains unknown what item the man at the left is holding in his hand behind his back. It seems to have been placed in this figure prominently, and might give an indication as to who this man is and what is happening in this figure.

apothecary shops became less common, they seem to have disappeared from pharmacies by the end of the seventeenth century. For example, other nineteenth century literary sources mention that a seventeenth century apothecary went to the tavern to drink instead of using his own medicinal wines, and that in the eighteenth century, scholars had already argued that the sale of alcohol should return to pharmacies because the situation had been better in the past, when the apothecary had still been in control over the amounts of alcohol that were consumed.<sup>83</sup> The consumption of alcohol in pharmacies becoming uncommon by the end of the seventeenth century is further confirmed by a sign in front of a seventeenth century apothecary shop, which reads: “Here, one can buy drinks both downstairs and upstairs, one is for the healthy, and the other for the sick.”<sup>84</sup> Unfortunately, it is unknown when exactly this sign was in use. Although it still shows the connection between the apothecary and brandy, the brandy was sold in the cellar and not in the apothecary shop itself. Thus, these sources provide an indication that the consumption of alcohol within an apothecary shop was not common anymore after the seventeenth century.

Only two primary sources were found which possibly contradict this theory. First, a deed from 1706 describes that an apothecary’s wife simply consumed every kind of alcohol she could get her hands on.<sup>85</sup> Second, an inventory from 1777 still mentions the presence of a jug of brandy.<sup>86</sup> This may have been used exclusively for medicinal purposes, but surprisingly, no other medicine is listed. Thus, this shop may have been an exception which still served alcohol. Of course, this brandy may also have been intended for private use. Strong proof for the absence of alcohol for consumption in the apothecary shop is only present from the early nineteenth century onwards. For example, in a travel report from 1802–1803, the author describes his amazement upon witnessing gentlemen getting themselves intoxicated in a pharmacy by drinking a medicinal drink.<sup>87</sup>

In short, little evidence was found for the consumption of intoxicants in apothecary shops in Amsterdam between 1700 and 1850. In the seventeenth century, intoxicants may have been consumed in the shop, but it is hard to say to what degree. The painting on the title page of this thesis and Fig. 7.7 suggest that the consumption of medicine was not as uncommon in the seventeenth century as it was in the rest of the studied period. Yet, we should keep in mind that only two out of the seventeen visual sources from this century depict consumption happening inside the apothecary shop, whether for medicinal or recreational purposes, and that this practice was not described in literary sources or legislation from this period. The only thing we can be sure about is that alcohol was served in pharmacies until well into the seventeenth century. The fact that there is so little evidence of the use of other intoxicating substances implies that their consumption inside the shop was limited. This does not mean, however, that apothecaries had no influence on the commodification of the new intoxicants whatsoever. After all, their preparation of these medicinal drugs was still how many people first came in contact with them, before they

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83. Petrus de Wacker van Zon, *Willem Hups. Eene anecdote uit de XVII eeuw; ongelooflijk zelfs in de onze* (Den Haag: J. Immerzeel, 1805), 24, [https://www.dbnl.org/tekst/daal002will01\\_01/daal002will01\\_01\\_0001.php](https://www.dbnl.org/tekst/daal002will01_01/daal002will01_01_0001.php); W.F. Buchner, “Verhandeling over de dronkenschap, bijzonder over de maatregelen, die, ter wering van deze ondeugd, in vroegere tijden, bij onderscheidene volken, zijn genomen,” *Vaderlandsche Letteroefeningen*, 1841, 582, [https://www.dbnl.org/tekst/\\_vad003184101\\_01/\\_vad003184101\\_01\\_0382.php](https://www.dbnl.org/tekst/_vad003184101_01/_vad003184101_01_0382.php).

84. Original text: “Hier verkooptmen zo wel onder als boven dranken, het een is voor gezonde, en ’t ander voor de kranten.” Hieronymus Sweerts, *Koddige en ernstige opschriften, op luyffens, wagens, glazen, uithangborden en andere taferelen. Van langerhand by een gezamelt en uitgeschreven, door een liefhebber der zelve. Derde deel* (Zaltbommel: De Europese Bibliotheek, 1969), 95, [https://www.dbnl.org/tekst/swee002kodd01\\_01/](https://www.dbnl.org/tekst/swee002kodd01_01/).

85. Statement concerning Jan Blaauw, 11 January 1706, inventory number 5408, 5075: Archief van de Notarissen ter Standplaats Amsterdam, Gemeente Amsterdam Stadsarchief, Amsterdam, the Netherlands.

86. Contract of Sale, 26 May 1777, inventory number 15016, no. 68, 5075.X: Archief van de Notarissen ter Standplaats Amsterdam, Gemeente Amsterdam Stadsarchief, Amsterdam, the Netherlands.

