

# MEDICINE AND PHARMACY AT THE CAPE OF GOOD HOPE, 1652-1807

by

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WHAT is now the Cape Province of the Union of South Africa came into being because of the interests of the Netherlands in the East. Jan van Riebeeck, a quondam surgeon in the service of the Netherlands East India Company, was instructed to 'establish a rendezvous on the shores of Cabo de Bona Esperance, in order that our passing ships may safely touch there, to obtain meat, fresh vegetables, water . . . and that our sick may be restored to health'.<sup>1</sup> He entered the service of the V.O.C.<sup>2</sup> in April 1639 as an 'onderchirurgyn', and sailed for the East. The career of ship's surgeon did not offer great financial rewards, as is shown by the rates of pay of the ship's personnel:

Captain	..	..	..	..	..	80	gulden	per	mensem
Chief Mate	..	..	..	..	..	50	„	„	„
Chief Carpenter	..	..	..	..	..	42	„	„	„
Chief Surgeon	..	..	..	..	..	40	„	„	„
Under Surgeon	..	..	..	..	..	28	„	„	„
Cook	..	..	..	..	..	26	„	„	„

Thus it was not unusual for a ship's surgeon to forsake his own craft and to become a merchant. It was in the capacity of 'koopman' that van Riebeeck set off in command of three ships which arrived in Table Bay on 5 April 1652.

Johan (Jan) van Riebeeck was born in 1619 at Culemborg, near Utrecht, the son of a surgeon. Burrows refers to him as being apprenticed to the Barber-Surgeons' Guild of Amsterdam, whilst Menko says he was probably apprenticed to his father, who at that time was also a ship's surgeon.<sup>3</sup>

The former is probably correct, since it is hardly likely that a father would voluntarily subject a youth to the life on shipboard, at a time when the mortality rate on a long voyage was high.

Whatever the venue, his training would follow the same pattern; three or four years' apprenticeship, followed by examination before the peers of his profession. Apprentices living in a town where there was a Surgeons' Hall would have the additional benefit of lectures by the senior members of the Guild, and of attending at dissections.

The Netherlands, perhaps in reaction to its freedom from long endured Spanish domination, perhaps due to its Protestantism, was more liberal towards surgical education than other countries. The teaching of anatomy by dissection of the human corpus was allowed, nay even encouraged.

None the less, despite the fact that Dutch surgical training may have been in advance of that elsewhere, it is clear that at that period emphasis in practice was not on surgery, but on medicine and pharmacy. The title surgeon, which is

often used in alluding to early practitioners is a misnomer, and if the more correct title of 'barber-surgeon' be not used, then the correct designation would be 'surgeon-apothecary', or if emphasis be placed upon that section of the craft which occupied the major portion of their time, 'apothecary-surgeon'. A correct perspective of so-called surgical practice, and also of the way in which physicians and apothecaries were trained throws light upon the development of medicine and pharmacy during those formative days in the Cape.

### *Early Days at the Cape*

Van Riebeeck's first task was to build a fort and a hospital, a task which was accomplished by 1656. The gardener, Boom, saw to it that there was a supply of anti-scorbutic vegetables awaiting ships en route to the East.<sup>4</sup>

The hospital and the health of the settlers was in the care of Adriaen de Jager. Other surgeons in the Company's service in the formative years were Cornelis Mayerp, Jan Vetteinan, Peter van Clinkenberg and Pieter van Meerhof, the latter more famed perhaps as an explorer of the Cape, and for his marriage to a Hottentot girl, Eva of the Cape.

Private practice began even in these early days and Jan Vetteinan, relinquishing his post with the Company, became a free burgher and the first civil practitioner, but did not make a financial success of it.

The first apothecary at the Cape was Joachim Blanck of Lübeck, who joined the staff in 1653 when the hospital still consisted of tents. Michiel Ditmar, an apothecary in practice in Stellenbosch, became Landdrost of Stellenbosch and Drakenstein from 1698 to 1703.

Replacements of surgical staff were effected either by surgeons coming out from the Netherlands, or more usually by training them at the Cape. The candidate, usually a soldier, was taken into the service of the hospital, and after a period of what was virtually apprenticeship, submitted himself to examination by the senior surgeons and was granted a certificate of fitness to practise.<sup>5</sup> This method of training was pursued until the second advent of the British forces in 1806.

The Dutch East India Company was liquidated in 1798, but six years prior to that had ceased to pay dividends. During the Napoleonic wars the Cape was occupied by the British (1795-1803), and from 1803 to 1806 was a fief of the Batavian Republic. During the latter period the same sort of training prevailed, practice being governed by the Statutes of Batavia.

