Experts by Experience

Lay Users as Authorities in Slimming Remedy Advertisements, 1918-1939

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This article analyses Dutch newspaper advertisements for slimming remedies in the 1920s and 1930s in order to investigate which authorities patients relied on in the past when deciding which pharmaceuticals to take. I argue that lay users, not doctors, were the most prominent cultural authorities in these advertisements. My main sources are newspaper advertisements extracted from the digital newspaper database of the Dutch National Library. In addition to the historical analysis the article also offers a practical guide for extracting relevant sources from such large digital repositories.

Dit artikel analyseert advertenties voor afslankmiddelen in Nederlandse kranten uit het Interbellum, om te onderzoeken op welke autoriteiten mensen destijds vertrouwden wanneer ze beslisten om bepaalde medicijnen wel of niet te gebruiken. Ik laat zien dat in de bestudeerde advertenties niet dokters de belangrijkste autoriteit waren, maar leken die zelf het middel gebruikten. Ik gebruik de gedigitaliseerde kranten van de Koninklijke Bibliotheek. Naast mijn historische analyse bied ik ook een praktische handleiding voor het vinden van relevante bronnen in dergelijke grote digitale databestanden.

When should one take podophyllin, a laxative extracted from the Podophyllum plant? Never, doctors say today, because the laxative effect is so strong that using it could result in lethal poisoning, and because they say so, we cannot use it. In the Netherlands, as in many other countries, access to pharmaceuticals is strictly regulated, with medical professionals as crucial gatekeepers. This might seem obvious to us – who is better equipped to judge the effect of pharmaceuticals on our bodies than a doctor? – but it
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did not come naturally. For a long time doctors had limited authority over patients’ use of pharmaceuticals. In the first half of the twentieth century, as in previous centuries, lay persons could easily acquire pharmaceuticals that doctors considered dangerous for unsupervised use. Podophyllin was one of these. It was used in the popular Mariënbader defattening pills, one of many ‘patent medicines’, pharmaceuticals available without prescription. The market for patent medicines flourished in the decades around 1900. Since prescriptions were unnecessary, people could use them without consulting their doctors. This does not imply users never sought medical advice. They could read self-help books written by medical experts, or write to medical advice columns. Nonetheless, unlike prescription medicines, access to patent medicines did not depend on approval by medical professionals. Therefore sufferers could choose to rely on non-medical authorities and expertise instead (or in addition to medical expertise) for their decisions on patent medicines.

This article asks whether they did, and if so, which authorities they chose. It explores an area where medical professionals had limited legal authority – the patent medicines market – to find out which groups, other than medical professionals, had cultural authority on health, illness and the body. This helps us understand how people made health decisions in the past, a central question in the history of medicine. Until the 1980s, many historians of medicine seemingly took for granted that usually lay persons did not make these decisions at all: medical experts did, and patients simply underwent the treatment they decided upon. Then medical historians (most famously Roy Porter) started to argue that patients should not be seen as passive recipients of treatment, but as active agents, who could decide to ignore their doctors’ advice – or not even ask for it in the first place, as

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2 For the composition of the Mariënbad pills, see ‘Correspondentie’, Maandblad uitgegeven door de Vereeniging tegen de Kwakzalverij 18:3 (1898) 3, which also points out the dangers of podophyllin. The dangers are also mentioned in, for example, B.J. Stokvis, Voordrachten over geneesmiddelkunde (3rd edition, revised by H. Zeehuisen; Haarlem 1907) 213-216. The composition of the Mariënbad pills varied; and podophyllin was sometimes left out, see ‘Mariënbad tabletten’, Maandblad uitgegeven door de Vereeniging tegen de Kwakzalverij 20:2 (1900) 2; ‘Correspondentie’, Maandblad uitgegeven door de Vereeniging tegen de Kwakzalverij 2:11 (1900) 4; ‘Mariënbad Reduktionspillen für Fettleibige’, Maandblad uitgegeven door de Vereeniging tegen de Kwakzalverij 47:9 (1927) 3.

3 Frank Huismans, ‘Patiëntenbeelden in een moderniserende samenleving: Nederland, 1880-1920’, Gewina 25:4 (2002) 210-225.
regularly happened with patent medicines. Thus, if we want to know how health decisions were made, we should focus not on doctors, but on the people suffering from bodily conditions from which they sought relief. This adjusted perspective requires new types of sources. Traditionally, texts produced by or for medical professionals formed the main sources, but these will usually suggest that doctors were the ones in charge. To gain a fuller picture, we should include non-medical sources as well. This article does so: it focuses on newspaper advertisements to show that they offer a valuable insight into the question which non-medical authorities played a role in deciding to start pharmaceutical treatment. In this way, the article contributes to an emerging body of work that demonstrates how systematic study of advertisements can help us uncover cultural values and notions present in society at large – not just in the history of medicine, but in other historical fields as well.

Patent remedies are a useful place to investigate non-medical authorities in pharmaceutical decision-making not only because sufferers could take them without consulting a doctor, but also because doctors often openly disapproved of them. They argued that the medications offered were ineffective, dangerous or unsuitable for unsupervised use. This did not stop people from using them – apparently they followed advice obtained elsewhere. The contrast between doctors’ advice and patent remedy solutions is particularly strong in the case of slimming remedies. Here, doctors did not reject the specific remedies available, or their unsupervised use, but pharmaceutical treatment in general. According to doctors, fatness was best cured not with pills, but through eating less and exercising more.

Slimming remedies were popular patent medicines from the late nineteenth century onward, but they reveal the contrast between medical judgment and lay opinion most sharply in the 1920s and 1930s. By then doctors had started to see fatness as their responsibility – although extreme corpulence had always been considered a problem in medicine, for a long time medical men had not been overly concerned about actively promoting weight loss. Fat people acknowledged their expertise and were by then well aware they could ask their doctors for advice if they wanted to lose weight,
and losing weight became increasingly important. The slender ideal gained ever more momentum during the twentieth century. What makes the interwar period the most interesting for this article is that the ideal of slenderness and the availability of doctors as experts were situated in a pharmaceuticals market not yet as strictly regulated as in later decades. Hence, I will focus on slimming remedy advertisements in newspapers from the 1920s and 1930s.

