

History of Medicine

Origins of Medicine and Pharmacy at the Cape of Good Hope

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SUMMARY

In its formative days the Cape was dependent upon 'ignorant and unskilled' barbers for medical attention. Efforts by the Government to regularise the profession met with little success; physicians and surgeons kept pharmacies and 'pharmacists' visited patients in their homes. Medical chaos ruled for many years.

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When Jan van Riebeeck (1619 - 77) set his feet once more on the Cape of Good Hope in 1652, he had left behind him the profession of surgeon for the more financially rewarding one of *koopman*. He had entered the service of the Verenigde Oost-Indische Compagnie (VOC) in April 1639 as an *onderchirurgyn*, and sailed for the east.

The reason for his change of profession is readily seen by looking at the salary scales offered by the VOC:

Captain	80 gulden <i>per mensem</i>
Chief mate	50 "
Chief carpenter	42 "
Chief surgeon	40 "
Under surgeon	28 "
Cook	26 "

Van Riebeeck's task at the Cape was 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 . . .'.¹ Scurvy decimated the crews of the ships of the company, for the surgeons had no source of vitamin C readily available.

The training of physicians, surgeons and apothecaries was at a turning point. Van Riebeeck was a fully-qualified surgeon by the standards of that day. Born in Culemborg in 1619, he was apprenticed to a member of the Guild of Barber-Surgeons, a corporation of some eminence and distinction. He would have lived with the member of the guild to whom he was apprenticed for a period of 3 or 4 years, after which he would attempt to 'earn the guild', i.e. to pass the examinations. The training he received differed substantially from that given at the then new University of Leyden, particularly since it was of a more practical nature. He attended cases with his master and was

taught the basic principles of compounding, dressing wounds, and performing minor surgery. The masters of the guild would deliver group lectures and also hold demonstrations in anatomy. While cadavers were not in plentiful supply, they were available from time to time. So accepted had the study of anatomy become, that Rembrandt deemed the subject worthy of his art, as his painting in the Mauritshuis Gallery, The Hague, showing a Dean of the Surgeon's Guild at an anatomy demonstration, illustrates.

From such sources the VOC drew surgeons for the argosies which engaged in commerce with the East. Since in the Netherlands surgeon's apprentices had to be of gentle birth, well-connected and well-educated, with a good knowledge of Latin, their numbers were insufficient and the newly-qualified surgeons were not adventurous enough. Recruits were therefore drawn from all over Europe, including Scotland. Prospective surgeons were examined by the *wal-geneeskundigen* (the shore surgeons), and graded as *opper*, *tweede* or *onderchirurgyn*, depending upon the evaluation of their competency, their age and experience. When Van Riebeeck sailed in the 'Dromedaris', he had with him the ship's surgeon, Adriaen de Jager, whose daughter died *en route*, and who ultimately became a free burgher and the first civil medical practitioner.

The necessary medicaments were supplied from apothecaries' laboratories, where, before a voyage the *lap* or *zalfkisten* were filled. These were inspected by the *wal-geneeskundigen*, locked, and handed over to the captain, along with an instrument chest. For the treatment of minor ailments, the surgeon had the *lap-doo's*.²

Also on the 'Dromedaris' was the gardener Boom, destined to create the *Compagnies thuijn* from which, within 6 months, he would supply passing ships with vegetables.

As the population at the Cape increased, particularly the number of free burghers, it was inevitable that the need for private medical practices should increase, although no 'meester' (origin of present-day Mister for Surgeons) could hope to survive on the proceeds of practice. Jan Vetteleman of Amsterdam, *opperchirurgyn* of the Fort, left the service in 1657, but wished to have a grant of land, and permission to operate a lodging house and to barter with the natives.³ The free burghers tended to their own illnesses, each household having its own medicine-chest or *huijs-apotheek*. In later years the Cape Town apothecaries made a speciality of refurbishing these chests made and exported by the doctors of the Orphan House at Halle, and described colloquially as *Hallische medisyn*

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or *Deutsche medisyne*, from which is derived the present-day term 'Dutch Medicines'. It was now to be hoped that the Cape could be supplied with a regular inflow of medical personnel, and surgeons were trained at the Cape and subjected to examination by the local masters of the craft. Such were Pieter van Meerhoff (1637-1667) of Copenhagen, who came to the Cape as a soldier in 1659, and was almost at once made an *onderbarbier* or junior surgeon. He was rapidly promoted *opperchirurgyn*, and became superintendent of Robben Island.

