In search of a cure: the patients of the Ghent homoeopathic physician Gustave A. Van den Berghe (1837-1902)

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Homoeopathy as the True Key to Healing.
Gustave Van den Berghe (1837-1902) and His Position Within the Belgian Homoeopathic Domain

More than two centuries ago the basic principles of homoeopathic therapy emerged. Since that time, homoeopathy has developed enormously. Originating in Germany at the end of the eighteenth century it did not take long for homoeopathy to spread throughout Europe and into the New World and Asia. Many a physician let go of his traditional medical background to become a homoeopathic practitioner. Non-licensed healers also adopted homoeopathy and numerous ill individuals applied homoeopathic self-treatment.

Belgium did not remain ignorant of this new healing method. The first signs of homoeopathic activity date from the 1820s, when the country was part of the Kingdom of the Netherlands. The 'breakthrough' for homoeopathy in Belgium occurred in the 1870s when the homoeopathic movement accelerated and organised on a more professional basis. One of the people who became involved in the spread of homoeopathy was the physician Gustave Van den Berghe who practised in Ghent from 1869. The development of Belgian homoeopathy will be explored using the example of his life, ideas and activities.

Figure 1. Gustave A. Van den Berghe (1837-1902)
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1.1 Samuel Hahnemann (1755-1843) and the Homoeopathic Healing Method

Nowadays, everybody has heard of homoeopathy, but many fail to know exactly what it is all about. People refer to it as natural medicine, as naturopathy, and state that it has 'something to do with plants'. Individual sufferers often receive over-the-counter homoeopathic medicines in the pharmacy without knowing that they are making use of homoeopathic self-treatment. In addition, many consider this medical therapy to be of ancient origin.

At the end of the eighteenth century the German physician Samuel Hahnemann developed the homoeopathic healing method as a medical system. Many researchers of homeopathy, mainly adherents, have argued that homoeopathy already existed long before. Both Hippocrates (5th-4th century BC) and Galen (129-199 AD) are presented as homoeopaths 'avant la lettre'. Even so, the real history of homoeopathy begins at the end of the eighteenth century. In 1779 Hahnemann obtained his orthodox medical degree and started practicing in Dresden. According to tradition, he began studying pharmacology out of dissatisfaction with orthodox medicine. Then,

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1 This paragraph is based on the following general literature regarding:


Hahnemann came across the *Materia Medica* of the English physician William Cullen (1712-1790). Inspired to experiment with *kina*, a medicine prescribed to treat intermittent fever (malaria), Hahnemann ascertained that this medication, taken by a healthy person (herself and friends), resulted in symptoms like that of the disease. In the same manner he tested other medicines, such as mercury, nightshade (*belladonna*), and foxglove (*digitalis*), with similar results, thus becoming aware of the principle of 'similars'. He published his findings for the first time in 1796, but the definite breakthrough dates from 1810, when Hahnemann published his *Organon of the Rational Art of Healing*. The *Organon* described the basic principles of homoeopathy and its practical application.

Homoeopathic treatment is based on three inextricably linked basic principles. The first pillar is the notion of *similia similibus curentur*, likes may be cured by likes. In other words, a sick person can be cured with medicines that produce the same illness symptoms in healthy people. Here, homoeopathy distinguishes itself from 'orthodox' (university-taught) medicine, *allopathy* as Hahnemann labelled it. 'Allopaths' employed medication which opposed the symptoms and were thought to suppress or to alleviate the symptoms, without tackling the actual cause. The second principle, directly leading from the first one, is the need to test the functioning of medication on healthy subjects. The last principle is that of the small dosage. Medication should be administered only in a strongly diluted form. The medicinal substance should be diluted with water or alcohol and the smaller the dose the higher its therapeutic effects. This last principle, in particular, has made homoeopathy most susceptible to criticism.