Until recently, constructing a significant corpus of such advertisements would have taken a large amount of time, but in recent years, mass digitisation has improved the accessibility of sources such as newspaper articles and advertisements. This article is based on advertisements selected from the Dutch National Library’s newspaper database. Searching digitised sources requires different techniques than browsing paper ones – and historians are still learning how to employ these new techniques. This learning process benefits from openly discussing practical applications of these techniques. Therefore I have included a methodological section on how simple full-text search methods (in particular Boolean queries) can be used to systematically select sources from a digital repository. In this sense, this article can be classified as a ‘digital humanities article’. However, its approach differs from that of the articles in the 2013 BMGN–LCHR special issue on digital humanities. Those articles, as guest editor Gerben Zaagsma put it in the introduction, aimed ‘primarily to discuss important meta questions’ on using digital methods; this article offers a concrete example.6

Thus I aim to do three things. First, I explain why newspaper advertisements can offer new insights into which authorities people deemed relevant when making health decisions in the interwar period. Then I demonstrate how to use simple digital search methods to build a corpus of such advertisements. Last, I manually analyse such a corpus, consisting of advertisements for slimming remedies, to investigate which non-medical authorities fat people relied on in deciding to take these pharmaceuticals.

Advertisements as historical sources

To sell low-cost products at high prices, you need to package them with a promise. Take powdered citric acid mixed with colouring agent. Nothing special as such, but in the 1920s it was sold at £2.50 a box because it was presented as Antipon, a patent medicine guaranteed to make you slender.7

6 Gerben Zaagsma, ‘On Digital History’, BMGN–Low Countries Historical Review (hereafter BMGN–LCHR), 128.4 (2013) 3-29, 28 DOI doi.org/10.18352/bmgn-lchr.9344.
7 For Antipon’s composition, see ‘Mededeelingen van het Rijks-Instituut voor Pharmaco-therapeutisch onderzoek’, Maandblad uitgeven door de Vereeniging tegen de Kwakzalverij 46:4 (1926) 2-3, 2; for Antipon’s price see for example the ad in the Leeuwarder Courant, 22 May 1925, 7.
This promise was tied to the product in an advertising campaign, and the visual and textual rhetoric these advertisements used provide valuable clues about contemporary cultural values.

In his classic Advertising the American Dream (1985), American historian Roland Marchand suggested that to analyse what advertisements tell us about the society that produced them, we should see them as a Zerrspiegel, a carnival mirror, that cherry-picked elements from society and provided distorted images of them. These distorted images in turn shaped society, not just because they stimulated people to buy things, but also because they propagated specific views about society. Sociologist Sean Nixon’s recent book Hard Sell provides an example: Nixon shows how, in the 1950s and 1960s, television commercials for household goods provided an image of the ‘modern housewife’. This changed the British idea of what being a proper housewife entailed.

Advertising could change values and ideas partly because it had large audiences. Advertisements circulated more widely than most of the other sources historians study. Mass advertising is a modern phenomenon. Its emergence dovetailed with the rise of mass media and consumer culture, in the western world in the late nineteenth and the early twentieth century. Contemporaries considered it an essential part of modernity, as do historians. Cultural historian Jackson Lears for example has argued that advertisements have transformed our relation to material goods, thus enabling the consumer culture so typical of the modern period. In the Netherlands mass advertising arose in the late nineteenth century. The specific timing was related to two parliamentary decisions – one repealed a law, the other established one. First, in 1869 Parliament abolished the dagbladzegel, a newspaper tax. This enabled newspapers to become the first mass medium. Until then only the well-off could afford newspapers, but in the 1870s newspaper circulation increased rapidly. Second, in 1880 Parliament established the patent and trade mark law, which increased brand name protection. This made setting up advertising campaigns more attractive.
financially, because it became easier for advertisers to ensure their products were the only ones traded under the advertised brand name, and thus the only ones profiting from the advertising.  

Advertisements for patent remedies constituted a large part of the emerging advertising culture. They offer valuable insights in cultural notions surrounding health and illness. For example, medical historian Frank Huisman has shown that patent remedy campaigns in the popular magazine Het Leven revealed that in the 1910s humoral and bacteriological understandings of illnesses coexisted. Historians Gemma Blok and Rose Spijkerman have analysed advertisements for Pink Pills in the early twentieth century. They argue that the advertisements created an imagined community of sufferers from nervous diseases, thus emancipating these patients.

Although mass advertising emerged only in the late nineteenth century, advertising itself has a much longer history. Early modern newspapers also regularly included advertisements for pharmaceuticals. Medical historian Hannah Barker has analysed patent remedy advertisements in Northern English newspapers around 1800. She argues that advertisements can be used to investigate which groups had the social authority to validate knowledge claims. To do so, we should pay close attention to how advertisers legitimised their claims. Advertisers regularly invoked external authorities to convince potential buyers, and their choice of authorities reveals which groups could validate the claims made in the advertisements. This can lead to new insights: Barker shows how Northern English medical advertisers regularly used testimonials of miraculous cures

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14. On the growing importance of brands in the late nineteenth century, see also Wilbert Schreurs, *Geschiedenis van de reclame in Nederland* (2nd revised edition; Utrecht 2001) 17-18.
15. Lears, *Fables*, 43-46; Schreurs, *Geschiedenis*, 24-26.
16. Huisman, ’Patiëntenbeelden’, 221-223.
17. Gemma Blok and Rose Spijkerman, “’De ongelukkigsten onder de mensen’: De verbeelding van zenuwzwakte in advertenties voor Pink pillen, 1910-1920’, *Tijdschrift voor Mediageschiedenis* 163 (2013) 46-62.
18. Hannah Barker, ’Medical Advertising and Trust in Late Georgian England’, *Urban History* 36 (2009) 379-398.
to legitimise their claims. Having an eyewitness testify is a well-known early modern technique to build trust, but Barker demonstrates that the social standing of the testifying individual did not matter as much as historians have assumed previously: the advertisements show that one did not need to be a gentleman to be regarded as reliable truth-teller.  

