

Medicine and the Making of a City: Spaces of Pharmacy and Scholarly Medicine in Seventeenth-Century Stockholm

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Abstract: This essay takes seventeenth-century Stockholm as its point of departure in discussing the many spaces to which early modern medicine belonged, in particular the court, the cityscape, the site of the pharmacy, and the city's Collegium Medicum. It shows how scholarly medicine and pharmacy arose along with the city itself. They were a part of the city and of its many interlaced local, European, and global flows and relationships. Thus the essay offers new perspectives on medicine as part of, and a driving force behind, Stockholm's transition from a medieval town to the capital of an early modern state, as well as the city's integration into the early modern system of global trade. It also shows how a switch of perspective may relocate pharmacy to the center of the seventeenth-century medical world. By focusing on the city, rather than on specific professional groups, the essay seeks to problematize the alleged special importance of physicians for early modern medicine and the view that physicians held a superior status in relation to other medical practitioners, as well as to artisans/craftsmen.

In 1692, Fortune smiled on the poor and recently orphaned sixteen-year-old Johan Lambert. Some strangers were passing through his native town of Nyköping; Lambert ran an errand for one of them, and just an hour before they were to leave he received an offer. "I have heard from the landlord about your plight," one of the strangers said. "My name is Fichtelius. If you would come with me to Stockholm, then you shall have instruction in my pharmacy. But you must be ready . . . within the hour." Lambert, who had been a student, quickly gathered his personal belongings—a clean shirt, a wallet, and five books—in a bag and got into the carriage. They arrived at the southern gate of Stockholm on Midsummer's Eve of 1692. While the carriage was inspected by guards, Lambert went up a rocky hill and took in the sight of the city. When

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his new master called out for him in German — “Junge, Junge” — Lambert returned. Fichtelius had been long on the road. He had been in Amsterdam to take possession of an inheritance and to buy materials for his pharmacy. Lambert was duly impressed both by Stockholm and by the welcome given to his new master, who was visited by numerous relatives and treated to food and drink for several days. He settled in at Fichtelius’s pharmacy Ören (the Eagle) in the main square of Stockholm, serving as an apprentice for seven years and as a journeyman for three.¹

Entering Stockholm, Lambert got a first glimpse of the many spaces to which early modern medicine belonged. The first was the pharmacy’s place in the city, both as a physical site and as located in a dense network of relatives and customers. The second was the transnational, interconnected nature of medicine as practiced in the European North. Most of the men who practiced medicine in seventeenth-century Sweden were first- or second-generation immigrants. This was true of Fichtelius as well as of Lambert, who was the son of a smith from Aachen and a Swedish mother. Baltic and North Sea ports such as Stockholm, Hamburg, Lübeck, and Amsterdam were connected through trade and family networks, and both physicians and apothecaries knew how to exploit the opportunities that these networks offered. Lambert, the orphaned *studiosus*, would eventually work in Trondheim and Reval (Tallinn) before taking on a second apprenticeship as a barber-surgeon. In that capacity he enrolled in the Swedish army. He survived the battle of Poltava, followed King Karl XII to Turkey, became the personal physician of the Swedish ambassador to Constantinople, and would eventually travel to Judea and “the Orient.”²

MEDICAL SPACE AND THE MAKING OF STOCKHOLM

Lambert’s arrival in Stockholm provides an introduction to the main theme of this essay: the making of space for scholarly medicine and pharmacy in seventeenth-century Stockholm and the simultaneous emergence of the city itself. The essay discusses how medicine is produced together with, alongside, and as a part of—for example—buildings, rooms, trade networks, and the travel itineraries of individuals. According to my argument, when Stockholm expanded in the seventeenth century, it did so partly through the expansion of a new type of medical space that was dominated by apothecaries and physicians. This process firmly joined Stockholm—previously something of a northern backwater—to larger European and global spaces. In a very important sense, this new medicine contributed to *making* the city: enlarging it, shaping it, filling it, and connecting it to other cities and regions.³ Authorities encouraged this development. Patronage of medical doctors conferred status on the elites; apothecaries built representational architecture considered beautiful by visitors. Displays of goods as well as new medical practices highlighted the existence of the exotic and the global in the local, and the

¹ Information in this introduction comes from Lambert’s autobiography, “Johan Lamberts självbiografi,” in Alfred Levertin, C. F. V. Schimmelpfennig, and K. A. Ahlberg, *Sveriges Apotekarehistoria: Från konung Gustaf I:s till närvarande tid*, Vol. 1 (Stockholm: Ernst Westerberg, 1910–1918), pp. 324–354, esp. pp. 328–331, quotations on pp. 328, 329 (all quotations from primary sources are my own translations from Swedish unless otherwise indicated).

² Lambert’s career culminated in a typical early modern fashion: he married a widow and settled in (in 1720) as the proprietor of the Academy Pharmacy of Uppsala. He died in 1738. See Henrik Schück, *Svenska bilder: Valda smärre skrifter i svensk kulturhistoria*, Vol. 4 (Stockholm: Bonniers, 1940), pp. 112–123.

³ Instrumental to this approach is Henri Lefebvre, *The Production of Space* (1974; Oxford: Blackwell, 1991), esp. pp. 15–16, 27. See also Mike Crang and Nigel Thrift, “Introduction,” in *Thinking Space*, ed. Crang and Thrift (London: Routledge, 2000), pp. 1–30, esp. p. 2; and Phil Hubbard, Rob Kitchin, and Gill Valentine, “Editors’ Introduction,” in *Key Thinkers on Space and Place*, ed. Hubbard, Kitchin, and Valentine (London: Sage, 2004), pp. 1–15, esp. pp. 4–5. For a recent study on Stockholm see Karin Sennefelt, *Politikens hjärta: Medborgarskap, manlighet och plats i frihetstidens Stockholm* (Stockholm: Stockholmia, 2011), esp. pp. 28–29.

consumption of exotic luxury goods gave inhabitants a sense of connected urbanity.⁴ What is studied here, hence, is how Stockholm *came into being as a European city*, through spatial practices connected to medicine.⁵ Furthermore, the city and its medicine were peculiar to their time and place. As an assemblage signaling wealth, power, and connectedness, they came into being and made best sense as a part of the seventeenth-century Swedish Empire and in relation to the state that governed that empire.⁶ The essay, thus, offers new perspectives on medicine as a part of, and a driving force behind, Stockholm's transition from a medieval town to the capital of an early modern state, as well as the city's integration into the early modern system of global trade.

The essay also seeks to make three historiographical points. The first is to reinterpret the establishment of pharmacy and scholarly medicine in the Baltic on its own terms rather than as the prelude to the formation of national medical institutions or a consequence of patronage of national (i.e., local) elites. The second is to connect Stockholm—and Swedish—medicine to the greater Baltic/European realm to which it belonged. These two points are all the more important in that most existing studies on medicine in the seventeenth-century Swedish realm are quite old and tend to proceed from unspoken nationalist assumptions.⁷ My third historiographical point is to show that a switch of perspective may relocate pharmacy to the center of the seventeenth-century medical world. By doing this, the essay lends support to recent scholarship that has problematized the alleged special importance of physicians for early modern medicine and the view that physicians held superior status in relation to other medical practitioners, as well as to artisans/craftsmen.⁸ By pointing to how individuals could switch professional roles, and how groups or individuals could appropriate practices of other practitioners, I show how unstable and negotiable role, rank, and status were among seventeenth-century medical practitioners. Although this essay focuses on physicians and apothecaries, a similar argument could quite easily be elaborated to include barber-surgeons as well. Many, like Lambert, moved between these three major spheres of medical practice available to male professionals.⁹

IMPERIAL AND PHARMACEUTICAL EXPANSION

The seventeenth century saw Sweden establish itself as the dominant political and military power of northern Europe. This position was established through the country's participation in

⁴ "Exotic" should be understood here in a narrow sense, as "introduced from abroad; remarkably strange or unusual": Rachel MacLean and Timothy Insoll, "Archaeology, Luxury, and the Exotic: The Examples of Islamic Gao (Mali) and Bahrain," in "Luxury Foods," special issue, *World Archaeology*, 2003, 34:558–570, on p. 562.

⁵ Theaters for anatomy and ornamental and medicinal gardens will not be discussed in this essay. The latter, in particular, united physicians, apothecaries, and the nobility in ways similar to those described here. See Per Dahl, *Svensk ingenjörskonst under stormaktstiden: Olof Rudbecks tekniska undervisning och praktiska verksamhet* (Uppsala: Diss, 1995), pp. 67–84, 180–182.

⁶ On locality, with regard to issues of power and control, see Enrico Baraldi, Hjalmar Fors, and Anders Houlitz, "Conclusion," in *Taking Place: The Spatial Contexts of Science, Technology, and Business*, ed. Baraldi, Fors, and Houlitz (Sagamore Beach, Mass.: Science History, 2006), pp. 373–389. See also Lefebvre, *Production of Space* (cit. n. 3), pp. 31, 34, 46–49.

⁷ There exists a fair amount of older literature on this topic, but it is highly empirical in orientation and was mainly written before the 1980s. As there is no room to make a critical survey of it in the present essay, I refer the interested reader to the references that are cited herein. These may be complemented by the overview of sources provided in Nils Uddenberg, *Lidande och läkedom*, Vol. 1: *Medicinens historia fram till 1800* (Stockholm: Fri Tanke, 2015), pp. 343–350.

⁸ See, e.g., Harold J. Cook, *Matters of Exchange: Commerce, Medicine, and Science in the Dutch Golden Age* (New Haven, Conn.: Yale Univ. Press, 2007); Alisha Rankin, *Panacea's Daughters: Noblewomen as Healers in Early Modern Germany* (Chicago: Univ. Chicago Press, 2013); and Annemarie Kinzelbach, "Erudite and Honoured Artisans? Performers of Body Care and Surgery in Early Modern German Towns," *Social History of Medicine*, 2014, 27:668–688.