87. “Engeland, Wales, Ierland en Schotland, door C.A.G. Goede. Behelzende berigten aangaande deze Landen, verzameld op eene Reize, gedaan in de Jaaren 1802 en 1803. Iste Deel. Met Plaat. Uit het Hoogduitsch vertaald. Te Haarlem, bij F. Bohn. In gr. 8vo. 328 Bladz.,” *Vaderlandsche Letteroefeningen*, 1806, 258, [https://www.dbnl.org/tekst/\\_vad003180601\\_01/\\_vad003180601\\_01\\_0084.php](https://www.dbnl.org/tekst/_vad003180601_01/_vad003180601_01_0084.php).

had become so popular that they were sold in specialised shops.<sup>88</sup> Therefore, it did matter how apothecaries prepared the new drugs and how they advertised them among doctors and patients. For example, it is known that apothecaries who prepared snuff added other ingredients to make its use more pleasant.<sup>89</sup> Of course, the apothecary had his own interests in mind when doing so: better taste and overall experience of medicine also contributed to the apothecary's reputation and business.

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88. Although general drug stores do not fall within the scope of this study, they may also have been among the first sellers of the new intoxicants and the form in which they sold these substances may also have influenced the process of commodification. However, drug stores appear to have been more focused on the sale of raw ingredients, and may not have been as likely to add pleasant ingredients to the intoxicants.

89. Algera, *Mens en Medicijn*, 290.

## 8 Conclusion

During the consumer revolution of the seventeenth and eighteenth century, sugar, tobacco, coffee, tea, cocoa, and opium – also known as the new intoxicants – were established in Europe as common consumables. Since they were all introduced as medicinal compounds between 1600 and 1850, the apothecary and his shop played an active role in their commodification. In this thesis, the extent of this role has been studied for Amsterdam, which was a major centre of trade during this period. Little was known about the public and social functions of these shops here. The exploration of many different kinds of sources – geographic data, sociodemographic data, visual representations, literary descriptions, legislation and notarial deeds – indicates that the social function of this shop was limited.

For reference, the location pattern of apothecary shops in early modern Amsterdam was visualised for the first time ever in this study. Analysis of this pattern proves insightful, and shows us that pharmacies were scattered across the city. Relatively speaking, there were more pharmacies in the better areas and fewer in the worse areas of Amsterdam. Based on a comparison of the distribution of the apothecary shop to the location patterns of shops for daily necessities and shops for durables, we may conclude that the apothecaries were regularly visited by their customers, and that their products were mainly intended for the better off. Besides shedding light on the location of the apothecary shops within the city, this study has provided insight in the place of the apothecary shop within the street scene of early modern Amsterdam. The shops looked similar to other shops of the time, both in architecture and in aspects like the outside display of the goods for sale. Besides the items put up for display, the apothecary himself could also regularly be found outside of the shop, stirring in a pot on his furnace. Not seldom, customers would first encounter the apothecary and his wares outside, on the pavement in front of the pharmacy. However, a relatively large part of the apothecary's actual business seems to have taken place inside. This is notable since it was typical for shops in Amsterdam to do their business on the pavements until well into the eighteenth century.

In contrast to Venetian pharmacies, which were characterised as adhering to a social model, no evidence was found for regular social gatherings in apothecary shops in Amsterdam, at least from the eighteenth century onwards. About one third of the studied inventories of apothecary shops mentions a place to sit, but they only offered space for one person at a time. Moreover, in about half of the cases, it concerned a chair that was probably primarily used by the apothecary himself. A waiting area with multiple seats was not found, nor were there decorative items such as paintings or comfort items such as cushions. Gambling tables were not present either. The different sources all indicate that the social function of the early modern apothecary shop in Amsterdam was limited to incidental meetings with other customers. This difference to the situation in Venice is related to differences in the apothecary's business. Where Venetian apothecaries were well respected, the pharmacists in Amsterdam did not have a good reputation. Although their social position is said to have been generally good, primary literary sources indicate that there was a lot of mistrust involved. This was mainly caused by the high prices that the apothecaries asked for their wares, and by the fact that their apprentices were entrusted too much responsibility. Besides this, apothecaries were accused of crossing the boundaries of their discipline. This lacking reputation did not contribute to the social function of their shops. Additionally, the Venetians went to the apothecary shop to order their medicine and subsequently stayed in the shop to wait until their drug was prepared. In Amsterdam, it seems to have been more common to leave the shop after placing your order and to have the medicines delivered to the customer's house. This reputation and daily practice confirms that there was

little reason to stay in the apothecary shop any longer than necessary and that the social model is not applicable for these shops.