Barker’s analytical approach is useful for modern patent remedy advertising as well. For like the early modern advertisers, the modern patent remedies advertisers invoked external authorities to persuade the public. Their advertisements could only be effective if readers indeed recognised the authorities invoked as cultural authorities on the effectiveness of pharmaceuticals. This does not mean people used only the authorities presented in the advertisements when deciding whether to take pharmaceuticals – as mentioned above, advertisements do not provide a full image of society, but reflect only part of the existing values and notions (and, through their selection, also further propagated these values and notions). So we should not use the results of an analysis of advertisements to replace our existing ideas or methods, but to extend them. As explained above, slimming remedy advertisements are particularly useful for such an extension: since such remedies were generally firmly rejected by doctors, we can expect these advertisements to offer a good starting point to find out which non-medical authorities might have been involved in making health decisions.

Thus, this article focuses on four Dutch newspaper campaigns for slimming remedies in the interwar period. We will see that instead of professional expertise, lay experience played a major role in these campaigns. Before analysing the campaigns, I will first explain how I used digital search techniques both to locate the campaigns’ advertisements and to decide which campaigns to study.

Digital source selection

Full-text search enables us to find new sources, but it also requires us to learn a new skill – choosing the right search words. Ideally, our search returns all the relevant sources and no irrelevant ones, or in technical terms, both recall and precision are 100 percent. This is impossible in practice, but carefully choosing our search words increases both recall and precision. Thus we

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19 Cf. Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago 1994).

20 Adrian Bingham, ’The Digitization of Newspaper Archives: Opportunities and Challenges for Historians’, *Twentieth Century British History* 21:2 (2010) 225-231, 229-230. For practical advice, in particular on working with the Dutch National Library’s digital collections, see Ewoud Sanders, *Digitaal gouddelven bij de kb* [Koninklijke Bibliotheek] (Den Haag 2015), available online at https://www.kb.nl/expo/blader/digitaal-gouddelven-bij-de-kb/gouddelven.pdf.
improve the quality of the resulting source corpus, which strengthens the conclusions we draw based on this corpus.

Search queries consist of words, whereas usually historians are interested not in words but in topics. Advertisements with fatness as their topic do not necessarily contain the word ‘fatness’. Nor do all ads containing the word ‘fatness’ have fatness as their main topic. When searching for advertisements on fatness remedies we should search for ‘fatness’, but also for its synonyms, like corpulence, and opposites, like slenderness. Finding all the relevant terms requires going back and forth. Preliminary queries deliver sources with new relevant terms; these terms should be added to the query. After some trial and error, I formulated the query below. Here, or indicates that at least one of the terms should be present. The symbol * is a wildcard: ‘zwaarlijvig*’ searches for both ‘zwaarlijvige’ and ‘zwaarlijvigheid’:

corpulent* OR gezetheid OR vetzucht OR vetlijvig* OR zwaarlijvig* OR overgewicht OR obesitas OR adipos* OR lipomatos* OR liposis OR polysarcie OR ontmager* OR vermagerings* OR ontvetting* OR gewichtsafname OR “slanke lijn” OR “slank figuur” OR slankheid

The National Library’s database allows several metadata filters: I searched for advertisements in Dutch newspapers (both national and regional) published between 1918 and 1940. Furthermore, I did not use the public interface Delpher, but instead worked with Texcavator, a digital tool to engage with large text repositories that is currently being developed in the digital history project Translantis. Texcavator is not yet publicly available, but Delpher

21 Hieke Huistra and Bram Mellink, ‘Phrasing History: Selecting Sources in Digital Repositories’, Historical Methods 49:4 (2016) 1-10, 4 DOI 10.1080/01615440.2016.1205964.

22 Not all of these terms do have direct English equivalents, but an analogue English query would be corpulent* OR stoutness OR fatness OR plumpness OR overweight OR obesity OR adipos* OR lipomatos* OR liposis OR polysarcia OR slimming OR reducing OR “losing weight” OR thinness OR slenderness.

23 The metadata are not flawless, especially the classification according to article type contains some problems. Often, multiple advertisements are grouped together as one, and advertisements designed to look like newspaper articles have also been classified as such. See also Jesper Verhoef, ‘The Cultural-Historical Value of and Problems with Digitized Advertisements: Historical Newspapers and the Portable Radio, 1950-1969’, Tijdschrift voor Tijdschriftstudies 38 (2015) 51-60 DOI 10.18352/ts.344. Both problems have arisen partly because the manual part of the classification has been carried out in low-wage countries by workers who did not speak Dutch and thus relied solely on layout. Both problems have not been solved by the National Library’s spot checks because the problems are non-random mistakes.

24 Pieters and Jaap Verheul, ‘Big Data for Global History: The Transformative Promise of Digital Humanities’, BMGN-LCHR 128:4 (2013) 55-77 DOI 10.18352/bmn-lggn.9350; Joris van Eijnatten, Toine Pieters and Jaap Verheul, ‘Using Texcavator to Map Public Discourse’, Tijdschrift voor Tijdschriftstudies 35 (2014) 59-65 DOI 10.18352/bmgn-lchr.9350.
Wees niet langer te dik
Wilde ook wel graag in badpak, maar ....

haar figuur laat het niet toe. Die over-
tollige dikte wekt de lachlust op van
de omstanders en ... zij schaadt Uw
gezondheid. Een der duizenden ge-
bruikers schrijft ons:

„Door BonKora te gebruiken werd
ik in 6 weken 21 pond lichter. Ik
nam juist daar af waar het noodig
was: over de buste 12½ cm., in de
taille 15 cm. en om de heupen 20 cm.
Ik had er een hekel aan een bad-
costuum te dragen, terwijl het mij
nu juist flapteert. Bovendien hielp
BonKora mij van mijn indigestie
af en ook van mijn opgeblazenheid,
constipatie en nervositeit.

Een veilig verma-
geringsmiddel in
vloei-baren vorm.

Neem iederen dag een weinig BonKora om vet-
aanzettingen en vocht uit Uw weefsels te ver-
drijven. Lijdt geen honger. Neem BonKora en
ge kunt flink eten van smakelijk voedsel zoooals
in de brochure bij elke flesch BonKora wordt
aangeraden. Wanneer U Uw normale, gezonde
gewicht terug hebt, neem dan niet verder af
en behoudt Uw nieuwe slanke figuur. BonKora bevat geen gevaarlijke be-
standdeelen: het bouwt gezondheid, terwijl het overtollig vet verwijdert.
Begin direct met BonKora, de snelle en veilige vermageringskuur in vloei-
baren vorm. Let op de verbazingwekkende resultaten. Verkrijgbaar bij alle
apothekers en erkende drogisten & l. 2,25 per flacon.
allows the type of queries I describe here, although the returned set of advertisements might differ somewhat: Texcavator uses a different version of the National Library’s newspaper database than Delpher.