⁹ Midwifery constituted a fourth major professional sphere, which was not open to men. In addition, there were of course a number of other specialist groups doing medicine or selling medicines, such as the guild of bathers, spicers, "operators" (i.e., dentists), male and female healers, and so forth. See Gustaf Swärd, "Om hälsovårdens yrkesutövare i Sverige omkr. 1500–1800: Barberare, fältskärer och kirurger," *Svensk Farmaceutisk Tidskrift*, 1970, 2:81–102, esp. pp. 86–87.

the Thirty Years' War and through largely victorious wars against Denmark later in the century. If the Baltic was not quite Sweden's *Mare Nostrum*, then at least the realm held a powerful presence on its northern, eastern, southern, and western shores. In the same period Stockholm, the capital of the realm, became the seat of many important state functions, as well as a major center of trade. At the beginning of the 1620s it had approximately nine thousand inhabitants. By the 1670s, it had six times that number, or some fifty to fifty-five thousand. Stockholm, as the capital of a military empire, served as a showcase of riches and a jewel of the realm—that is to say, it was an architecturally elaborated space of accumulation with, to use the words of Henri Lefebvre, “violence at the core of the accumulation process.” Stockholm's rulers sought to dominate and transform it by a number of means, most notably by erecting new public buildings as well as palaces for the elite. Nevertheless, this was a city built on a medieval town; and, as we will see, its expansion also depended on the maintenance of older spatial patterns, both conceptual and physical.¹⁰ (See Figures 1 and 2.)

For a long time, the most important space for pharmacy in Stockholm was the court at the royal castle.¹¹ As at other European courts, royal apothecaries were appointed to manufacture medicines and to give medical advice, often working alongside—or in fierce competition with—physicians and surgeons. It often fell to apothecaries to import spices and other luxuries and to make pastries, confectionaries, and mulled wine for the royal tables.¹² Just as a place at court allowed good profits to be made, attentiveness to the monarch's victual and medicinal needs engendered trust and could lead to opportunities for advancement. King Gustav Vasa was attended to on his deathbed in 1560 by his apothecary Master Lucas. Gustav's son Johan III consulted the apothecary Simon Berchelt as both apothecary and physician. Kaspar König, appointed court apothecary by Karl IX in 1609, was raised to higher office by Karl's successor Gustav II Adolf, who ennobled him, gave him the Swedish name of Lilliecrona, and used him as a diplomat and commissar of war. In 1650 the queen dowager Maria Eleonora gifted an estate to her court apothecary, Philip Schmidt. And in the 1670s Christian Heraeus made a fortune partly by catering to the needs for medicines, pastries, and confectionaries of the queen dowager Hedvig Eleonora. He subsequently built Stockholm's finest pharmacy: Morianen (the Moor).¹³

Although the court space was important, there existed a market for spices and medicine in Stockholm before the arrival of court pharmacists. The town's first known apothecary was one Berend, active some years from 1492. And when Gustav Vasa's first court apothecary, Hans König, arrived with his family and stores in 1528, he found to his dismay that there were already

¹⁰ Lefebvre, *Production of Space* (cit. n. 3), pp. 47, 275–280, 279 (quotation). On the accumulation of the spoils of war in seventeenth-century Sweden and their multiple meanings see Emma Hagström-Molin, *Krigsbyttets biografi: Byten i Riksarkivet, Uppsala universitetsbibliotek och Skoklosters slott under 1600-talet* (Göteborg: Makadam, 2015). For the population figures see Robert Sandberg, “Anima regni: Stockholm under den svenska stormaktstidens början,” in *Kustbygd och centralmakt 1560–1721: Studier i centrum-periferi under svensk stormaktstid*, ed. Nils Erik Villstrand (Helsingfors: Svenska Litteratursällskapet i Finland, 1987), pp. 115–138, esp. pp. 117–118, 122, 134.

¹¹ The Swedish court was of about the same size as that of a major German principality. At the beginning of the seventeenth century, between four hundred and seven hundred people were fed daily from the kitchen of the Stockholm castle, the difference in numbers depending on whether the king and his courtiers were in residence. See Fabian Persson, *Servants of Fortune: The Swedish Court between 1598 and 1721* (Lund: Diss, 1999), p. 19.

¹² Axel Kockum, *Läkare och apotekare vid Gustav Vasas och hans söners hov: Bidrag till medicinens och farmaciens historia i Sverige under 1500-talet* (Stockholm: Hugo Gebers, 1949), pp. 15–21, 36, 76–77, 100, 104, 147, 176–177. See also Terence Scully, *The Art of Cookery in the Middle Ages* (Woodbridge, Suffolk: Boydell, 1995), pp. 30, 84.

¹³ Gustav Vasa was also attended to by his barber-surgeon, Master Jakob, and the vicar of St. Nicolai Church, Magister Johannes. See Levertin et al., *Sveriges Apotekarehistoria*, Vol. 1 (cit. n. 1), pp. 9–12, 15. On other ennobled apothecaries see Kockum, *Läkare och apotekare*, pp. 24, 126–127. On the independent position of queens dowager at court see Persson, *Servants of Fortune* (cit. n. 11), pp. 50–51.

[illegible]

Figure 1. Pencil drawing of the Baltic Sea by Johan Lambert. From original manuscript of Lambert's autobiography at Uppsala University Library. Photo: Uppsala University Library.

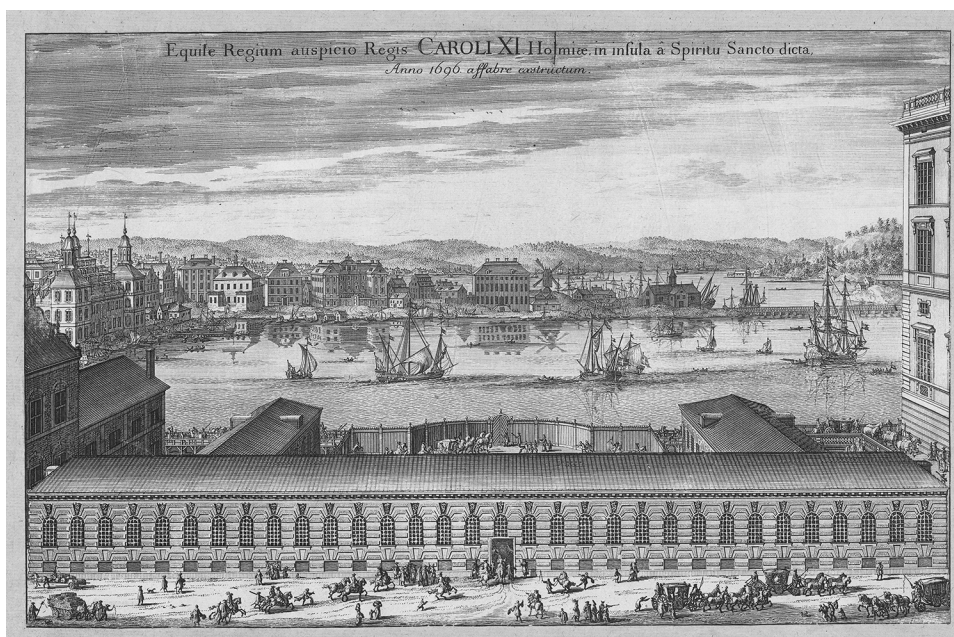


Figure 2. View across the royal stables of noble palaces in Stockholm. From Erik Dahlberg, *Suecia antiqua et hoderma* (Paris/Stockholm, 1667–1715). Image courtesy of the Royal Library, Stockholm.

several vendors in the town who sold pharmaceutical products such as theriac, medicinal rhubarb, myrrh, and mercurius sublimatus. The town's first officially designated pharmacy, Slottsapoteket (the Castle Pharmacy), was founded in 1575, when the court apothecary Anthonius Busenius was given royal permission to take over a part of the royal store of medicaments and sell them in the town.¹⁴ But the permission did not prohibit other actors from selling spices and medicine. It was only with the establishment of Stockholm's second pharmacy, Markattan (the Monkey), in 1623 that city authorities were instructed to curb sales of pharmaceutical products by spicers and other nonapothecaries.¹⁵ Hence a specific pharmaceutical space was established in the city, as distinct from other commercial spaces.

The establishment of Markattan was followed by that of Ängeln (the Angel) in 1649 and Svanen (the Swan) in 1650. Morianen (the Moor) was opened in 1670, and Ören (the Eagle) received its privileges in 1674. Next came Enhörningen (the Unicorn) and Hvita Björnen (the White Bear), both founded in 1692. The last pharmacy to be founded in the seventeenth century, bringing the grand total to nine, was Kronan (the Crown) in 1693.¹⁶ What—apart from sheer population growth—was behind this massive expansion of the pharmacy trade in Stockholm? One explanation was provided by the Italian diplomat Lorenzo Magalotti in 1674. Magalotti remarked sarcastically that the Swedes had learned an obsession with luxury from the French and that their new habits had been made possible by the booty they had taken in Ger-

¹⁴ Kockum, *Läkare och apotekare*, pp. 12–15, 19–20, 23, 29, 96; and Levertin *et al.*, *Sveriges Apotekarehistoria*, Vol. 1, pp. 9–11.

¹⁵ This happened in January 1624. See Carl Forsstrand, "En stockholmsläkare under förra hälften av 1600-talet: Jakob Robertsson, livmedikus hos Gustav II Adolf," *Samfundet Sankt Eriks Årsbok*, 1925, pp. 37–54, esp. p. 40.