An exception to these findings is the municipal pharmacy, which did have many chairs and also contained items for comfort and decoration. This shop was owned by the local government and the presence of these items indicate that the representation model, which was also found for apothecary shops in Stockholm, applies here. Unfortunately, there is little information about interactions or practices within this shop. Although no evidence was found for this public apothecary shop to serve important social functions, the many chairs indicate that there was a waiting area which offered more opportunities for people to meet there occasionally. Aside from this state-funded pharmacy, there is no evidence for private apothecary shops to have served a representational function. Unlike the shops in Stockholm, the shops in Amsterdam did not seem to have had an exceptional exterior design. Curiosities were encountered in several inventories, but their number was limited. Moreover, literary sources do not refer to apothecary shops as curious places. Therefore, the representation model seems to have been limited to the municipal pharmacy in Amsterdam.

The third shop model that was identified, the trust model, is somewhat more applicable to the apothecary shops in Amsterdam. Like those in London, Amsterdam's pharmacies did feature decoration such as curiosities and painted drug jars. However, Clé Lesger demonstrated that the interior of shops in Amsterdam was generally more sober than in London, and this study confirms that apothecary shops formed no exception. There were pharmacies which contained furniture composed of fashionable wood types or furniture that contained glass or beautiful artisanal wood carvings, but the overall impression of these shops remains rather sober. However, like the shops in London, the curiosities and the large amount of equipment and jars signalled that the apothecary was trustworthy and that he knew his business. This function was not unimportant in Amsterdam's apothecary shops, but of course these items also served to draw customers just because they were interesting to look at. Especially when compared to the apothecary shops in London, the pharmacies in Amsterdam seem to have been more focused on practicality.

Up to this point, the sources indicate that the average apothecary, at least from the eighteenth century on, did not offer a comfortable place for lingering and no evidence for them stimulating social gatherings was found. The social model is not applicable, nor is the representative model, except in the case of the municipal pharmacy. The trust model, which was found for shops in London, is most suitable, even though the shops in Amsterdam were less elaborately decorated. Its furnishings were mainly practical and contributed to the apothecary's business by reassuring expertise and quality. The shop model for Amsterdam's pharmacies is a more sober version of the English trust model, and it may be most appropriate to refer to it as a business-oriented model. The main purpose of the furniture and design of the shop was to sell substances and to do business in the most efficient way possible.

Yet, as the location pattern indicates, customers frequently visited the shop. This raises the question of whether they could also consume the apothecary's wares inside the shop on one of their regular visits. The aforementioned findings render it unlikely: there was no comfortable area for doing so. Based on this study, we may conclude that at least from the beginning of the eighteenth century onwards, the consumption of the new intoxicants in apothecary shops in Amsterdam was uncommon. Opium was the only one of these compounds which was regularly listed in inventories, which may be because it took longer for this substance to become popular among the wider public. For the other intoxicants, the competition with specialised shops was much stronger and they were quicker to lose their medical connotations. Indeed, primary literary sources indicate that people could buy tea, coffee, and other substances without paying the apothecary a visit, even if they needed these compounds for medical reasons. Considering the high prices and poor reputation of the apothecary, this may have been the preferable option for many.

Unfortunately, it is harder to draw conclusions about the seventeenth century. It is known that

the distribution and consumption of alcohol in the apothecary shop had been common until well into the seventeenth century, but no clear evidence has been found regarding the accompanying social practices or the consumption of the new intoxicants. This is due to the simple fact that more source material is available for the later centuries, and with the handwriting in inventories from before the eighteenth century, which is very hard to decipher. The lack of sources for this period in this research is regrettable, since all of the intoxicants except for opium were introduced in this period. It would therefore be worthwhile to conduct further research on seventeenth century apothecary shops. The fact that this era was also the period of economic prosperity in the Netherlands – the seventeenth century is called the Dutch Golden Age for a reason – makes the situation in Amsterdam all the more relevant.

In conclusion, this research has contextualised the historical drug trajectories of the new intoxicants in European society by studying the function of the apothecary shop in Amsterdam. Since the social role of these shops was limited to occasional meetings between customers and no evidence was found for this place attracting social gatherings nor for the large scale consumption of new intoxicants, the active role of the apothecary in introducing these intoxicants was limited. This does not mean, however, that the apothecary and his shop did not play a role in the commercialisation of the new intoxicants whatsoever. After all, they were involved in the first sales and thus promotion of these products, and by processing the raw ingredients into a mixed medicinal compound, they influenced the taste and overall experience of the consumption of these substances. Further research should be conducted on these other ways in which apothecaries influenced the introduction of new consumables into society. How did the apothecaries process the new consumables and what consequences did this have for the popularity of these substances? Useful sources that have remained unexplored in this regard are records of medicinal prescriptions or sales records. These may shed light on how often new consumables were prescribed and in which form.