The query returned 12,448 advertisements. Unfortunately many of them were not about patent medicines, but about other slimming-related products such as corsets. The query had low precision, returning many irrelevant results. Historian Gwenn van den Steen experienced a similar problem when she set out to investigate whether Dutch newspapers revealed the existence of a slimming craze outside a medical context in the first half of the twentieth century. She tried search words such as corpulentie and vetzucht, but found that these words often appeared in medical contexts. She solved this by limiting her search query to one term: slanke lijn. This increased precision, but it also lowered recall dramatically: many advertisements that she would have considered part of the slimming craze did not contain the term slanke lijn, but used other words instead, including corpulentie. The campaign for Tonnola pills is an example. This campaign ran for the first time in the early 1910s, over a decade before Van den Steen situates the start of the Dutch slimming craze. Thus, her conclusions might have changed if the Tonnola advertisements and similar campaigns had been included in her result set. To achieve that, she would have had to find a way to filter out the sources discussing corpulence in a medical context without having to remove the word corpulentie from the query altogether. This can be done by listing words associated with the unwanted results (articles discussing slimming in a medical context, or, in my case, advertisements on corsets) and limit the search to articles without these words.

I followed this strategy when I extended my query with: NOT corset*. This addition removed 752 advertisements from my set. Again, I used trial and error to extend the query further. I added over 40 terms to exclude advertisements about for example clothing, spas and gymnastic institutes, but also advertisements about patent remedies where corpulence was listed as one of many illnesses supposedly cured by the remedy, without its effectiveness as a slimming remedy specifically being addressed. At the same time, I used the relevant advertisements to build a list of slimming remedy brand names. I added each brand name I found to the exclusion criteria. My first aim was a list of relevant brand names, and to acquire that, once I had listed a new name, I no longer needed the associated advertisements in my set. The list would let me use brand names as search terms to build a corpus for manual analysis. Brand names make search queries with both high recall (because every advertisement contains a brand name) and high precision, even without

25 Gwenn Van den Steen, ‘Alles voor de slanke lijn’, Brood & Rozen: Tijdschrift voor de geschiedenis van sociale bewegingen, 2 (2015) 5-25, 6-7.
26 See for example Rotterdamsch Nieuwsblad, 2 April 1912, 3; an impression of the campaign can be obtained by searching for ‘tonnola’ on kranten.delpher.nl.
Not all advertisement campaigns were equally important. To determine which campaigns carried the most weight, I used two indications. First, campaign size, which I measured by the number of advertisements I found in the newspaper database when searching for (variations on) product names. This number does by no means equal the actual number of advertisements. Not every Dutch newspaper has been digitised (on average, Delpher’s coverage is around ten percent, but coverage varies significantly between periods). Furthermore, in the digitised newspapers not all text is machine-readable: full-text search only finds brand names (or other search terms) if they have been correctly recognised by the ocr (optical character recognition) software. As figure 1 shows, ocr results can be disappointing. Both limitations apply to other digital repositories as well, and they imply

using the advertisement filter, thus including the advertisements mistakenly classified as articles.
we have to evaluate carefully the quantitative evidence provided by digital methods. Combining it with more qualitative evidence can help us to do this. Therefore, as a second indicator for a campaign’s importance, I studied references to brands in other sources, such as chemist (drogist) shops’ advertisements boasting about the slimming products they sold or articles in the journal of the Dutch Association against Quackery complaining about the popularity of specific products.

Both indicators suggested that Bonkora’s slimming cure was the most relevant campaign. I found over 1,000 advertisements for Bonkora – more than for the next three campaigns taken together – and references in other sources suggested the brand was well-known. Take for example the following phrase, from a literary feuilleton in the newspaper *Limburger Koerier*: “This time, for once Bonkora […] (list of other topics not discussed H.H.) was not discussed during the interval of the Kurhaus concert”, suggesting the remedy was a regular conversation topic. Or this remark, from a hockey report in the *Nieuwe Tilburgsche Courant*: ‘But the goal of the Pelicans is narrow with their large goalkeeper. Or could it be the case that meanwhile ‘Bonkora’ has offered a helping hand?’.

Both remarks indicate the cultural topicality of Bonkora. Neither of them would have been found if the sources had not been digitised. The power to find such needles in newspaper haystacks is a major benefit of source digitisation.

Thus, Bonkora seems to have been the main campaign for slimming remedies in the interwar period. Another large campaign was the campaign for *Mariënbad*er defattening pills. Since this campaign consisted of small advertisements containing little more than the product name, I have not included it in my analysis: it does not explicitly use external authorities to

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27 This is far from the only methodological pitfall when working with digital sources. Others include loss of context, changing serendipity and loss of material characteristics. There is a growing body of literature on such issues, see for example ‘Digital History’, special issue of the *BMGN–LCHR* 128:4 (2013); Laurel Brake, ‘Half Full and Half Empty’, *Journal of Victorian Culture* 17:2 (2012) 222-229 DOI 10.1080/13555502.2012.683149; Michiel van Groesen, ‘Digital Gatekeeper of the Past: Delpher and the Emergence of the Press in the Dutch Golden Age’, *Tijdschrift voor Tijdschriftstudies* 38 (2015) 9-19 DOI 10.18352/ts.340; Tim Hitchcock, ‘Confronting the Digital: Or How Academic History Writing Lost the Plot’, *Cultural and Social History* 10:1 (2013) 9-23 DOI 10.2752/147800413X1352392098070; Lara Putnam, ‘The Transnational and the Text-Searchable: Digitized Sources and the Shadows They Cast’, *The American Historical Review* 121:2 (2016) 377-402 DOI 10.1093/ahr/121.2.377; William J. Turkel, ‘Intervention: Hacking History, from Analogue to Digital and Back Again’, *Rethinking History* 15:2 (2011) 287-96 DOI 10.1080/13642529.2011.564840.