¹⁶ Levertin *et al.*, *Sveriges Apotekarehistoria*, Vol. 1 (cit. n. 1), pp. 51, 62, 79, 95, 111, 125, 142. After that no more pharmacies were founded until 1760: *ibid.*, p. 161.

many.¹⁷ There is a certain truth to this. In the seventeenth century, the Swedish royalty and aristocracy acquired new Continental habits. As the leaders of an aspiring great power, the aristocracy in particular felt a need to display the correct signs of status and began to conform to the consumption patterns of their European counterparts. This applied to the manner in which they dressed, ate, and lodged but also extended to areas such as gardening, patronage of the arts, education, and the consumption of medicine.¹⁸

Choices of apothecary and physician, of medicines, and of which medical schools to trust were subject to fashion. However, Magalotti was wrong to ascribe it all to French influence. The Netherlands also led the way—especially when it came to the consumption of exotic produce.¹⁹ Throughout the seventeenth century young Swedes—as well as students from most other parts of Protestant Europe—flocked in great numbers to Amsterdam and to study at the nearby University of Leiden. Among them were the sons of the most prominent men of the Swedish realm, such as Chancellor of the Realm Axel Oxenstierna's son Johan. Others were Nils Brahe, Axel Lillie, Karl Gustav Wrangel, and Gustav and Christer Horn. These young men would lead Sweden victorious through the Thirty Years' War, as well as the wars that followed it. Relying on the resources of conquered territories, they and their peers would become significant patrons, drawing to themselves learned men, artisans, apothecaries, and physicians from all parts of Europe.²⁰ The many wars provided good opportunities for medical practitioners. Military and naval surgeons were in high demand. Physicians as well as apothecaries were attached to aristocratic admirals and generals and could advance from these positions to the royal court. A position at court could in turn be key to navy and military contracts—as, for example, commissions to supply field medicine chests.²¹

Hence apothecaries—and, as we will see, physicians too—made inroads into Stockholm and the Swedish realm by taking employment in the households of royal and aristocratic patrons. From these positions they advanced to gain patrons and customers among wider groups in the population. But there was a second, slightly more complex, development in play as well. Apothecaries and physicians were themselves part of another space: a larger and increasingly globalized space of Protestant cities and towns in western and central Europe that were dominated by a—predominantly German-speaking—bourgeoisie and lower nobility. Skilled immigrants were in high demand in seventeenth-century Sweden. The economic opportunities present in the expanding realm, the needs for manpower of its large armed forces and growing state apparatus, the devastation that the Thirty Years' War brought to many areas of the Holy Roman Empire: all contributed to immigration and also to the growth of a new nobility that competed with the older noble families. The promotion and ennoblement of court

¹⁷ Lorenzo Magalotti, *Sverige under år 1674*, trans. and ed. Carl Magnus Stenbock (1912; Stockholm: Rediviva, 1986).

¹⁸ Bo Eriksson, *Svenska adelns historia* (Stockholm: Norstedts, 2011), pp. 212–218. A comparison with similar developments in Rome is illuminating; see Renata Ago, *Gusto for Things: A History of Objects in Seventeenth-Century Rome*, trans. Bradford Bouely and Corey Tazzara (2006; Chicago: Univ. Chicago Press, 2013), p. 7.

¹⁹ Cook, *Matters of Exchange* (cit. n. 8), pp. 6–13; Benjamin Schmidt, "Inventing Exoticism: The Project of Dutch Geography and the Marketing of the World, circa 1700," in *Merchants and Marvels: Commerce, Science, and Art in Early Modern Europe*, ed. Pamela H. Smith and Paula Findlen (New York: Routledge, 2002), pp. 347–369; and Dániel Margócsy, *Commercial Visions: Science, Trade, and Visual Culture in the Dutch Golden Age* (Chicago: Univ. Chicago Press, 2014).

²⁰ Rudolf Fåhræus, *Magnus Gabriel De La Gardie* (Stockholm: Hugo Gebers, 1936), p. 19; and Dahl, *Svensk ingenjörskonst under stormaktstiden* (cit. n. 5), pp. 37–38, 220–235.

²¹ Björn Lindeke and Bo Ohlson, "Stormaktstidens läkemedelsuppfattning: Återspeglad i fynden från vraket av Regalskeppet Kronan," in *Skeppet staden stormakten: Människor och samhälle under regalskeppet Kronans tid*, ed. Lars Einarsson (Kalmar: Kalmar Läns Museum, 2015), pp. 41–51, esp. pp. 41–43, 45–46, 49. On deliveries of craft products to the court, the army, and the navy see Ernst Söderlund, *Stockholms hantverkarklass 1720–1772: Sociala och ekonomiska förhållanden* (Stockholm: Norstedt, 1943), pp. 10, 24–25.

apothecaries was nothing exceptional. Magalotti, still in 1674, observed that the influence of the new nobility increased daily. As soon as some foreigner was rich enough he sought to be ennobled and given a new name by the king. Some in this group retired from their previous lives to pursue careers deemed more proper to their new estate, while others continued to pursue the same economic activities, either under their own names or through business partners.²²

The aspiring *nouveau* nobility demanded expensive clothes, foods, lodgings, and medicines through which they could exhibit their newfound status. Affluent and aspiring burghers were not far behind. Unlike royalty and aristocrats, these figures could rarely employ personal apothecaries or physicians. We should instead surmise that they made up the demand side of Stockholm's rapidly growing market for medicines as well as other luxury goods. At the same time, apothecaries and physicians were themselves part of this consumer population. Most apothecaries and several of the country's physicians were not ethnic Swedes but belonged to the country's German minority.²³ In their own ways they, too, looked to establish themselves. In the space of the city they sought to display visible signs of status. At court they sought patrons, privileges, and contracts. And by connecting to the state bureaucracy they sought to elevate their status above that of other medical practitioners and to regulate the medical market to their advantage.

Given that the social composition and status of the two groups was roughly similar, the hybrid character of pharmacy and scholarly medicine should come as no surprise. The first grand attempt to expand the Stockholm pharmaceutical business was initiated by a physician: Jakob Robertson. Robertson was a Scotsman who had moved to Stockholm around the close of the sixteenth century. He was made a court physician by Gustav II Adolf and was soon a royal favorite. It was Robertson who was granted the privilege for the city's second pharmacy, the Monkey, in 1623. The following year he also took over the Castle Pharmacy. Now Robertson had the makings of a monopoly on pharmaceutical goods in Stockholm in his hands. He was to supply the king and queen with all the medicines they needed for an annual remuneration of 200 dalers; the magistrate was admonished to make sure that spicers and other retailers henceforth were forbidden to sell goods that were proper to a "complete pharmacy"; and, in addition, Robertson was to pay no customs on pharmaceutical goods bought abroad. The great regard in which the king held him meant that the privilege had cost him very little indeed. Robertson, however, was not able to exploit his monopoly in full, in part because he was usually away from Stockholm, following the king and the army on campaigns, and in part because he seems to have been a scheming, mean, and quite frankly rather horrible man. After a short period he fell out with his main business partner over a debt. The Castle Pharmacy was reclaimed by the royal apothecary, Philip Schmidt from Thüringen (privileges issued in 1627), and the Monkey was sold to Amsterdam-born Jacob du Rées in 1628.²⁴

As the example of Robertson makes evident, the boundary lines between apothecaries and physicians were by no means settled. They remained unsettled throughout the century. When complaints were raised in 1678 by the city's physicians that Christian Heraeus of the Moor

²² Magalotti, *Sverige under år 1674* (cit. n. 17), pp. 74–75. It should be noted that Magalotti was a count whose view of this process reflected that of his informants within the old nobility. See Svante Norrhem, *Uppkomlingarna: Kanslijäntemännen i 1600-talets Sverige och Europa* (Stockholm: Almqvist & Wiksell, 1993), pp. 93–94. On social conflicts between old and new nobility see *ibid.*, pp. 91–98, 154–158, 169; and Eriksson, *Svenska adelns historia* (cit. n. 18), pp. 173–179, 215–218.

²³ In 1689 about a third of Stockholm masters were of foreign extraction, and they had a particularly dominant presence in crafts that produced luxury goods. See Söderlund, *Stockholms hantverkarklass* (cit. n. 21), p. 23.

²⁴ Robertson was confirmed as a Scottish nobleman in 1630 and introduced into the Swedish house of nobles in 1635. See Forsstrand, "En stockholmsläkare under förra hälften av 1600-talet" (cit. n. 15), pp. 38–44, on p. 41; and Leverin *et al.*, *Sveriges Apotekarehistoria*, Vol. 1 (cit. n. 1), pp. 9–11, 15–16, 29.

infringed on their privileges by practicing medicine, his response was prompt. He leased the Moor to Casper Ziervogel and went to the University of Leiden to take a doctoral degree in medicine: this took him less than four months, the journey included. Back home again, he became the personal physician of the queen dowager, whose court apothecary he already was. Heraeus also obtained permission to return to his pharmacy and to continue to run it in parallel with his medical practice.²⁵ These examples show an interesting aspect of the interconnectivity of the two groups: the interplay between social position and economic capital. Robertson, in becoming a physician *and* an apothecary, used his social position and influence with the king to obtain the economic advantages that came with a monopoly on the sale of pharmaceutical products. Heraeus, on the other hand, in becoming an apothecary *and* a physician, used his powerful economic position to enhance his social standing even further.

Indeed, if one looks at pharmacy and scholarly medicine as a joint medical space, the mutual interdependence of apothecaries and physicians stands out clearly.²⁶ The practice of physic and pharmacy in the city should be seen as a joint enterprise. Both groups introduced and advertised a set of medical ideas, knowledges, and practices, as well as a new material culture, while simultaneously establishing themselves as high-status professionals. Inter-marriage between the groups was also common.²⁷ This is not to deny that there were strains due to economic competition, as well as to the unsettled nature of the relative status of the groups.²⁸ Although their rights and privileges were set out in royal charters in the 1660s, neither profession constituted an established guild. To work as a physician was considered a proper occupation for a well-born man, but so was working as an apothecary. Though he was considered an artisan, rather than a gentleman or a scholar, his apprentices received the highest salary of all apprentices. In Italy, especially, apothecaries were held in high regard. In Venice, a central hub in the spice and medicine trade, the profession was even considered an *arte nobile*, and apothecaries were permitted to marry women of noble birth.²⁹ Lambert penned a beautiful vignette of one apothecary's view of the differences between his profession and that of the physician. His master in Reval had been a lover of botany and owned a pleasure garden in the city. In summer evenings, after closing the pharmacy, they used to sit and talk together under the trees. One night the old man had told him his views on the relationship between physicians and apothecaries and on the many benefits that came with the latter profession:

To take care of the sick, is a pious work, ordained by God, and practiced by God's son on Earth. [It] is a noble profession. Through it, Man learns about his own frailty, and

²⁵ Uno Nordholm, "Några data om Morianens apotekare under de första hundra åren," *Farmacihistoriska Sällskapets Årsskrift*, 1973, pp. 35–47, esp. pp. 36–37. See also Levertin *et al.*, *Sveriges Apotekarehistoria*, Vol. 1, p. 80.