The Cape underwent slow development and expansion, as the Dutch East India Company moved towards extinction. The Cape was occupied by the British from 1795 and only temporarily relinquished to the Batavian Republic from 1803-1806, reverting again to Britain in the latter year. This era brought more medical people to the Cape, some of whom chose to remain.

Opinions about the standards of the medical service at the Cape have been freely bantered about. Thunberg, a Swede employed by the VOC, who visited the Cape in the late 18th century, classified the company's surgeons as 'ignorant and unskilled'.³ The commander of the occupying troops, Sir George Craig, wrote to Secretary Dundas that 'no medical assistance is to be expected in any emergency from the Country'. Thunberg's opinion—he was a botanist and a physician—was so far-fetched that it could have no firm basis; that of Craig was, to say the least, uncharitable.

Medical education at that time had not developed to any marked extent for some hundreds of years. The glory of the medical schools of Greece had faded, but the learning of Cos and of Alexandria was kept alive; Rome failed to embellish it, but at least developed a system of military medicine and laid down the foundations of public health. The doctors of note in Roman service were for the most part Greeks, for no Roman patrician would condescend to study medicine. The army surgeons learnt their skill by apprenticeship to another of their ilk, one of the skills offered being euthanasia. Of the Greek doctors, Romans expressed low opinions; Cato the Censor wrote to his son in his *Præcepta ad Filium*—'the Greeks have sworn to kill all barbarians . . . and they call us barbarians. Remember I forbid physicians for you.'

Martial commented on the custom introduced by Hippocrates of taking his pupils with him to the bedside:

'I'm ill . . . I send for Symmachus; he's here
A hundred students following in the rear
All paw my chest with hands as cold as snow
I had no fever, but I have it now!'⁵

Among the Greek physicians in the service of Rome was Claudius Galen (AD 130-203), who was a prolific writer on medicine and produced over 500 treatises, of which only 80 survived. His reputation was such that after his death all original observation in anatomy and physiology ceased, on the grounds that Galen had said all there was to say on the subject. Thirteen hundred years later, we find the Paris Faculty of Physicians expelling from its fraternity and from Paris a physician who presumed to deny the infallibility of Galen.

Roman medicine spread over that part of the world. Medical schools in Italy developed after the fall of the

Empire; the first of these schools was at Salerno, (incidentally the first to train women physicians), followed by Montpellier, Bologna and Padua, and later Paris. These schools long after developed the dominance of the Muslims over the Middle East and Southern Europe, and they inherited much of the knowledge of Muslim physicians like Rhazes, Avicenna, Avenzoar and Averroes. Avicenna (AD 980-1035) wrote a work, later translated into Latin called *Canon Medicinæ Avicennæ* which became a classic for 700 years and is still used in the Orient. Avicenna was one of many authors whose works were translated into Latin, forming a bridge between the medical knowledge of Greece and that of the Western World. The evidence of this catalytic Arabian influence still remains in our apothecaries' system of weights and measures and the symbols used for ounce, drachm and scruple.

In England medicine passed into the hands of the monasteries. Some priests studied abroad; John of Gaddesden (1280-1361), the model for Chaucer's 'very parfit practisour', studied at Montpellier. Medicine in England was only organised in 1518 when Henry VIII founded the Royal College of Physicians. Almost a century later James I chartered the Society of Apothecaries. Neither piece of legislation, nor any since that time, has imposed any restriction upon the practice of medicine, save to make pretensions to qualification a punishable offence.

It was against this sort of background that medical science at the Cape had its origin. European medicine exerted the greatest influence, although it must be remembered that as a port of call between Holland and the East it was inevitable that contact would be made with Eastern drugs.

Whether the medical personnel at the Cape originated in Europe or in England, their training had been on similar lines. They fell into several groups; the first and foremost, in their own opinion at least, were the university-trained M.D.s. Since even at the universities of Oxford and Cambridge tuition consisted of readings from established authors without any clinical contact, the ultimate product was of little value. A second group was that of physicians who had served an apprenticeship and practised on the basis of a certificate issued by their masters. In London such medical men might gain the coveted licence of the College of Physicians, after examination by their peers. A third group was that of the surgeons who might have gained their expertise by apprenticeship, sometimes with hospital experience, and some of whom even may have attended at a school of anatomy and perhaps earned membership of the College of Surgeons. In this group one must include the ex-company surgeons, whom Thunberg damned so efficiently.