28 On the Association against Quackery see Gerrit van Vegchel, *Medici contra kwakzalvers: De strijd tegen niet-orthodoxe geneeswijzen in Nederland in de 19e en 20e eeuw* (Amsterdam 1991).

29 ‘Isidoor Peen, zijn koffer en het wonder!’ *Limburger koerier: Provinciaal dagblad*, 18 June 1938, 3.

30 ‘Hockey’, *Nieuwe Tilburgsche Courant*, 21 October 1939, 12.
legitimise claims about the effectiveness of the remedy. To put the Bonkora campaign into perspective I added three other campaigns – Dr. Remmler’s defattening beans, Facil pastilles and Dr. Richter’s herbal tea. These appear to have been the largest of the remaining campaigns. Furthermore, they were regularly mentioned in chemists’ advertisements and the journal of the Dutch Association against Quackery, although they seem to have been less of a cultural phenomenon than Bonkora was. All four brands advertised in newspapers of varying orientations: from the regional, socialist *Zaans Volksblad* to the national, liberal *Algemeen Handelsblad*, and from the catholic *De Tijd* to the national-socialist *Volk en Vaderland*.

**Advertising fatness**

Through advertising, patent remedies producers aimed to persuade people to buy their products. To sell slimming remedies, they had to convince potential buyers of two things: first, that they indeed wanted (or needed) to lose weight, and second, that the advertised remedy was the best way to do so.

The first step was the easiest: by the 1920s being slender had already become an ideal throughout the western world. Slenderness was preferred to corpulence for several reasons, among which were that it was seen as healthier and as more attractive, and that it made buying fashionable clothes easier. All these reasons offered advertisers frames to present their slimming remedies. Usually a single campaign used multiple frames. Take for example the campaign for Dr. Hugo Remmler’s *ontvettingsbonen* (‘defattening beans’). The campaign, which ran in the late 1920s and early 1930s, had at least 22 different advertisements. Compared to the other campaigns, this is a modest number: for the Facil campaign, which in absolute number of advertisements appears to have been smaller than the Remmler campaign, I have found approximately 90 types of advertisements. Nonetheless, the 22 variations of Remmler already present many different ways to conceptualise fatness as a problem – and regularly, one advertisement uses multiple frames. Take the advertisement ‘*Die lastige zwaarlijvigheid*’ (‘This inconvenient corpulence’).

It shows a fat man struggling to tie his shoelaces, and explains that fatness makes many daily activities more cumbersome. Moreover, it continues, fatness is not just an inconvenience, but also a serious health issue, which might even lead to ‘arteriosclerosis, diabetes, etc.’. Health returns in other

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31 Sabine Merta, *Schlank! Ein Körperkult der Moderne* (Stuttgart 2008); Hillel Schwartz, *Never Satisfied: A Cultural History of Diets, Fantasies and Fat* (New York 1990); Stearns, *Fat History*; Vigarello, *Metamorphoses*.

32 I have found 15 instances of this advertisement (henceforth, I shorten such statements to ‘15 instances’), see for example *De Telegraaf*, 17 March 1925, 8.
Remmler advertisements as well: ‘De Slanke Lijn is ’n eerste vereischte voor dames’ (‘A slender figure is the first requirement for ladies’) states that ‘from corpulence spring many diseases and ailments’. Again, this advertisement uses more than one frame: it also stresses that corpulent women cannot follow the latest fashion.

The importance of fitting into the newest clothing recurred regularly in the Facil campaign as well. One of the advertisements from the late 1930s states: ‘Now more than ever fashion demands slenderness, and more slenderness’, Another advertisement reads: ‘Fashion and corpulence do not go together. That is the way it is. […] A corpulent figure ruins even the most sophisticated Parisian design’. Like the Remmler campaign, the Facil campaign did not stick to a single frame, but incorporated more than one. The advertisement ‘Een te zwaar gewicht’ (‘Weighing too much’) focuses on inconvenience and health: ‘Weight increases with the years and with it, your feet start giving you trouble, because they cannot carry the excess weight properly’. Health-related frames, however, appear much less in the Facil advertisements than beauty and fashion frames. In some of the other campaigns, health occurs more frequently, but none of them focuses exclusively or even mainly on health. We might be tempted to conclude from this that many of the slimming remedy advertisements cannot tell us much about how people made health decisions, but we would be wrong in doing so. Firstly, as illustrated with the Remmler campaign above, the frames are not always easily separated; many advertisements used more than one. Secondly, and more importantly, even if the problem of fatness is framed without any reference to health at all (as happens in many of the Facil advertisements focusing on fashion), the solution is still one we consider part of the domain of health and illness – taking a pharmaceutical to alter the body.

What these advertisements show us, then, is that a binary division between ‘medical’ and ‘non-medical’ subjects does not work. If we want to fully understand the changing role of medicine in our society (of which the (absence of) authority of medical professionals on taking pharmaceuticals is part), we need to study not only medical problems (unhealthiness) solved by medical technology (pharmaceuticals) decided upon solely by medical professionals (doctors, apothecaries), but also non-medical problems (ugliness) solved by a medical technology (pharmaceuticals) decided upon with or without relying on the authority of medical professionals (doctors, apothecaries). To ensure we also include the more hybrid cases when doing the history of medicine, it might help to adopt the theoretical framework offered

33 26 instances, see for example Algemeen Handelsblad, 21 July 1925, 10. 34 ‘De mode eischt slankheid’, 13 instances, see for example De Telegraaf, 8 June 1938, 2. 35 ‘De mode en corpulentie gaan niet samen’, 1 instance, Algemeen Handelsblad, 12 March 1930, 9. 36 2 instances, see for example De Telegraaf, 1 October 1935, 13.
by medical sociologists such as Peter Conrad, Joseph Schneider and Drew Halfmann. They argue that medicalisation (and hence, being ‘medical’) is not absolute and binary, but layered and gradual. Hence practices and processes can be both medical and non-medical at the same time, depending on the aspect on which you focus.