Another interesting topic for future research into the new intoxicants is the role of the shops specialised in their sale. When exactly did these come up and what was their relation to apothecary shops? Besides this, it would be relevant to know whether apothecary shops in other cities, such as Venice, did provide the opportunity for the consumption of new consumables. One literary source recounts an apothecary shop in England selling opium pills on Saturday night for recreational purposes, so the situation in other parts of Europe may have been substantially different.

This study also provides valuable context for other long-term dynamics and historical trajectories. By exploring many different kinds of sources, useful insights have been gained about the daily practice inside an early modern apothecary shop in Amsterdam. For instance, the literary sources shed light on the complicated relationship between doctors and apothecaries. The apothecaries were accused of crossing the boundaries of their field, yet the administration of enemas was considered appropriate for them. And while doctors looked down on apothecaries, they also depended on them for their business. Another useful insight of this study concerns the distribution of the apothecary shops. In further research, the location of apothecaries may be related to that of doctors, other medical practitioners, general drug stores, or the specialised shops for the new intoxicants to gain insight in the urban geography of health care in early modern Amsterdam. Moreover, this study has shown that the location of apothecaries was not random: they were well represented in the wealthier areas yet less commonly found in worse neighbourhoods. Further research could look into this distribution and relate the location of the apothecaries to their income and, for example, the number of delivery boys, to gain additional insights in the business perspective of the apothecary shops. It would also be interesting to learn more about the relationship with itinerant traders, market vendors, and the keepers of spice shops. When exactly did people go to the apothecary shop instead of to such other people? Was the apothecary shop even accessible to all, or was it primarily intended for wealthy customers?

In this study, an exploratory mixed-methods approach has been adopted. Many different kinds of sources have been examined relatively superficially. This proved challenging, since all of these sources come with their own biases and their combination brings together multiple academic disciplines. In the case of museum objects, primarily the valuable objects have stood the test of time. Similarly, objects of little worth may have been omitted from inventories. Drawings, paintings, and literary sources depict reality as the artist or client wanted it to be seen and the artists used symbolism, which further complicates matters. Be that as it may, the use of the different kinds of sources reduces the overall impact of these source-specific biases. As a result, this approach allowed the quick derivation of clues from different angles, which could then be combined to form a view of what early modern apothecary shops were like. For such purposes, this exploratory mixed-methods approach proved very valuable and the use of multiple types of sources is highly recommended for researchers to obtain a quick yet broad overview.

As a next step, the consulted sources might be studied in greater detail to further build upon the foundation laid in this study. Undoubtedly, academics from different fields, such as art historians and literary historians, will be able to contribute new insights on the matter. A major drawback of the exploratory nature of this research is that it proved hard to discern any trends related to time or location. It was found that the fashion in wood for cabinets changed and that the use of glass in furniture gained popularity, but trends more specific to apothecary shops were difficult to spot. The database that was used to analyse the distribution of apothecary shops over the city did not allow an analysis over time either. Further in-depth research may fill this gap of knowledge and also provide more geographical data for the nineteenth century, for which only few sources were found in this research.



## 9 Epilogue

At the end of this thesis, we return to the image on the title page and use the newly gained insights to understand what we see here. First, let us have a closer look at the furniture. In his depiction of an apothecary shop in the late 1670s, painter Quiringh van Brekelenkam chose to give the counter and the shelves with the glass jars a prominent place. As we know now, these items were indeed the eye catchers of early modern shops. The presence of a chair was also not uncommon. Yet, the mirror behind the counter is rather curious since this was rarely found in apothecary shops. The absence of equipment is also remarkable. Not even a mortar and pestle are depicted, while these items were very important and also typical for an apothecary shop.

Finally, let us analyse the depicted situation within the context of this thesis. The apothecary's wife gives a cup with some liquid to a girl. Using the information that we have collected, it seems most likely that this liquid is some kind of medicine and that the girl retrieves it for either herself or a family member. The doctor may have prescribed this drug, or the girl's mother may have asked her to go and buy it. In this case, the liquid could be prepared within a reasonable amount of time, and the girl immediately took it home instead of having it brought to their house by a delivery boy. The sight of the apothecary sitting on a chair was not uncommon. We have seen that a chair or small bench was present in several apothecary shops, but that there was rarely more than one seat per shop. Finally, the consumption of new intoxicants such as tobacco inside the shop was uncommon, rendering it unlikely for someone to come and join the apothecary for a smoke, be it recreational or medical.

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