In addition there were the apothecaries, neither fish nor fowl nor good red herring. As far as the general public was concerned, they were medical practitioners, but the physician regarded them as incompetent interlopers. Apothecaries were usually trained by apprenticeship; in London they could attend instruction at the Apothecaries' Hall and ultimately attain the 'Freedom of the Society of Apothecaries', constituting licence to practise in the capital city. In Europe, much the same system

was followed, with the addition that an aspirant apothecary might spend a period in a *Lehr-Apotheek* or attend classes at the *Collegium Medico-Chirurgicum*, before submitting himself to examination.

The situation as it existed at the Cape at the second British take-over did not commend itself, and reform was clearly needed. Complaints had been made to the Lieutenant-Governor, H. G. Gray, as to the 'bad medicines and drugs that are daily sold . . . as also of the exorbitant prices at which they are retailed'. An instruction was forthwith directed to the Deputy Inspector of Hospitals and Principal Medical Officer at the Cape, Dr Alexander Baillie, to take two of his medical officers and make a tour of the apothecaries' shops.

The result of this was published in the Lieutenant-Governor's Medical Proclamation.⁶ This made two facts clear, firstly, 'that bad Drugs and Medicines are . . . frequently sold to the inhabitants . . . by Persons who are not sufficiently instructed . . . to be able to judge . . .' and secondly 'that a considerable number of persons officiate as Physicians and Surgeons who have never been properly educated'.

The proclamation compelled all practitioners to attend before a Supreme Medical Committee to produce evidence of their qualifications. The Committee was to divide the medical men into groups, which was duly done. The members of the Committee were Dr Baillie, Dr A. L. Emerson, both of Her Majesty's Forces, and a local practitioner, Dr L. G. Biccard. The examination of the applicants for licensure took 4 months and the list issued comprised: **Physicians:** L. G. Biccard, M.D. (Hanover); C. C. Prediger, M.D.; J. H. F. C. Wehr, M.D. (Marburg); and F. L. Liesching, M.D. (Göttingen).

Surgeons: Messrs C. A. Bösenberg, Synkantyn, Akkermann, Mader, Hartly, Grimbeek, Leuwer, Azerond and Mackrill.

Apothecaries, chemists and druggists: Messrs Wahlstrand, Smit, Poleman, Mathiessen, Verrume, Eiselort, Leuring, Ludiwig and Lippart.

This neat classification, however, failed to be effective from the first. It is clear that the members of the Supreme Medical Committee had sharply demarcated the whole field of medicine. The M.D. was to diagnose and prescribe, the surgeon to practise surgery, and the apothecary, chemist and druggist to make up the prescriptions and to sell drugs and medicines. Where they developed this idea is not clear; the situation as they envisaged it certainly existed neither in England nor in Europe. In England, there were M.D.s, i.e. pure physicians, surgeons, apothecary-

surgeons, apothecaries, and a new class of practitioner, the chymist, or chemist and druggist. This demarcation simply did not exist; later the Apothecaries Act of 1815 recognised apothecaries as medical practitioners, but permitted the chemists and druggists to continue as in the past. This meant that they also acted as physicians of a sort. Much the same situation existed at the Cape and continued to exist for the best part of a century.

Of the practitioners listed above, Dr Liesching practised as a physician at 60 Loop Street, and had a wholesale and retail pharmacy at 61 Loop Street. One of his sons, C. W. L. Liesching, was apprenticed to him as a physician, and the other, C. F. Liesching, as an 'apothecary, chemist and druggist'.⁷ Another practitioner, P. H. Polemann (Pohlmann), operated a pharmacy at 26 Strand Street, in partnership with Diederik Pallas, licensed as a surgeon, *sine diploma*. Of the others listed, Joseph Mackrill, classed as a surgeon, had no formal qualifications, i.e. he was not a member of the Company of Surgeons, or a Freeman of the Society of Apothecaries.

That the Supreme Medical Committee was not hide-bound in its approach is evidenced by the fact that they licensed as surgeons several people by virtue of their age and long residence in the Colony, and in one case, that of Diederich Pallas, were so persuaded by pressure from his patients.⁸

In addition, the Supreme Medical Committee felt compelled to license some 8 'practitioners in the country only', presumably on the basis that any degree of medical help was better than none. Strangest among those licensed as apothecaries was Baron C. F. H. von Ludwig, who was an assistant to Dr Liesching, and who later opened his own shop and snuff factory. Hoge refers to him as an M.D., and it is interesting to note that it was not unusual for a person with an M.D. to serve for a period in a pharmacy, in order to learn more about drugs. C. A. Wentworth, licensed as a surgeon in 1821, also served in Liesching's shop, before practising at Wynberg and Uitenhage.

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