Whether focusing on health or on other matters, the framing described above did only part of the job. The frames convinced – or rather, reminded – readers that they wanted to lose weight, but slimming advertisements had to do more: they also had to convince their readers that the product advertised was the best way to do so. Advertisements had to persuade readers to choose the recommended remedy out of many options, including not only other patent medicines, but also non-pharmaceutical solutions such as going on a diet, exercising more, visiting a spa or wearing a slimming belt. With regard to the non-pharmaceutical solutions, patent slimming remedies stressed their main advantage – using them was virtually effortless and painless. The latter claim might not always have been true, side effects could be severe. Facil pastilles, for example, contained boric acid, which causes vomiting, has a strong laxative effect and can be poisonous when used long-term. Advertisers were not obliged to warn people of side effects, nor did they have to disclose the composition of the products. Instead, all advertisers stressed how comfortable their products were. As one of the Facil advertisements puts it: ‘There are many ways to get thin; the major ones are taking walks, gymnastics, visiting a ‘Kur-Ort’ (spa H.H.) or adhering to a strict diet, but no way is as certain to work and as easy and low-cost to apply as Facil pastilles’. A Richter advertisement assures its readers: ‘Without a diet or forced gymnastics, your weight will be reduced to normal’. In the Bonkora advertisements, we regularly read the guarantee ‘Do not go hungry!’.

The way in which advertising presents non-pharmaceutical ways to reduce as bothersome dovetails with the emergence of ‘martyr’ narratives of fat persons in early twentieth-century magazines and books. In these narratives, fat

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37 Peter Conrad and Joseph W. Schneider, ‘Looking at Levels of Medicalization: A Comment on Strong’s Critique of the Thesis of Medical Imperialism’, Social Science & Medicine. Part A: Medical Psychology & Medical Sociology 14:1 (1980) 75-79; Drew Halfmann, ‘Recognizing Medicalization and Demedicalization: Discourses, Practices, and Identities’, Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine 16:2 (2012) 186-207 DOI 10.1177/1363459311403947.

38 ‘Medededeelingen van het Rijks-instituut voor Pharmaco-therapeutisch Onderzoek’, Maandblad uitgegeven door de Vereeniging tegen de Kwakzalverij 52:5 (1932) 2-3.

39 ‘Slechts een goede manier!’, Algemeen Handelsblad, 16 April 1931, 5.

40 ‘85 kilo! Wat te doen?’ 10 instances; see for example Nieuwsblad van het Noorden, 3 November 1937, 4.

41 The majority of the Bonkora ads mentions this in one way or another. Just three examples: Nieuw Israelitisch Weekblad, 15 October 1937, 10; De Tijd, 27 August 1938, 8; Zaans Volksblad, 9 October 1939, 10.

42 Vigarello, Metamorphoses, 182-184.
individuals suffered not just from fatness, but also from its unpleasant treatment.

Through stressing how pleasant their slimming methods were, patent remedy producers offered fat men and women a way out of their suffering, but individuals would only take this route if they believed (or at the very least, had the hope) that the pills, beans and teas would actually work. Thus, all advertisements promised success: they claimed that the recommended remedy was effective. In other words, they made a statement about the effect of a pharmaceutical substance on the human body – a medical knowledge claim. To legitimise such claims, advertisers invoked external authorities. As explained above, studying these authorities also tells us something about the world outside the advertisement campaigns: on the one hand, because effective advertising required selecting authorities that were already acknowledged by the mass audience the advertisements catered for, on the other hand, because the advertisements could reshape existing ideas on authority in medical and health decision-making.

Doctors, with their professional medical expertise, were such an authority: as mentioned above, by the 1920s they had already become recognised experts on fatness, and although they generally disapproved of pharmaceutical solutions to fatness, advertisers still used them every now and then (much to the dismay of the doctors). The simplest examples of a reference to doctors are the campaigns for Dr. Remmler’s defattening beans and Dr. Richter’s herbal tea: the use of the title ‘Dr.’ in the product name lends a medical authority to the product itself. Furthermore, some advertisements state that the medications are also prescribed by doctors, or that doctors recommend them.43

However, the presence of doctors in the advertisements is limited. For example they are completely absent in the illustrations. Many advertisements are illustrated, but the drawings and photographs focus on a different authority: lay users. Users occur not just in the illustrations, but also in the text, far more often than doctors do.

All four campaigns employ lay users to legitimise their claims, particularly the Bonkora and the Facil campaigns. In both these campaigns, which ran in the 1930s, doctors hardly ever appear – instead, formerly fat lay persons recommend the remedies. When we take a closer look at the advertisements that invoke users as validators of claims on the effectiveness of pharmaceuticals, we can distinguish two main forms in which the users’ validations were presented.

The first is the user testimonial. Here a satisfied user tells the reader how effective the product is. She or he addresses us directly or with the

43 Two examples: ‘Corpulente dames’, 26 instances, see for example Het Vaderland, 22 March 1925;
44 ‘Man op leeftijd’, 5 instances, see for example Leeuwarder Courant, 16 March 1935, 8.
Figure 2:
Illustration from a Bonkora advertisement displaying the woman as expert.
De Gooi- en Eemlander: Nieuws- en advertentieblad, 15 July 1938, 8.
National Library of the Netherlands.
producer as an intermediate. An example is the series of Facil advertisements titled ‘Brieven die bewijzen’ (‘Letters of proof’) of which I have found fourteen instances. These advertisements each contain two or three short letters (a few sentences) from people who have used Facil pastilles. Most letters appear in multiple advertisements; the combinations vary. The letters are signed with initials and are often from international metropolises – cities mentioned include London, Hamburg, Vaasa, Antwerp, Helsinki, Berlin, Madrid, Paris and Rotterdam. The writers state Facil has helped them, and usually include how much weight they had lost. Miss O.S. from Rotterdam, for example, writes to ask Facil for six more vials of pastilles, because she is ‘in one word delighted about the result of the first 6 vials: a 13 K.G. decrease in weight’. One vial contains 100 pastilles, which should last for approximately a month – thus, O.S. had lost around two kilos per month.