²⁶ This space almost takes on the connotations of a field in the Bourdieusian sense. See David L. Swartz, "Metaprinciples for Sociological Research in a Bourdieusian Perspective," in *Bourdieu and Historical Analysis*, ed. Philip S. Gorski (Durham, N.C.: Duke Univ. Press, 2012), pp. 19–36, esp. pp. 26–27, 30–31.

²⁷ For a wealth of examples of marriages between the sons and daughters of physicians and apothecaries see the biographies in Levertin *et al.*, *Sveriges Apotekarehistoria*, Vol. 1 (cit. n. 1).

²⁸ In comparison, Cook notes that "cooperation among physicians, surgeons, and apothecaries could be very good in cities like Amsterdam": Cook, *Matters of Exchange* (cit. n. 8), pp. 150–152, on p. 150. In London, on the other hand, there was intense competition and strained relations between apothecaries and physicians in the seventeenth century. See Peter M. Worling, "Pharmacy in the Early Modern World, 1717 to 1841 AD," in *Making Medicines: A Brief History of Pharmacy and Pharmaceuticals*, ed. Stuart Anderson (London: Pharmaceutical Press, 2005), pp. 57–76, esp. pp. 64–67.

²⁹ Christopher Lawrence, "Medical Minds, Surgical Bodies: Corporeality and the Doctors," in *Science Incarnate: Historical Embodiments of Natural Knowledge*, ed. Lawrence and Steven Shapin (Chicago: Univ. Chicago Press, 1998), pp. 156–201, esp. pp. 159–168; and Söderlund, *Stockholms hantverkarklass* (cit. n. 21), p. 23. On Italy see Cook, *Matters of Exchange*, p. 31; and Edward Kremers and George Urdang, *History of Pharmacy: A Guide and a Survey* (1940; Philadelphia: Lippincott, 1951), p. 72.

the futility of worldly strife, but the knowledge of it cannot be reached by reading books alone. . . . Our young Doctors on their journeys around the Academies in Europe want to learn to reason about everything, and taking degrees there cost their parents money, and then the inheritors fight [to avoid paying] their student loans. . . . But would you not agree, said he, is it not better at Pharmacies, less running about, and more gratitude, the patient comes to the counter by his own accord, and to be questioned at the recipe-table, and he pays . . . before he leaves through the door . . . and you bear no risk of contagion. [For this reason] we find that old, sly Doctors do not care to practice, but prefer to have, and to trade with, their own Chymical medicines, and arcana.³⁰

Probably few physicians would have agreed openly with Lambert's master. But most would probably have admitted that the economic situation of most apothecaries was better than that of most physicians. Some may even have admitted that the physical site of the pharmacy was an important resource that they, as physicians, lacked. In early modern culture, the act of visiting sent strong social signals, and those who were visited were generally seen as superior to those who visited. And pharmacies were indeed both frequently visited and the most stable and important places of early modern medicine. It may hence be necessary to delve a bit deeper into the subject of the site of the pharmacy.

THE PHARMACY IN THE CITY

In 1660 the Danish physician Gerhard Stalhoff visited Stockholm. His description of the city began with a discussion of its appearance: geography, churches, palaces, monuments, and, of course, its royal castle. He then noted that everywhere in the city, and especially along the streets facing the water, there were "beautiful stone buildings." On Bryggargatan he mentioned seven notable buildings. On Stora Nygatan were located the home of a gentleman and Iesonius's bookstore, as well as the pharmacy the Angel and "the small pharmacy"—that is, the Monkey. On Västerlånggatan were the homes of two learned gentlemen; on Trångsund (Tronge Sund, in the Danish original) by the square was the big pharmacy (i.e., the Castle Pharmacy), and on Svartmannagatan by the German Well one could find the German Pharmacy (i.e., the Swan). We can note that all these pharmacies were located on one of the seven streets that Stalhoff listed as "the most distinguished long streets" in the city. Significantly, Stalhoff mentioned no apothecaries by name but listed all the city's physicians: (Zacharias) Watrang, (Petter) Schalerius, (Gregoire François) Du Rietz, Köster, and (Bernhard) Below. The royal barber-surgeon (Herman) Fuchs was also important enough to merit inclusion in the list of physicians. However, only one physician inhabited a house worth mentioning: the physician of the navy, Dr. Schalerius, who lived on Bryggargatan, the most distinguished (long) street in the city.³¹

As is apparent from Stalhoff's account, by 1660 Stockholm's apothecaries had established a certain presence in the cityscape. Though their pharmacies were not architecturally comparable to the palaces of the nobility, they were nevertheless both located on prime spots and worth taking note of. This presence reflected their role in city life and on the medical scene. The pharmacy was one of the premier early modern sites where exotic luxury goods were sold and

³⁰ "Johan Lamberts självbiografi" (cit. n. 1), pp. 336–337.

³¹ Gerhard Stalhoff, "Utdrag ur resebeskrivning," ed. Rudolf Cederström, *Samfundet Sankt Eriks Årsbok*, 1910, pp. 33–62, on 54, 56 (my translations from the Danish). Concerning Fuchs, the original says "as well as Fuchs" ("noch Fuchs"). In addition, there were eighteen barber-surgeons in the city, as well as other groups of medical practitioners: *ibid.*, p. 56.

served to introduce such goods to European publics. On the supply side, apothecaries could draw on global and local trade networks that connected them to merchants and herb collectors.

It was an expensive undertaking to establish and maintain a pharmacy.³² An insight into the associated costs and necessary contacts can be had from the establishment of the Monkey in the 1620s. After receiving the privileges for his new pharmacy, Robertson approached a fellow Scotsman, the trader Raleigh Sanderson, with his business plan. Sanderson agreed to vouch with his credit for the enterprise and contacted a third Scotsman, Nicolas Bass in Hamburg, who imported medicines from England. Robertson paid for the first two deliveries from Bass but refused to pay for a third, worth 1,771 Swedish dalers or 5,313 Lübeck marks. This was a significant amount of money, and because he was unable to pay the debt Sanderson lost his credit in both Hamburg and London.³³

Pharmacies also had local suppliers, in particular female herb collectors. A 1668 instruction from Stockholm's governor, the *Överståthållaren*, specified that women were to be given instruction in how to recognize herbs for pharmacies. And in December 1684 the apothecaries of the city requested of the magistrate that two old wives, Brita Sigfridsdotter and Maria Botwedsdotter, both "very poor and aged," be admitted to the poorhouse at Danviken. The old women had supplied the pharmacies of the city with wild herbs. In exchange for the city's support, the apothecaries requested that the women teach children and others at Danviken where to look for herbs and how to recognize them.³⁴

Looking instead at the demand side, physicians were of course an important group that was highly dependent on pharmacies and on the global and local trade that they were a part of. In Sweden, as elsewhere in Europe, there were two major medical schools. Paracelsian medicine, with its focus on mineralogical compounds and chymical distilling methods, had made strong inroads into the realm from the 1620s, and thirty years later it had become the preferred medical school of the Swedish elite. But traditional Galenic theory, too, had its proponents, ensuring a continued reliance on a wide selection of botanicals from the Mediterranean, as well as from tropical parts of the world.³⁵ Physicians needed access to the skills of apothecaries for compounding and distilling chymical medicines, and they relied on their trade networks and skills in logistics and storage for access to the medicines of the Galenic pharmacopoeia. Discerning and up-to-date customers also, of course, demanded that they be prescribed the fashionable New World medicines that flooded seventeenth-century markets. The first pharmacopoeia issued in the Swedish realm, the *Pharmacopoeia Holmiensis Galeno-Chymica* (1686), was a hybrid product. As indicated by its title, it contained both chymical and Galenic medicines, but the latter dominated strongly in terms of the number of compositions listed.³⁶

However, physicians were just one among an array of groups that made use of pharmaceutical simples and compositions. Another group was the barber-surgeons. Heavily outnumbering

³² Cook, *Matters of Exchange* (cit. n. 8), pp. 141–142.

³³ Jan Gejrot, ed., *Stockholms tänkeböcker från år 1592*, Pt. 16 (1627) (Stockholm: Stockholms Stadsarkiv, 1994).

³⁴ Björn Lindeke and Bo Ohlson, "Naturaliekabinettet i Skånelaholms bibliotek," in *Skånelaholm: Ett gods i Uppland*, ed. Karin Sidén (Stockholm: Vitterhetsakademien, 2008), pp. 205–223, esp. p. 221; and Stockholms Stadsarkiv, Politikollegium, protocol, 2 Dec. 1684, fols. 121v–122r.

³⁵ Lindeke and Ohlson, "Stormaktstidens läkemedelsuppfattning" (cit. n. 21), pp. 45–50; and Sten Lindroth, *Paracelsismen i Sverige till 1600-talets mitt* (Uppsala: Almqvist & Wiksell, 1943), pp. 452, 447–452. Regarding the continuing role of botanicals see Patrick Wallis, "Exotic Drugs and English Medicine: England's Drug Trade, c. 1550–c. 1800," *Soc. Hist. Med.*, 2012, 25:20–46, esp. p. 21.