### *The Advent of British Rule*

In 1806 the British forces under Major-General Sir G. H. Craig occupied the Cape, and once calm again prevailed, the chaotic state of medicine and pharmacy became evident to those in authority. Representations had been made to the Lieutenant-Governor, and he instituted a three man Committee of Enquiry, headed by Alexander Baillie, M.D., Principal Medical Officer to the Forces at the Cape. These were charged to visit the apothecary shops in the

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town and to investigate the charges that 'bad medicines and drugs are daily sold to the inhabitants', and also of 'the exorbitant prices at which they are retailed'.<sup>6</sup>

Report was duly made to the Lieutenant-Governor, Lieutenant-General the Hon. G. H. Grey, who thereupon issued the First Medical Proclamation of the Cape.<sup>7</sup> This Proclamation, dated 24 April 1807, created the Supreme Medical Committee, before whose members all those who practised any branch of medicine, i.e. as physician, surgeon or apothecary, had to appear, and submit their diplomas or other evidence of their fitness to practise, or submit themselves to examination.

The Committee transmitted in course of time to the Colonial Secretary, as directed by Article 3 of the Proclamation, a list of those who were adjudged fit to practise as Physicians, Surgeons, and of those 'who ought only to be allowed to retail Medicines and Drugs, and make up prescriptions'.<sup>8</sup>

This list comprised twenty-two names:

*1st Class*

Dr. Prediger.	Physician.	
Liesching.	"	
Wehr.	"	Surgeon and Accoucheur.

*2nd Class*

Messrs Bosenburg.	Surgeon.
Akkerman.	"
Hartley.	"
Azerond.	"
Mackrill.	"

*3rd Class*

Messrs Synkantyn.	Surgeon.	} Tho' destitute of a regular Diploma or Collegiate Certificate are recom- mended for the reasons assigned in this report.
Mader.	"	
Grimbeek.	"	
Leuwer.	"	
Pallas.	"	

*4th Class*

Messrs Wahlstrand.	Apothecary,	Chemist and	Druggist.
Polemann.	"	"	"
Verrume.	"	"	"
Leuring.	"	"	"
Lippart.	"	"	"
Smitt.	"	"	"
Matthiesen.	"	"	"
Eiselort.	"	"	"
Ludwig.	"	"	"

Accompanying this list was a second one comprising those who had been rejected or who had withdrawn from examination.

The Report, signed by A. L. Emerson, M.D., Secretary of the Supreme Medical Committee stated *inter alia* that:

they ought to have examined every Practitioner who was not provided with a regular Diploma from an University or College in Europe, but there are some Persons practising as Surgeons, who altho' destitute of such Diploma, yet in consideration of their age and long residence in the Colony are recommended to be allowed to continue their practice.

The first three names on the list were those who had continental M.D.s. The second, however, Friedrich Ludwig Liesching (1757–1841) practised not only as a physician, but also as an apothecary, as shown in the Committee's Second Report.

Since the names of those in the 'Third Class' are those of persons 'destitute of a regular Diploma', those listed in the 'Second Class' should presumably have been those regularly qualified.

Three of these names are Dutch, and it is possible that they may have been members of the Guild of Surgeons, or have been examined by a medical committee of the East India Company, the *wal-geneeskundigen*.<sup>9</sup> Christian August Bösenburg probably fell into the latter class, since he was a native of Nordhausen and came to the Cape as Surgeon-Major of a mercenary regiment.<sup>10</sup>

Another, Richard Hartley (1770–1830), originally of Nottinghamshire, has been referred to as an M.D., and although listed here as a surgeon, was in general practice.

Joseph Mackrill (1762–1820) of Kingston, Surrey, had apparently no such Diplomas, for he was neither a Member of the College of Surgeons, nor of the Society of Apothecaries.<sup>11</sup> Presumably therefore he had served an apprenticeship with a surgeon and was licensed to practise on presentation of a certificate to this effect from his Master.

Whatever his training, Mackrill was certainly an erudite man, well versed in botany and zoology, and very well travelled.<sup>12</sup>

Of those classed as apothecaries, chemists and druggists, Leuring and Lippart had been apothecaries under the Batavian Republic; Smitt, on the other hand, had been a Surgeon-Major to the Auxiliare Artillerie, 2nd Classe.