The Bonkora campaign also printed letters, with even more spectacular results. Most of their advertisements focussed on one testimonial at a time, but there is one with four different letters, all displayed with photographs of the (female) writers next to them. According to their letters, Mrs F. Cole had lost 16 pounds in 2 weeks; Miss G. Allen, 23 pounds in 5 weeks; Mrs G. Moran, 63 pounds in 14 weeks; and Ms H.G. Lantzer, 13 pounds in just 11 days. Note that a Dutch pound (pond) is 500 grams, so slightly more than a British pound. In another advertisement, Mrs L.J. Wilson tells us she had lost 45 pounds in no more than 11 weeks, after which she felt much better. The advertisement also includes before-and-after photographs of Mrs Wilson – she looks sad before, and smiles after. The photographs are allegedly printed with her permission, but we should doubt whether Mrs Wilson and others mentioned in slimming advertisements are real persons: there are two variations of the Mrs Wilson advertisement, and each depicts a different woman. Testimonials are not always linked to specific individuals. Some advertisements simply state that many others use it as well. From the Richter campaign – ‘Thousands of men and women drink this efficacious slimming product daily’.

Several Bonkora testimonials contain an interesting mixture of lay users and medical professionals: these are delivered by nurses. Three advertisements in particular take this approach, as their headers reveal: ‘A nurse says among other things: “You can tell all fat people, that I have lost

For example, see De Telegraaf, 1 November 1933, 7; Algemeen Handelsblad, 5 October 1934, 9; Algemeen Handelsblad, 19 October 1934, 14; De Telegraaf, 17 July 1935, 13.

De Telegraaf, 23 October 1933, 7.

‘18 pond lichter ….. in amper 2 weken’, 6 instances, see for example Limburger Koerier, 19 February 1937, 4.

‘Verliest snel haar dikte: 45 pond in 11 weken’, 44 instances (of 2 variations), see for example Utrechts Volksblad, 11 August 1939, 11.

Compare for example the advertisements in Nieuwsblad van Friesland, 22 February 1939, 4 and Leeuwarder Courant, 5 August 1938, 6.

‘Er wordt op gelet!’, 12 instances, see for example De Gooi- en Eemlander, 18 January 1935, 8.
36 pounds in 6 weeks’”; ‘Nurse loses 40 pounds of excess fatness in 8 weeks’ and “Two certified nurses tell how they have been freed from their excess fatness’. In all cases, the nurses have taken Bonkora themselves – so they double as experienced users – and they also claim that they recommend Bonkora to all their fat patients, a reference to their professional medical expertise. Apparently, in these advertisements Bonkora wanted to profit from the expertise associated with medical professionals without giving up the narrative of the sufferer having overcome her own condition and testifying about the success of the medicine based on her personal experience.

Besides user testimonials, advertisements used another form to invoke users as authorities – conversations between two (sometimes three or four) people, one fat, one thin. The thin person has benefited from the advertised product and now recommends it to the fat person. A Richter advertisement, for example, displays two cigar-smoking men – one slender, one corpulent. The slender one states ‘That (that is, Dr. E. Richter’s herbal tea H. H.) is the natural way towards healthy slenderness, old chap’. Note how the corpulent man is subtly addressed as ‘old’ – this is a common theme; slenderness was associated with youth, corpulence with old age, and the former was preferred to the latter.

In the Bonkora campaign, most of the conversations depicted are opened by the fat person complaining that, for example, ‘I am fed up with being this fat. I wish I had your figure’. The reply to such complaints usually boils down to ‘try Bonkora, it worked wonders for me’. Sometimes the conversations focus on more specific problems related to being fat. The Bonkora advertisement ‘Dikte verdwenen’ (“Fatness has disappeared”) shows two women in bathing suits; the fat one telling the thin one that her husband is ashamed of how she looks in a bathing suit. The answer again is ‘try Bonkora’. Another Bonkora conversation, displayed in figure 2, shows a fat man sitting in a bath tub, and a thin woman, presumably his wife, trying to help him get out of it. She states: ‘I cannot get you up. You have to reduce’. He replies: ‘You are right! I will take Bonkora, just like you do’. Particularly interesting about this advertisement is that it challenges the traditional image

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50 ‘n Verpleegster zegt o.a., 16 instances, see for example Nieuwsblad van het Noorden, 27 July 1937, 16; ‘Verpleegster verliest in 8 weken 40 pond overtollige dikte’, 35 instances, see for example De Graafschap-bode, 18 March 1938, 3; ‘Twee gediplomeerde verpleegsters vertellen’, 3 instances, see for example De Telegraaf, 22 June 1936, 3.

51 ‘Dat is de natuurlijke weg tot gezonde slankheid, ouwe jongen!’, 8 instances, see for example Nieuwsblad van Friesland, 18 September 1933, 3.

52 ‘Nam 27 pond af. Dikte verdween in 9 weken’, 9 instances; see for example Nieuwe Tilburgsche Courant, 15 October 1937, 12.

53 ‘Dikte verdwenen’, 31 instances, see for example Nieuwsblad van het Noorden, 12 November 1937, 8.

54 ‘Ik verloor 40 pond binnen 8 weken’, 25 instances, see for example De Telegraaf, 10 December 1937, 11.
of women as victims of the slimming craze. First, because it shows that men were supposed to be slender as well (which also follows from several of the examples given above). Historians focusing on the United States, traditionally the main case study in the history of fatness, usually present fatness as a female issue. The British historian Ina Zweiniger-Bargielowska has shown that British diet books from the first half of the twentieth century suggest that this image needs to be adjusted for Europe; slimming remedy advertisements directed at men corroborate that view. Second, in addition to not being the only target, women were also not simply victims: the advertisement featuring the bathing fat man presents the woman as an expert, much more so than the man, as do many of the testimonials.

The Remmler campaign contains a variation on the fat-thin conversation that invokes the doctor’s expertise as well as the user’s experience. The advertisement ‘Hoe ben je toch zoó slank geworden’ (‘How did you become this slender?’) shows a fat woman asking a thin woman how she has got her new figure. The thin woman states: ‘Speaking in confidence, my doctor recommended me to take the defattening beans of Dr. Hugo Remmler’. Like the Bonkora nurses-sufferers advertisements, this advertisement reminds us that advertisers did not rely solely on user experience to validate their claims. The advertisers’ main aim was to sell their product, not to be consistent in their use of external authorities. Thus, if they thought adding another authority would help attract more customers, they employed it. Medical professional expertise was one of these additional authorities. As mentioned above, it was also invoked in the product names of the Remmler and Richter campaigns. Another additional authority that sometimes occurred was a scientific production process or the use of laboratory technologies. The Richter advertisement ‘Boven de 30 telt elke kilo dubbel!’ (‘Over 30, each kilo counts double!’) for instance stresses that Richter tea was ‘scientifically concocted’.