³⁶ Written mainly by Johan Martin Ziervogel, the pharmacopoeia was to some extent a collaborative product of the Stockholm Collegium Medicum and had been discussed thoroughly in that body during much of the first half of the 1680s. See [Johan Martin Ziervogel], *Pharmacopoeia Holmiensis: Galeno-Chymica* (1686; Stockholm: Bokförlaget Rediviva, 1979).

physicians throughout the period, they too made use of medical preparations. Until 1663 they were permitted to practice internal medicine as well as surgery, and after that year they retained the privilege to make and prescribe “wound-drinks” as well as salves and waters for external use. The manuscript recipe book of the Stockholm surgeon Michel Heijn contained numerous preparations of this kind. One of them, a wound-balsam, contained fourteen ingredients. Among them were mastix, myrrh, two kinds of aloe, galangal, and cinnamon. These and the other ingredients were to be mixed in spirit of wine, which was then distilled.³⁷ Heijn presumably used his recipe book to distill his own products, and at least one Stockholm surgeon, Baltzar Salinus, was a renowned distiller who imported his own materials.³⁸ But regardless of whether other of their colleagues themselves distilled or left the task to specialist distillers and apothecaries, most of them had to buy their materials in pharmacies. Another group that used pharmaceuticals and spices were bathers. They incorporated them in ointments and salves, and demonstrating that one could compose these preparations correctly was an important part of the examination to become a master of the guild of bathers. Medicines could also, of course, be self-prescribed or administered by itinerant medical practitioners without guild affiliations or exam certification, by local healers, and by married women in charge of households. Neither should we forget that spices and exotic drugs were used in cooking and for recreational purposes and that apothecaries also manufactured spiced wine, candies, and other confectionaries.³⁹

Although apothecaries retained contacts with royal and aristocratic households, their businesses depended increasingly on the site of the pharmacy: the physical space into which they could invite regular and passing customers and display their wares. In a study of early modern London, Patrick Wallis has highlighted that apothecaries sought to present their pharmacies as stable presences in the early modern city. This was important for a class of merchants that handled exotic and expensive goods. When apothecaries connected their businesses to city life—socially, emotionally, and financially—the penalties for fraud increased and customers’ perceived risk of being cheated was correspondingly lowered. Similarly, the richness of the displays of the pharmacy functioned to reassure customers as to the trustworthiness of the merchant. Wealth and permanence signaled quality, credit, and respectability, all of which were important aspects of personal reputation.⁴⁰

³⁷ The book was inherited and expanded by his son Joh: Ch: Heijne: *Soli Dei Gloria Recept Buch. darinnen sonderliche Mittel für aller-hand zufälle und gebrechen des Menschlichen Leibes zuvinden zusammengetrag durch Michel Heijn . . . Chijrurg: Bosliss . . . Anno 1678 d 7 februarij*, Uppsala Universitetsbibliotek, Ihreska handskrifssamlingen (Ihre 241), pp. 17–18. Published work existed too: the famous surgeon Hieronymus Brunschwig wrote two books on distilling (in 1500 and 1512). See Alisha Rankin, “How to Cure the Golden Vein: Medical Remedies as Wissenschaft in Early Modern Germany,” in *Ways of Making and Knowing: The Material Culture of Empirical Knowledge*, ed. Pamela H. Smith, Amy Meyers, and Harold Cook (Ann Arbor: Univ. Michigan Press, 2014), pp. 113–137, esp. pp. 116–117.

³⁸ Salinus was the court surgeon of Hedvig Eleonora and held the privilege to import and deliver most medicines to the court, limiting the court apothecary to delivering spices, victuals, and some medicines. See Nordholm, “Några data om Morianens apotekare under de första hundra åren” (cit. n. 25), p. 36.

³⁹ Regarding the examination for the bathers’ guild see Stockholms Stadsarkiv, Badareämbetet, handlingar, Vol. 1, 1692–1735, 10 Oct. 1692, 5 Mar. 1702. On household uses of spices and pharmaceuticals see Wendy Wall, *Staging Domesticity: Household Work and English Identity in Early Modern Drama* (Cambridge: Cambridge Univ. Press, 2002), pp. 166–167. See also 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 Mikuláš Teich (Cambridge: Cambridge Univ. Press, 1996), pp. 24–51.

⁴⁰ Patrick Wallis, “Consumption, Retailing, and Medicine in Early-Modern London,” *Economic History Review*, 2008, N.S., 61:26–53, esp. pp. 29–30, 45.

Location was important. In seventeenth-century Stockholm, proximity to or distance from the royal castle signaled status. The castle served as the center of Swedish governance, and clustering around it were the palaces belonging to the great nobles.⁴¹ In 1678 Christian Heræus relocated the Moor to a new site, literally a stone's throw from the castle. Then, as today, visitors entering the city's central island from the north would have been able to see the buildings simultaneously, the castle dominating the southeastern side and the Moor occupying a part of the western side of a square (now named Mynttorget). Indeed, the Moor had the look of a town palace and was custom-built for its purpose by Stockholm's most popular architect, Nicodemus Tessin (the elder), who was also the official castle architect. It was a four-story building. The dispensary occupied a large room in its central part. It was reached through a portal placed in the middle of the facade and flanked by two large windows—possibly the first storefront windows in Stockholm. The interior, too, was designed to impress. The dispensary had a double-height ceiling, taking up the central part of the mezzanine as well as the ground floor.⁴² The room is bound to have been richly and sumptuously decorated. Undoubtedly it featured open shelves displaying a large number of handsomely decorated drug jars and possibly also exotica such as crocodiles and pufferfish.⁴³ (See Figure 3.)

Given their broad customer base and their often-sumptuous premises, it should not come as a surprise that the site of the pharmacy—or, to be more precise, the dispensary of the pharmacy shop—could serve as a kind of public space. Wallis has observed that the signals of respectability that London pharmacy shops projected could also be subverted. Dedicated as they were to luxury consumption, pharmacies could be portrayed as disorderly spaces, resorts “of thieves and gallants who gather to smoke the controversial new import, tobacco.”⁴⁴

Stockholm pharmacies were clearly meeting places too, albeit perhaps mainly for medical practitioners, those who were sick, and other customers. Telling of his life as a surgeon in the army of Karl XII, Lambert remarked that a colleague, the surgeon Boltenhagen, was shot in 1708. “I had seen him,” he wrote, “several times in Stockholm, and had talked with him in the pharmacy.” Another deceased army colleague, Dr. Micrander, was mentioned in a similar way: “He had been Town Physician of Stockholm, and I had often heard him admonish patients there, and seen him write recipes in the pharmacy.” The role of the pharmacies as meeting spaces is also verified by the protocols of the Stockholm Collegium Medicum, which on rare occasions held its meetings in pharmacies.⁴⁵

Pharmacies, hence, fulfilled a dual role in Stockholm. First, as Stalhoff's description testified, they held a representational role in the outdoor space of the cityscape, contributing to its monumentality and urbanity in the same way as the palaces of aristocrats and major traders. The Moor, the most lavish of Stockholm's pharmacies, became a truly monumental space that reflected the favored architectural forms of absolute power, thus both underpinning that power

⁴¹ Norrhem, *Uppkomlingarna* (cit. n. 22), pp. 9–12; and Persson, *Servants of Fortune* (cit. n. 11), pp. 41–42.

⁴² Nordholm, “Några data om Morianens apotekare under de första hundra åren” (cit. n. 25), p. 36. The building is now used by the Swedish Parliament, and its interior has been transformed into offices.

⁴³ On the function of exotica in pharmacy displays and pharmacies as showcases for the marvelous see Wallis, “Consumption, Retailing, and Medicine in Early-Modern London” (cit. n. 40), p. 41; and Paula Findlen, “Inventing Nature: Commerce, Art, and Science in the Early Modern Cabinet of Curiosities,” in *Merchants and Marvels*, ed. Smith and Findlen (cit. n. 19), pp. 297–323, esp. pp. 305–307.

⁴⁴ Wallis, “Consumption, Retailing, and Medicine in Early-Modern London” p. 29.

⁴⁵ “Johan Lamberts självbiografi” (cit. n. 1), pp. 350, 341; and Riksarkivet, Stockholm, Archive: Collegium Medicum 1663–1813, Call number E2, Vol. 1, Inkommande handlingar 1671–1704, p. 39. I have discussed the pharmacy as a meeting place in the second half of the eighteenth century in Hjalmar Fors, “Stepping through Science's Door: C. W. Scheele, from Pharmacist's Apprentice to Man of Science,” *Ambix*, 2008, 55:29–49, esp. pp. 38–40.

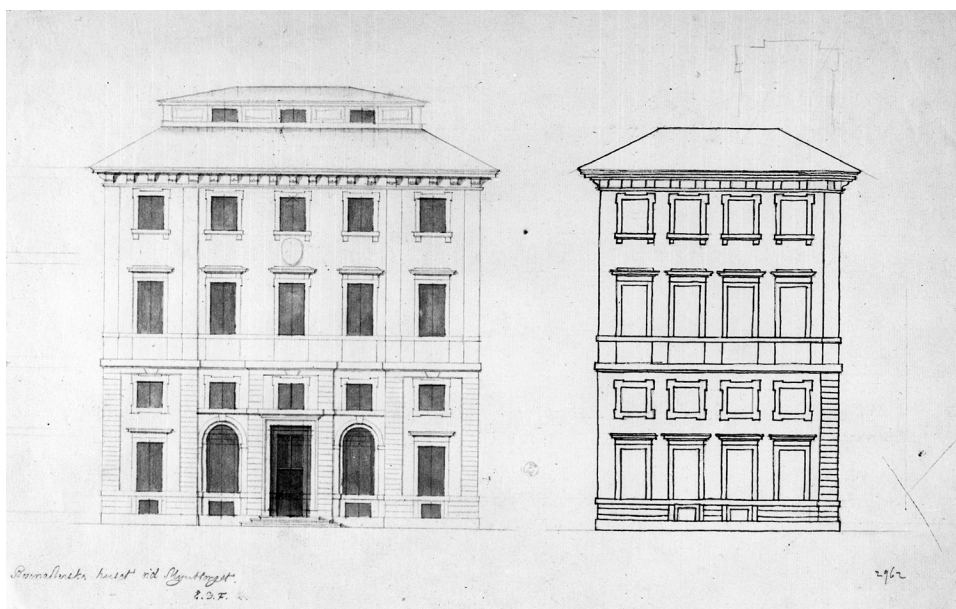


Figure 3. Facade of the Moor pharmacy. Nationalmuseum, Stockholm, inventory no. THC2962. Photo: Nationalmuseum.

symbolically and extending it by connecting it to the global trade in spices and exotica. This pharmacy, the very name of which signaled exoticism, hence came to serve a symbolic function in the city similar to that of the gardens with exotic plants and cabinets of curiosities in palace compounds. But it also appropriated the forms of the palace to its own ends. Crossing its threshold, visitors were plunged into a particular world. Listening to the voices and other noises of customers and medical practitioners, breathing the spice-laden air, looking at decorated jars and exotica, contemplating and deciphering the symbols around them, they experienced *in their bodies* an immersion in a medical space devoted to healing, to the enjoyment of luxuries, and to answering the questions they had come to address.⁴⁶ While a pharmacy such as the Moor reinforced the state, it was simultaneously independent of it. It connected equally to the Baltic, predominantly German, and highly cosmopolitan space of other artisans and traders. It also drew on and embodied dreams about the exotic that could not be subsumed to state power. The case was different with the bureaucratic space established by medical doctors, a matter to which we will now turn our attention.