Amongst those who retired from examination were J. Martin, formerly chirurgyn of the Eerste Companie Artillerie; J. Hablutzel, former second Surgeon of the Groot Militêr Hospitaal, and others who had held similar positions.

The Second Report of the Supreme Medical Committee was presented to the Governor on 31 July 1807, and gave the developmental story of medicine at the Cape.

When the Dutch East India Company established the Cape as a place of refreshment, [ran the report] they formed a Naval Hospital which was attended by one or more of their Surgeons and Assistants who also began to practise among the Inhabitants. As the Colony advanced in Population . . . it sometimes happened that either by Marriage, the stranding of a Vessel or the favor of interest of a Member of the Regency, one or more Persons (generally Barbers)

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belonging to the Company's ships, remained behind and called themselves Physicians and Surgeons, and in a few years many of these Impostors availing themselves of the Ignorance and inexperience of the Colonists, amassed considerable sums.

In the progress of time it accidentally occurred that some regular Physicians or Surgeons were introduced into the Colony, principally attached to the Garrison. These however were confounded indiscriminately by the undistinguishing part of the Community with the Empirics, no Medical Police of any kind then existing.

As it is frequently observed in the origin of Society many of these Empirics not only acquired considerable Wealth but great reputation for Medical Skill which abuse continues to the present time, hence the honest Physician unable to subsist by the exercise of his Profession was sometimes obliged to seek other resources for his family.

After the Peace of Amiens the Principal Medical Committee in Holland endeavoured to introduce salutary regulations.

The following are the principal abuses . . .

- 1st. Ignorance of the Practitioners.
- 2nd. A prevailing custom of the Physicians and Surgeons not only to prescribe but to prepare the Medicines themselves . . .
- 3rd. . . . may also be stated that with a view of enlarging the sphere of their Business many Practitioners have reduced the price of their visit to the pitiful sum of *Two Schellings* charging their Medicines at an exorbitant rate. . . .
- 4th. Damaged Medicines are often introduced into the Colony . . .
- 5th. The Number of Pharmacopoeias . . . used in shops . . . cause frequent mistakes . . .

The Second Report also contained some recommendations which resulted in the issue of a new Medical Proclamation by the Governor, the Earl of Caledon, on 18 August 1807.<sup>13</sup> In brief the terms of this Proclamation were:

(1) That all practitioners must produce their Diplomas to the Supreme Medical Committee and obtain a Licence. Unlicensed practitioners incurred a penalty of 1,000 Rix-dollars for the first offence: a second offence merited expulsion from the Colony.

(2) Physicians and Surgeons were forbidden to dispense medicines for their patients; surgeons were to be permitted to keep a limited supply of medicines for use on their cases. The penalty for transgression was withdrawal of the offender's licence.

(3) Apothecaries were prohibited from practising as physician, surgeon or 'man-midwife', with the proviso that in emergency they were permitted to offer medical or surgical aid.

(4) No merchant trader or dealer was permitted to vend drugs or medicines without having first had them approved of by the Supreme Medical Committee. A penalty of 500 Rix-dollars was imposed upon both the seller and buyer of such drugs.

(5) A tariff of fees was published for the medical profession, in order 'to encourage the regularly educated part of the Profession to remain in the Colony':

### *Fees of a Physician practising in Cape Town*

	Rds.
For each Visit to a Family in Town	1
For the same in the Vicinity	2
For the same in the Night	3
For a consultation	6
For a Visit of one Hour's distance from the Town	4
For the same to Wynburg and Vicinity	6
For the same to Hout Bay, Tygerberg, Koeberg or their Environs	16
For a Visit out of the Town during the Night, or to remain a Night	6 extra

*C. H. Price*

*Fees of a Surgeon*

	Rds.	Sks.*
For a visit in Town		4
Same in the Vicinity	1	0
In other cases the same as the Physicians.		

This same section created a scale of fees for the Apothecary:

*Schedule regulating the Price of the Labour of Compounding Medicines*

	Sks.	Sts.
For a Decoction, not exceeding 16 ounces	2	0
For ditto ditto to 24 ounces	3	0
For an Infusion not exceeding 8 ounces	1	2
For ditto ditto to 24 ounces	1	4
For a Mixture, Emulsion, Draught, Linctus or Electuary	1	0
For Half an ounce of Pills	2	0
For an Ounce of Pills	4	0
For a Powder	0	2
For preparing and mixing Species from 2 to 4 ounces	1	0

(6) The London Pharmacopoeia was made the official work of reference.