Advertisers picked freely from available strategies to legitimise their claims. Their choices were opportunistic, but that does not make them meaningless. Opportunistic choices are not random ones. Advertisers had to relate to their audiences, and thus dovetailed with existing notions of who could validate medical claims. The more they relied on a specific authority, the stronger an indication we have that this authority did indeed matter. Of

55 Roberta Pollack Seid, Never Too Thin: Why Women Are at War with Their Bodies (New York 1989); Stearns, Fat History, 71-97.
56 Ina Zweiniger-Bargielowska, ‘The Culture of the Abdomen: Obesity and Reducing in Britain, circa 1900-1939’, Journal of British Studies 44 (2005) 239-273, 244 DOI 10.1086/427124.
57 41 instances, see for example Algemeen Handelsblad, 25 November 1929, 3.
58 24 instances, see for example Limburger Koerier, 8 February 1939, 4.
59 See for example Huisman, ‘Patiëntenbeelden’, 221-222; James F. Stark, “Recharge My Exhausted Batteries”: Overbeck’s Rejuvenator, Patenting, and Public Medical Consumers, 1924-1937’ in Medical History 58 (2014) 498-518 DOI 10.1017/mdh.2014.50.
60 See also Huisman, ‘Patiëntenbeelden’, 212.
course, advertisers can be completely wrong about what potential customers think or want, but even if they are, their choices matter, because ill-informed decisions still have consequences. Through invoking a certain external authority, the advertisements strengthened this authority – the Zerspiegel effect of advertising: it reshapes what it reflects.

Thus, it is highly significant that the Bonkora campaign, arguably the most influential slimming remedy campaign in the interwar period, focused almost exclusively on lay users when selecting external authorities to validate its claims about the effectiveness of the advertised pharmaceutical. This suggests that many people when deciding which slimming remedy to take preferred to rely on user experience instead of professional expertise. The Facil campaign confirms this image. In the Richter and Remmler campaigns, lay users were slightly less dominant, but they were still one of the major authorities used to validate the health claims made in the advertisements.

Conclusion

This article has analysed advertisements for slimming remedies in the interwar period to investigate which authorities other than medical professionals people relied on when making health decisions. The examined advertisements displayed lay users as important authorities on the effectiveness of slimming pharmaceuticals. To what extent does this apply to other pills and other periods?

To start with the former, straightforward generalisation from the slimming case to other patent remedies cannot be justified. Slimming remedies are probably an extreme case. Doctors rejected pharmaceutical solutions for fatness almost completely, which increases the likeliness that different authorities are used in slimming advertisements. This extremeness helps to gain qualitative insight in the range of authorities available to people making health decisions, which has been my aim in this article, but it prevents us from making quantitative claims on the relative importance of these authorities for (patent) medicines in general. We cannot generalise based solely on the slimming case; we need to take into account other types of pharmaceuticals as well. This requires further research. Although we do know already that the lay user as an authority was not limited to slimming remedies. Frank Huisman’s analysis of early twentieth-century advertisements, mentioned above, shows that they also appeared in for example advertisements for all-purpose remedies. However, they appear to have been less dominant than in the slimming advertisements: the advertisers Huisman studied also regularly used doctors and (laboratory) scientists to validate their claims.\(^{61}\)
What about authorities on the effectiveness of pharmaceuticals in other periods? I have focused on the 1920s and the 1930s because this period offers a clear contrast between doctors’ judgments and patients’ practices with regard to pharmaceutical use in general and slimming remedies in particular. In later decades the contrast becomes less visible. Stringent regulations render it more difficult for lay persons to circumvent doctors. Many substances freely available on the early twentieth-century patent remedy market are now accessible only through doctors. Podophyllin, the strong laxative used in the Mariënbadé pills, is no longer available as a laxative; in the 1970s medical professionals concluded that its benefits no longer outweighed its dangers. Medical professionals have more control of lay persons’ pharmaceutical use than they did a century ago.

However, that in itself warrants neither the conceptualisation that the field of slimming remedies (and with it fatness) has ‘medicalised’ nor the conclusion that lay users have lost their cultural authority. As explained above, conceptualising processes as ‘medicalisation’ without further specification falsely suggests that ‘medical’ is an absolute and binary category. Such a conceptualisation ignores that what can be called ‘medical’ in one aspect, might be ‘non-medical’ in another. We tend to see taking pills as a ‘medical’ solution, which is partly why we complain about ‘medicalisation’ when boisterous children are prescribed Ritalin. Yet, the slimming remedies case shows ‘medical’ professionals might very well disapprove of such a ‘medical’ solution and recommend something we would see as ‘non-medical’ instead, like exercising. So the ‘medicalisation’ of authority on pharmaceutical use may lead to ‘demedicalisation’ of treatments.

Just as medicalisation needs further specification, so does ‘authority’. We should distinguish between legal authority and cultural authority. Legal authority on pharmaceutical use has been medicalised: more than before, doctors decide which pharmaceuticals we are allowed to buy. An increase in cultural authority for doctors can be both a cause and a consequence of doctors acquiring more legal authority, and thus the two are related, but they do not necessarily coincide. Cultural authority cannot be forced by law and to investigate the extent to which it has been ‘medicalised’ we need to look further than the more stringent regulations for the advertising and selling of pharmaceuticals. In particular, we should closely investigate situations in which patients can still choose to follow advice acquired outside the medical professional sphere – although the heyday of the patent remedy market might be over, lay persons still have some opportunities to circumvent or ignore their doctors’ advice. For example, they can decide not to take the pharmaceuticals recommended to them by their doctors. Or, to give another example, they can acquire pharmaceuticals without prescription: the market might be more contained than before the Second World War, but it still exists.
professionals might be less dominant, or even completely absent, in these situations, but that does not mean medical historians should not study them. Not every health decision involves a medical professional. Therefore, medical history needs to be built not just on sources such as professional journals, medical textbooks and archives of medical institutions but also on other, at first sight less ‘medical’ sources, such as newspaper advertisements. Mass digitisation assists us in enlarging our range of sources, because it allows us to extract specific information from source corpora that otherwise would have been too large for human study. It opens up new sources and thus allows us to paint richer pictures of the past.

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