COURT AND BUREAUCRACY: THE SPACES OF PHYSICIANS

Scholarly medicine was slow to establish itself in northern Europe. In the Swedish realm there were few university-educated physicians before the middle of the sixteenth century.⁴⁷ Most of them were connected to the royal court and the ducal courts of the king's sons. These physi-

⁴⁶ Cook, *Matters of Exchange* (cit. n. 8), pp. 28–31, 318; and Lefebvre, *Production of Space* (cit. n. 3), pp. 220–225, 272.

⁴⁷ Johanna Bergqvist, *Läkare och läkande: Läkekonsens professionalisering i Sverige under medeltid och renässans* (Lund: Diss, 2013), pp. 32–33, 85, 87, 199, 217, 221–224, 255, 343. There were, however, substantial numbers of other professional medical practitioners. See *ibid.*, pp. 245–252, 261–263; and Uddenberg, *Lidande och läkedom*, Vol. 1 (cit. n. 7), pp. 174–176.

cians were usually foreigners and tended to stay for relatively short periods. An exception was the French physician Dionysius Beurraeus. He arrived in 1543 and was eventually ennobled, gifted with estates, and sent as ambassador to France and England. Despite his faithful service to the royal family, King Erik XIV ordered his murder in 1567.⁴⁸

While Sweden was somewhat backward compared to mainland Europe, this was less true of its Scandinavian archrival Denmark. It had been possible to take a medical degree at the University of Copenhagen since its founding in 1479.⁴⁹ But although there had been a chair in medicine at Uppsala University since 1595, the university did not award any medical degrees in the seventeenth century. Furthermore, few lectures on medicine were held until midcentury. In 1627 the professors made their apologies to Royal Chancellor Axel Oxenstierna: there were too few students, as there was too little profit to be made for medical doctors in the realm.⁵⁰ Consequently, throughout the first half of the seventeenth century such physicians as there were in Sweden mostly came from other parts of Europe; Swedes (who invariably held a foreign credential) began to dominate only toward the final decades of the century.

Physicians' influence gradually increased as they installed themselves as clients and confidants of rulers: Robertson's strong influence with Gustav II Adolph has already been mentioned. Queen Christina was famously close to her French physician, Pierre Bourdelot. He was described in a pamphlet as the man (or, rather, the "monster" and "atheist") who instilled in her the bad habits and false ideas that eventually would lead to her abdication and who "stole her from her courtiers to possess her alone," making her court "desert[ed] or [a place of] solitude."⁵¹

However, outside of the court context physicians did not hold a particularly prominent place in Stockholm social life and geography. We have already seen how by the 1670s apothecaries had established themselves in sumptuous, semi-public buildings. Other medical practitioners, too, made their presence known in the city. The guild of barber-surgeons (established in 1505, at the latest) counted six masters already in 1571 and eighteen in 1682. The bathers (a guild since 1657) could boast five masters in 1663.⁵² When the midwives finally were permitted their own guild-like organization in 1711, the number of senior midwives (i.e., masters) was limited to forty.

Apothecaries, surgeons, and bathers practiced mostly in their own premises and marked them out by displaying easily recognizable signs. Midwives practiced their art in the homes of their clients but were required to have signs on their houses "so that one shall be able to find

⁴⁸ Beurraeus was killed because he had tried to bring the king out of a violent rage. Erik, who by then had drifted in and out of madness for years, was dethroned in 1568. At the beginning of his reign he had been a great patron of medicinal practitioners, with five physicians and three apothecaries in his service. See Kockum, *Läkare och apotekare* (cit. n. 12), pp. 10, 15–16, 32–33, 41–48, 72, 93; on Beurraeus see p. 170.

⁴⁹ Bergqvist, *Läkare och läkande* (cit. n. 47), pp. 32–33, 85, 87, 199, 217, 221–224, 255, 343. On Danish medical education see *ibid.*, pp. 110–111; and Uddenberg, *Lidande och läkedom*, Vol. 1 (cit. n. 7), pp. 172–174.

⁵⁰ Otto E. A. Hjelt, *Svenska och finska medicinalverkets historia 1663–1812*, Vol. 1 (Helsingfors, 1891), pp. 3–5.

⁵¹ Urbain Chevreau, *A Relation of the Life of Christina Queen of Sweden* (1656), pp. 4, 3.

⁵² Kockum, *Läkare och apotekare* (cit. n. 12), p. 26. A charter for the barber-surgeons of Stockholm (*bardskärarembetet*; from 1646 *barberarembetet*) had been issued already in 1496, but it is unknown whether a guild was established. See Bergqvist, *Läkare och läkande* (cit. n. 47), p. 254. On the bathers see Hjelt, *Svenska och finska medicinalverkets historia*, Vol. 1 (cit. n. 50), p. 224. On the number of barber-surgeons see "Kongl. Maj:tz nådiga Resolution uppå de puncter och ärenden, som på hela Barberare embetets vägnar undedånigst insinuerade äro. Dat. Kongsöhr den 27 Aprilis. A:o 1682," in And. Anton von Stierman, *Samling utaf Kongl. Bref, Stadgar och Förordningar Angående Sweriges Rikes commerce, politie och oeconomie uti gemen . . .*, Pt. 4 (Stockholm: Kongl. Tryckeriet, 1760), p. 504. See also Swärd, "Om hälsovårdens yrkesutövare i Sverige omkr. 1500–1800" (cit. n. 9), p. 84.

them in haste, both night and day, when in an urgent need [of them].”⁵³ Physicians, however, did not use signs to advertise their businesses. In Stockholm and elsewhere, they plied their trade by making visits to patients and established personal reputations through intimate contacts with their patrons. Significantly, Stalhoff took care to record the names of all of Stockholm’s physicians in his 1660 description. But his account also testifies to these men’s minor presence in the cityscape: he took note of only one house belonging to a fellow physician (Dr. Schalerius). We should also not forget that, unlike other practitioners, physicians were educated in universities. Hence they were not only relatively few in number; their profession was also less visible in their households, as they had no live-in journeymen and apprentices.⁵⁴ Finally, barber-surgeons and apothecaries had a significant presence even in what would seem to have been the physicians’ professional realm: up until 1663 there were no limits to their practice of internal medicine.⁵⁵

In the 1660s, the general growth of the state administration and its simultaneous disassociation from court life offered the physicians opportunities for increased visibility, influence, and institutionalization. Their main venue was to become the Collegium Medicum, established through a royal charter in 1663. The organization was nominally a part of the Swedish state apparatus and carried several duties because of this association. Its primary connection to the state was provided by its president, who, according to the charter, should be the Regent’s personal physician (*Archiater*). He was a formally ranked state official, and, as such, he clearly outranked all other Stockholm physicians.⁵⁶

The Collegium shared its name with the twelve main branches of the Swedish civil service, such as the Kommerskollegium and the Bergskollegium (the Bureaus of Commerce and Mining, respectively). The other bureaus, too, were led by a president and a board of assessors (and senior councillors) who were specialists in their field (e.g., mining, commerce, law). But there the similarities ended. The other bureaus usually had a large supporting staff, their presidents were members of the Council of the Realm, and their assessors were well-paid, formally ranked civil servants. In contrast, the Collegium Medicum’s president did not have a seat on the Council of the Realm, the Collegium had no budget and no supporting staff, and the Stockholm physicians, “the assessors,” received no salaries or other remuneration for the duties they performed. In fact, the physicians were not formally granted the rank of assessors until 1719. This was a very important point of etiquette, as it meant that they did not appear on the official lists of rank issued by the sovereign. Consequently, they tended to be forgotten or ignored in important ceremonial contexts such as royal funerals.⁵⁷

⁵³ The charter for midwives studiously avoided the terminology of male guilds—e.g., the organization was not designated a guild and midwives were not called “masters” (*mästare*) or “journeymen” (*gesäller*). Apart from this terminological difference, all the formal trappings of a regular guild were present. See “Reglemente och förordning för Jorde-Gummorne uti Stockholm, uppå höga Öfwerhetens befallning och approbation; af Kongl. Collegio Medico utgifwen, den 29 Aprilis 1711,” in And. Anton von Stiemman, *Samling utaf Kongl. Bref, Stadgar och Förordningar Angående Sweriges Rikes commerce, politie och oeconomie uti gemen* . . . , Pt. 6 (Stockholm: Peter Hesselberg, 1766), pp. 48–56, on p. 50.

⁵⁴ According to the taxation records of 1676, the total number of Stockholm artisans/craftsmen, including their families and servants, was about 8,500. The number of artisanal households was about 1,200. Figures include bathers and barber-surgeons but not apothecaries and physicians. See Söderlund, *Stockholms hantverkarklass* (cit. n. 21), pp. 20, 22.

⁵⁵ Throughout the period barber-surgeons were permitted to perform as physicians in areas where no physicians were present. See Swärd, “Om hälsovårdens yrkesutövare i Sverige omkr. 1500–1800” (cit. n. 9), pp. 86–87.

⁵⁶ “Kungl. Maj:ts resolution av den 16 Maj 1663,” rpt. in Hjelt, *Svenska och finska medicinalverkets historia*, Vol. 1 (cit. n. 50), pp. 10–14. On the duties of the president see *ibid.*, pp. 44–46.

⁵⁷ Hjelt, *Svenska och finska medicinalverkets historia*, Vol. 1, pp. 25–28, 72–79. On the usual bureaucratic arrangements see Hjalmar Fors, *The Limits of Matter: Chemistry, Mining, and Enlightenment* (Chicago: Univ. Chicago Press, 2015), pp. 46–47.

Its charter situated the Collegium Medicum squarely between two established types of organization. It was somewhere, or something, between a guild—with specified privileges in relation to other guilds—and a state organ charged with overseeing Stockholm's medical scene. The Collegium did not progress from guild to state organ in a linear fashion. Indeed, in 1680 it lost some of its previous independence, as it became subordinated to the *Överståthållaren*, the royally appointed governor of Stockholm who, among other tasks, oversaw the city's guilds.⁵⁸ This was, if anything, a recognition that the Collegium was no proper state bureau but instead occupied the bottom rung on the ladder of the bureaucratic hierarchy.