These first six articles of the Proclamation were intended to establish the practice of Medicine upon 'distinct Principles of Separation'—an attempt which was foredoomed to failure.

It was realized, however, that it was impossible to impose these conditions in the country where the population density was such as to make it well nigh impossible for even a general practitioner to cull a living, without resort to some trading enterprise as well as medicine. In order to cope with the conditions in the very sparsely populated areas outside of Cape Town itself, a seventh article was inserted in the Proclamation:

(7) The same provisions as to licensing were imposed with the following qualification: But inasmuch as in the present state of the Settlement it is not possible to separate the different Branches of the Profession in the Country Districts, the 2nd and 3rd Articles of this Proclamation are not to be considered as having reference to Country Practitioners, but they are to be allowed Fees only at the rate hereafter specified.

*Fees of the Country Practitioners*

	Rds.	Sks.
For each visit in the Place of his Residence	0	2
For half an hour's ride from the same	1	0
For each half hour's distance from the same	2	0
For a visit out of the Village during the night or to remain the night	6 extra	
Those who prepare Medicines to charge the same for their labours as the Apothecaries in Cape Town.		

From the terms of the Proclamation and from letters directed by the Supreme Medical Committee to the Colonial Secretary, it is clear that the Supreme Medical Committee envisaged a Utopian state of medicine which certainly did not prevail either in England and Wales nor on the Continent.

\* The Rijks-dollar was originally valued at 4s. sterling, subdivided into eight skillings, the latter being made up of eight stivers. Later in 1807 the Rijks-dollar was devalued to 1s. 6d. sterling.



The Proclamation certainly antedated any English legislation so far as creating a Register of Practitioners is concerned, although this Register consisted simply of a list published in the Government Gazette.

No such separation of medicine into the three domains of the physician, the surgeon and the apothecary existed in England, although the separate qualifications existed. In London and within a seven mile radius therefrom, the Royal College of Physicians was paramount, and no one could practise medicine without the College's licence. In surgery the College of Surgeons existed as an examining body but did not have the right to issue licences to practise, and the Society of Apothecaries of London was in similar case.

The term 'Apothecary, Chemist and Druggist' used in the lists of practitioners together with the provisions of Article 3 of the Proclamation, indicate a very definite attempt to circumscribe the functions of the apothecary.

Although this proclamation was issued some eight years before the Apothecaries Act of 1815 was placed on the English statute book, it will be recalled that the apothecaries in England were even then established as minor medical practitioners. The celebrated Rose case had confirmed their right to treat patients and to recover fees, and the Apothecaries Act was to constitute them the guardians of medical education.<sup>14</sup>

The Chemists and Druggists comprised a new class of practitioner in England, as yet unrecognized by law. They emerged from the apothecaries' assistants, and without training other than by apprenticeship or experience, established themselves as the purveyors of drugs and medicines, and the compounders of prescriptions.

It is clear therefore that the Supreme Medical Committee were attempting to prescribe the functions of the apothecary to those envisaged when they were created by the Royal Charter of 1617.

Since the members of the Supreme Medical Committee were all Doctors of Medicine, two of them Scottish graduates, and the third an M.D. of Hanover, it is easy to see why this attempt was made. In Scotland the practice of medicine was on a more orderly basis; in the West the Faculty of Physicians and Surgeons controlled medicine and surgery and pharmacy, whilst in Edinburgh and its environs, the Royal College of Surgeons and the Royal College of Physicians held similar sway.

All the members of the Committee therefore would find the idea of the apothecary being a general practitioner abhorrent and would tend, naturally, to try and enforce the same division of the medical field to which they were accustomed.

The legislation did not, however, have the desired effect. The Supreme Medical Committee had itself commented on the existence of a pharmacy operated by a physician. The Report which drew the attention of the Colonial Secretary to this state of affairs stated *inter alia* that:

Dr. Liesching engrosses every branch of the Profession except Surgery, and Trade, wholesale as well as retail . . . such a combination in a large city is not only disreputable to the character of a Physician, but injurious to the regular Apothecary.<sup>15</sup>

Dr. Liesching, however, continued in multiple practice for many years and he was not alone in this. Diederik Pallas, licensed as a surgeon *sine diploma* entered into partnership with P. H. Polemann, licensed as a Chemist and Druggist, and this partnership operated a pharmacy at 26 Strand Street for many years.

Later legislation permitted dual practice provided that the person concerned was qualified in both fields, but with or without qualifications, with or without the necessary licences, physicians continued to operate pharmacies, and apothecaries continued to act as surgeons and physicians for many years.

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