The Collegium was also lacking in power as an executive body. There were few means through which it could exert influence or follow up to determine whether its recommendations and decisions were acted upon. Indeed, up until 1699 (when it was granted the name "Collegium Regium Medicum") its formal jurisdiction was limited to the capital.⁵⁹ Throughout the period, its status as something other than a guild of physicians was a mixed blessing, not least because of the large amounts of unpaid work—inspecting, examining, responding to complaints and petitions—that its members had to conduct. The connection to the state also meant that the Collegium, unlike an ordinary guild, sometimes had to obey authorities on matters that formally were its own to decide. When Karl XII sent a letter to the Collegium in 1704 instructing it to accept six named medical doctors, the physicians could do little but comply.⁶⁰

The establishment of the Collegium Medicum did, however, confer important privileges: the physicians were given the sole right to administer medical remedies internally and to examine, accept, or reject physicians who proposed to set up a business in Stockholm. Furthermore, the Collegium was to inspect the city's other medical practitioners on behalf of the authorities, such as "apothecaries as well as their shops, barber-surgeons, . . . bathers, spice merchants, materialists and others of similar kind," including midwives.⁶¹ This is important: although the physicians carried little clout in the state, the transfer of some of its power to the Collegium Medicum began a transformation of the Stockholm medical scene that would eventually make the physicians its dominant group. From the point of view of medical practitioners—even high-status ones such as royal barber-surgeons and apothecaries—the collective of physicians had been granted a measure of formal rank in the state, something that conferred a recognizably higher social status than even the ownership of a very successful pharmacy. A tacit recognition of the emerging pecking order was given by Christian Heraeus, the proprietor of the Moor, when he transformed himself from royal apothecary to royal physician in 1678.

The change comes across well in Richard von der Hardt's 1701 *Holmia literata*. This book listed about five hundred learned men and one learned woman who were either residents of Stockholm or connected to the city in some significant sense. Most, if not all, of the persons in the book were included because they were authors of texts: hence *Holmia literata* served as both an introduction to the learned figures of Stockholm and as a bibliography of works published by locals. It took due note of the social standing of the listed authors. The first part, comprising roughly half the book, listed literati among the Stockholm nobility, as well as learned persons of good standing who held positions in the state apparatus. The second part listed men of the clergy and the third learned men among lower officials, auscultators, students, lawyers,

⁵⁸ Sandberg, "Anima regni" (cit. n. 10), pp. 129–131; and Hjelt, *Svenska och finska medicinalverkets historia*, Vol. 1, pp. 14–15.

⁵⁹ Hjelt, *Svenska och finska medicinalverkets historia*, Vol. 1, pp. 27–28.

⁶⁰ Clearly, Karl XII's instruction implied that he saw the Collegium Medicum as a state body to which he had the right to appoint whomever he wanted. See Hjelt, *Svenska och finska medicinalverkets historia*, Vol. 1, p. 190.

⁶¹ As noted, however, barber-surgeons were permitted to administer "wound-drinks" when treating injuries. See "Kungl. Maj:ts resolution av den 16 May 1663" (cit. n. 56), pp. 11 (quotation), 11–12, 14.

and schoolteachers.⁶² Significantly, all the physicians of the Collegium Medicum were listed in the most prestigious first part, but nowhere was there mention of any apothecary or barber-surgeon, and there were of course no midwives.⁶³ The situation was similar in the book's second edition (1707).⁶⁴ However, the much-published physician Herman Grim was not listed in the prestigious group of literati with his fellow members of the Collegium Medicum but instead appeared among the "other literary men of various types." The reason was probably that Grim declined to name the university where he had taken his medical degree. This indicates that it was scholarly education, together with membership in the Collegium, that conferred status—not membership alone.⁶⁵

The Collegium Medicum provided a means for the Stockholm physicians to enhance their status as a group. From its founding, physicians sought to have their organization acknowledged as a state bureau and themselves awarded the rank and salary of assessors. The bureaucracy, thus, provided them with a second route to influence and status, apart from that offered by influence at court, which they had shared with both apothecaries and barber-surgeons.

The importance of the seventeenth-century Collegium should not be overemphasized, however. For example, the *Pharmacopoeia Holmiensis*, issued by the Collegium in 1686, regulated substances that apothecaries had to hold in store and medicines that they were required to know how to prepare. But its specifications were not made legally binding until 1698. Hence the pharmacopoeia and the inspections that the Collegium held in pharmacies on a regular basis were not really indicative of increased bureaucratic control, as has been claimed in older research.⁶⁶

Given the weak position of the Collegium Medicum in the state apparatus and the apothecaries' strong economic position, ultimately deriving from their broad customer base, the physicians' rights make better sense if interpreted as akin to guild privileges, which could include inspectorial duties. Generally speaking, Swedish authorities considered guilds a proper structure for organization men with knowledge of an artisanal nature, and the principles set out in the charter for the Collegium Medicum were similar to those in the general instruction issued for guilds in 1669.⁶⁷ Physicians depended on access to pharmaceutical preparations, and their right to inspect pharmacies was limited to those aspects of the pharmaceutical work and stores that they themselves depended on for their livelihood. I would suggest that physicians' attempts to institutionalize a degree of control over pharmacies did not reflect an existing hierarchy but was a final legal recourse. It was a privilege that physicians eagerly sought because without it they could not ply their trade as independent medical practitioners.

THE PHYSICAL SPACE OF THE COLLEGIUM MEDICUM

The relatively weak position of the Collegium Medicum was reflected in its premises. At the time of its founding it had been promised one large and two smaller rooms at the new Royal

⁶² There was also a fourth part, listing learned men at foreign legations; a fifth, listing learned Stockholmers residing in other locations; and a supplement, listing six recently deceased figures: [Richard von der Hardt], *Holmia literata* (Stockholm: Theodorum Gotthardum Volgnau, 1701). The woman was the poet Sophia Elisabeth Brenner; see *ibid.*, pp. 7–8.

⁶³ Fifteen names were connected to medical professions. Didrich von Lith, a student of medicine, was the only person in the book noted as connected to surgery: "chirurgiae & medicinae candidatus" (*ibid.*, p. 75). Joh. Christoff Hein [Heijne], a student of medicine (*ibid.*, p. 74), would also later become a surgeon (see note 37, above).

⁶⁴ The second edition included eighteen medical practitioners: [Richard von der Hardt], *Holmia literata: Auctor & Emendatior cum appendice de variis rerum suecicarum scriptoribus* (1707).

⁶⁵ *Ibid.*, p. 60. Indeed, Grim probably did not have a medical degree. He was accepted into the Collegium following a direct order from Karl XII (see note 60, above).

⁶⁶ See e.g., Hjelt, *Svenska och finska medicinalverkets historia*, Vol. 1 (cit. n. 50), pp. 3–9. For the right of inspection see "Kungl. Majts resolution av den 16 May 1663" (cit. n. 56), p. 12.

⁶⁷ Söderlund, *Stockholms hantverkarklass* (cit. n. 21), pp. 14–16.

Mint as soon as the building was finished. But this took time, and in 1684 the Collegium was assigned premises in the Southern City Hall. Two years later it still had not been given access to them. Perhaps in a bid to force the hand of the Stockholm mayor on whose decision the matter rested, the Collegium decided to buy a small collection of East Indian naturalia from Herman Grim—at the time in Hamburg and on his way to take up service in Ostfriesland. His objects were, interestingly, deposited in the pharmacy the Monkey, but it is unclear whether the apothecary kept them in store for him or had them on display for visitors. The collection was to be kept at the Southern City Hall, together with some gifts of rarities and minerals competitively offered by Heraeus (now a member) and his main opponent in the Collegium, Urban Hiärne.⁶⁸

The furnishing of the Collegium's chambers continued. In 1693, the Collegium asked member Johan Martin Ziervogel (who had spent a long time studying in Leiden) to buy Dutch anatomical and microscopical instruments on its behalf, as well as a complete air-pump from the maker Johan Joosten van Musschenbroek. These purchases, however, seem not to have been made. In 1707 the Collegium decided to begin a collection of portraits of its members and other suitable persons to adorn its meeting room. A mounted skeleton was also bought for the sum of 100 copper dalers.⁶⁹

Objects such as these may have served some practical needs for the Collegium's members. But their primary function should be seen as conferring symbolic status on the Collegium's premises, reflecting and enhancing the status of the users. The choice of objects is significant. Exotic naturalia was all the rage in 1684; air-pumps and other instruments of experimental philosophy reflected emerging natural philosophical interests in the 1690s. Just like the skeleton—still an emblematic object of medical institutions—these objects served to lend an air of integrity and importance to the premises of the medical doctors. Viewed as an assemblage—even if only an imagined one—they signaled symbolic control of natural history, experimental philosophy, and anatomy. These objects were likewise associated, respectively, with apothecaries, men skilled in mechanics, and surgeons. Hence they represented forms of knowledge and practice that the physicians dearly wanted to appropriate for themselves.⁷⁰

There was, however, a measure of desperation in these attempts at interior decoration. The Southern City Hall was far from an ideal meeting place. Although a fine building, it stood in a poor part of town. It was also quite distant from the royal castle, in and around which most of the central administration was located. Other tenants included a wine cellar (*Stadskällaren*), local courts, the city guard, and at times a group of Russian prisoners of war.⁷¹ An analysis of the minutes of the Collegium indicate that the room in the Southern City Hall may have been sparingly used. Of 161 recorded meetings of the Collegium held between 1690 and 1703, only 10 were recorded as being held there: 41 were held in the house of the (current) president, and 13 were held in other locations, including a pharmacy and the royal castle (each of which hosted one meeting). The rest of the meetings were held in the homes of other members of the Collegium. (See Table 1.)

⁶⁸ The content of the collection is not known. It was bought for 80 daler, which was collected from the physicians. Riksarkivet, Stockholm, Collegium Medicum 1663–1813, call number A1A, Vol. 1, pp. 515–516, protocols, 18 Sept., 9 Oct., 12 Oct., 23 Oct. 1686, in E:2 Vol. 1.

⁶⁹ Riksarkivet, Stockholm, Collegium Medicum 1663–1813, call number A1A, Vol. 1, protocol, 30 Dec. 1693; and Hjelt, *Svenska och finska medicinalverkets historia*, Vol. 1 (cit. n. 50), pp. 91 (portraits), 205 (skeleton).

⁷⁰ On the self-presentation of physicians see Lawrence, "Medical Minds, Surgical Bodies" (cit. n. 29), pp. 156–168. On experimental philosophy see *ibid.*, pp. 165–166.

⁷¹ The Southern City Hall had been built in 1667–1684 by Nicodemus Tessin the Elder and Younger (father and son).

Table 1. Meeting Places of the Collegium Medicum, 1671–1703

| Years | No. of Meetings | President's House | Southern City Hall | Other Place | Place Not Noted |
|-----------|-----------------|-------------------|--------------------|-------------|-----------------|
| 1671–1676 | 14 | 14% | - | 0% | 86% |
| 1680–1686 | 77 | 78% | - | 4% | 18% |
| 1690–1699 | 117 | 17% | 3% | 11% | 69% |
| 1700–1703 | 44 | 48% | 14% | 2% | 36% |

Note.—Records are missing for the periods ca. 1663–1670, 1676–1680, and 1687–1690. Figures exclude inspection of pharmacies.

No place was noted for 97 of the meetings that took place between 1690 and 1703. It is impossible to say whether these meetings were held in the president's house, the Southern City Hall, or elsewhere. The available records suggest, however, that the president's house continued to be the physicians' favored meeting place even after the Southern City Hall was made available. And the Collegium clearly continued to hold many meetings in its presidents' homes even at the beginning of the eighteenth century. This may be of some significance. Stockholm guilds rarely had their own premises but tended to meet in the home of the alderman.⁷² Perhaps the Collegium's preference for meeting in the home of its leader was a tacit admission that the Collegium in fact considered itself a guild of physicians. In any case, when it came to premises, the physicians could in no way compete with their affluent colleagues the apothecaries. It is an ironic twist that when they finally gained access to their rooms in the Royal Mint around 1717, they occupied a small part of the building on the other side of the street from the imposing Moor pharmacy. But at least they were now, finally, installed next to the royal castle.

CONCLUSION

The thesis of this essay has been that the medical space for scholarly medicine and pharmacy in Stockholm emerged together with the space of the city itself. It was a part of the city and of its many interlaced relationships and local, European, and global flows of objects, people, and ideas. By presenting such a narrative, I hope to have created a credible alternative to the many older historical narratives that assumed that the emergence of "Swedish" medicine was due to the formation and growth of medical institutions in the wake of early modern state formation and to changing trends in elite patronage.

Granted, the establishment of scholarly medicine and pharmacies in seventeenth-century Stockholm closely paralleled the investments of local elites. It was a necessary precondition that the affluent and influential perceived access to physicians and pharmaceuticals as useful and beneficial. These groups invested in the health and status of their personal households. Hence we see that scholarly medicine and pharmacy made their first inroads at courts—royal and noble.

Nevertheless, this pattern was overlaid on an older one, established already during medieval times and dependent on Stockholm's connectedness to a larger German-speaking Baltic world. The consumption of elite groups drew on the services of a remarkably transnational learned and

⁷² When the president of the Collegium Gustaf Lohreman died in 1684, the meetings immediately were relocated to his successor Urban Hiärne's home, although the latter was not formally elected president until 4 Feb. 1686. Karin Sennefelt provided information on guilds in personal communication.

artisanal community. First, university education in medicine—the distinctive mark and source of pride for early modern physicians—could not be had in the North but had to be sought in more southern latitudes. Physicians came from abroad during much of the seventeenth century; and even as a number of Swedish speakers took up the occupation, many of them were second- or third-generation immigrants, and they invariably took their exams abroad. Second, pharmacy was practiced mostly by first- or second-generation immigrants, mostly hailing from German-speaking areas. Apothecaries too needed to move across state boundaries to find positions and secure their trading goods. They too had networks, upheld through the transnational circulation of goods, concepts, and individuals. Their knowledge, furthermore, did not emerge only out of a Baltic trading context. It was also integrated with Dutch trade in the East and West Indies, and it was—like Baltic scholarly medicine—shot through with a pervasive Dutch medical influence. Hence northern medicine was integrated in a wider European context and indeed had a global reach. Ultimately, the emergence of Stockholm's seventeenth-century medical space was due as much to the existence of these transnational networks as it was to the patronage of local elites. As nodes in global networks of exchange, pharmacies enabled Stockholmers and the city's medical practitioners to take part in and make commercial use of new consumption patterns; they offered—literally—a taste of the exotic worlds that opened up for seventeenth-century Europeans.

Through their lavish architecture and by showcasing luxury goods, pharmacies also became potent symbols of Sweden's newfound status as a major power and a civilized nation. They glorified the capital of the realm by impressing visitors and by assuring the city's inhabitants that they occupied the urban heart of an empire. Apothecaries, as important actors in the increasingly globalized early modern system of trade, turned their pharmacies into showcases, emblems of connectedness to the world. In this sense, they had a symbolic function similar to that of expensive new items of clothing, newly built palaces and city houses, formal gardens and greenhouses, and other objects that were associated with wealth and novelty. Hence the expansion of pharmacy in seventeenth-century Stockholm was more than a consequence of the city's growth. It constituted the heart and soul of Stockholm's transformation from a rustic outpost to the urban, imperial heart of the Baltic Sea. When perceived as a *monumental space*, the pharmacy became the ultimate *baroque space*. It combined, in a single building, the preoccupations, interests, dreams, and aspirations of an era. Thus it cannot be reduced to modern categories or terms.

To be sure, the expanding world of “globalized trade” was to be found there: but the systems of trade (readily comprehensible to late moderns) were fused with early modern concepts of the power that could be derived from the exotic, the strange, and the distant, as well as with hidden correspondences of natural magic. Similarly, it was a space readily comprehensible in terms of status consumption of luxury items. But that too is no more than a part of the story: it neglects the all-important notion of the divinely ordained order of society. Early modern persons of standing *had to* consume exotic spices and medicines, just as they *had to* wear luxurious clothing and inhabit palaces.⁷³ A nobility without such trappings was hardly a nobility at all, just a bunch of rustics. Nobles, like everybody else, were assigned roles in an (imagined) stable estate society legitimized by God. As Sweden was a major power, Stockholm had to be a major city. In consuming, its citizens maintained the divine order and ultimately engaged in an act of worship.

The Collegium Medicum, too, seems to be easily comprehensible by late moderns. To us, it appears as an organization devoted to the bureaucratization of society by means of the joining

⁷³ Cook, *Matters of Exchange* (cit. n. 8), pp. 14–15, 30–31.

of prescribed medical practice to the state, the inspection of other medical practitioners, and the control and censure of illegitimate medical practice. However, the Collegium Medicum too has its surprises. In particular, it was to many contemporary observers very similar to, if not indistinguishable from, a guild. This was an image that physicians had to work hard to overcome, and they would not succeed as long as the seventeenth century lasted.

* * *

Sweden's political and military dominance in the Baltic would last until the first decades of the eighteenth century and the country's defeat in the Great Nordic War. At the beginning of the war Swedish troops experienced great success on the battlefield, culminating in the subjugation and occupation of Saxony in 1706–1707. The decisive turning point came with the defeat of Karl XII at Poltava. The endgame of the war saw an increasingly strained Sweden facing an overwhelming array of opponents. Adding to the misery, Stockholm was struck by a plague in 1710 that killed more than 40 percent of the city's inhabitants. By the end of the war in 1721, Sweden's territory had been significantly reduced. Its community of natural philosophers, physicians, and civil servants adopted a new patriotic and cameralist discourse that was more suited to the new straitened circumstances. They also began to articulate Sweden's independence from the German-dominated world of Baltic trade and the Holy Roman Empire. Already in 1707, the retired president of the Collegium Medicum, Urban Hiärne, had questioned whether Sweden should continue to accept such a free flow of skilled immigrants. He thought there were already too many pharmacies in Stockholm and that no more should be established. In particular, no more Germans should be given privileges. Sweden should do as England had already done, prohibiting all foreigners from becoming journeymen and masters.⁷⁴

International in orientation, the Stockholm medical scene of the seventeenth century had been cosmopolitan in the true sense of the word. In the eighteenth century that was much less the case. As the century progressed, the rising prominence of cameralist and mercantilist economic discourse gave currency to criticisms of expensive imported luxuries and medicines. The social significance of imported goods was redefined. They were no longer considered a resource but, instead, a problem: importing unnecessary luxuries put a strain on national finances. The new sentiments, and in particular the articulation of an essentially cameralist natural history by Carl Linnaeus and others, transformed the image of the apothecaries. Pharmacies, exotica, and the composition of medicines ceased to occupy the central ground of medicine.⁷⁵ Significantly, in eighteenth-century Sweden apothecaries would participate in medical and natural philosophical discourse not as a group but as individuals. Despite the apothecary Johan Julius Sahlberg's early election to the Swedish Royal Academy of Sciences and the prominent position assigned to Carl Wilhelm Scheele in the Swedish history of chemistry, there was to be little room for the eclectic and trade-derived knowledge of apothecaries in eighteenth-century Swedish science.⁷⁶ The open-ended Stockholm medical scene of the seventeenth century, so much a product of the needs and sentiments of a completely different, cosmopolitan Baltic empire, was largely consigned to oblivion.

⁷⁴ Urban Hiärne to Olof Hermelin, 11 May 1707, published in *Historisk Tidskrift*, 1882, pp. 268–270.

⁷⁵ This development has been connected to the figure of Carl Linnaeus but was really much broader in its scope. See, e.g., Staffan Müller-Wille, "Walnuts at Hudson Bay, Coral Reefs in Gotland: The Colonialism of Linnean Botany," in *Colonial Botany: Science, Commerce, and Politics in the Early Modern World*, ed. Londa Schiebinger and Claudia Swan (Philadelphia: Univ. Pennsylvania Press, 2005), pp. 34–48; and Alix Cooper, *Inventing the Indigenous: Local Knowledge and Natural History in Early Modern Europe* (Cambridge: Cambridge Univ. Press, 2007).

⁷⁶ Fors, "Stepping through Science's Door" (cit. n. 45).