In the 1820s, Hahnemann also published his findings on chronic diseases. All chronic suffering, according to this doctrine, is reduced to three 'miasma' (causes of illness or infections): psora (scabies), syphilis and psychosis. The internal miasmatic disease manifests itself via symptoms of the skin but, instead of treating solely these external symptoms, the internal obstacles should be discovered which interrupt the 'Lebenskraft' (life force). Homoeopathy is pre-eminently a healing method in which all symptoms are considered as important as character and appearance. Therefore, decisions on medication are based on the combination of physical symptoms, the medical history of the family (hereditary factors), character (psychological features) and constitution. As a simple example, two people are suffering from exactly the same skin disorder and their families both have a history of asthma. In orthodox medicine they would receive the same medication directed at eliminating the external

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3 Jütte, *Geschichte der alternativen Medizin*, 23-27. See chapter 3 (par. 2) for a further discussion on terminology.
symptoms. However, when the constitutions of the patients differ, they would be treated homoeopathically with different medication.

Hahnemann faced strong resistance from his orthodox counterparts, a struggle which many homoeopaths still confront today. Between 1811 and 1821 Hahnemann practiced successfully in Leipzig and he was a teacher at the Medical Faculty lecturing regularly on homoeopathy. His move to Köthen in 1821 has been mythologised constantly as a forced flight from hostile colleagues. However, he was neither driven away by violence nor prosecuted. The legal position of any physician in Leipzig (prohibition to produce and to provide medication) and Hahnemann’s loss of prestige (leading to a decrease in the number of patients) are more likely reasons. In Köthen, he became the personal physician to Duke Ferdinand of Anhalt. Hahnemann’s first wife died in 1827 and in 1835 he married a former patient, the French-born Mélanie d’Herville. He moved to Paris where he practiced until his death. By that time many, including lay-people, had taken up homoeopathic medicine but already the first signs of internal animosity had come to light.

Followers of Hahnemann regularly discussed the way in which his healing method should be applied. In addition, with the passing of the years, the ‘inventor’ himself became alienated from his pupils. He called homoeopathic practitioners who were slightly at variance with his principles ‘Halbhomöopaten’ or ‘Bastard-Homöopaten’. Moreover, at the end of his life, Hahnemann became a proponent of maximal (very high) dilutions and, finally, he did not prescribe medication at all, but just had his patients have a smell.

Homoeopathic practitioners can be divided roughly into two groups: the classical and the free homoeopaths. The classical homoeopath is a strict follower of Hahnemann, prescribing one medicine at a time, using high potencies and only practicing homoeopathy. The free practitioner determines independently which principles to accept and to practice. Some of the free homoeopaths make use of both homoeopathy and ‘allopathy’ and prescribe compound (complex) medication of low potency.

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6 Nys, Geschiedenis van de pioniersfase, 30-31; Jütte, Geschichte der alternativen Medizin, 184.
During the 1820s, homoeopathy expanded considerably beyond the borders of Germany. The United States followed with dedication, a success that is explained usually by the lack of legal or traditional limitations within the country. Yet, the European countries were not deprived of this new therapeutic system. Like Belgium, Austria, Denmark, Switzerland, England, Italy, Poland, Hungary and Russia had their own homoeopathic practitioners at the end of the 1820s and France and the Netherlands followed closely at the beginning of the 1830s. However, homoeopathy developed differently in the various countries. In Russia, for example, mainly non-licensed practitioners provided homoeopathic treatment and, moreover, it had a pronounced characteristic of domestic medicine. In Spain, homoeopaths obtained the creation of a chair in homoeopathy, and Paris would have its official homoeopathic hospital, Saint-Jacques, from 1878. Belgian homoeopaths, conversely, never succeeded in creating a legal and/or academic base for their therapy.

Homoeopathy had been introduced in Belgium in the late 1820s. In 1829, Pierre-Joseph De Moor (1787-1845), physician at Alost (West-Flanders), was the first to open a homoeopathic practice. After Belgium became independent from the Netherlands, his example was followed by some Brussels physicians. The first French translation of the *Organon* was published in 1824, followed by a Dutch edition published in Amsterdam in 1827. By the 1860s homoeopathic therapy was available in many cities. Throughout Belgium homoeopathic dispensaries, clinics in which free treatment was offered, were set up. In Brussels free help could be obtained at the private dispensary of Dr. Varlez from 1834 and the Hahnemann dispensary offered free treatment from 1855. In Bruges Dr. J. Mouremans (1803-1874) set up a homoeopathic free clinic around 1840. In other cities non-charitable homoeopathic private practices were established. Pierre Dam (1789-1871) became the first homoeopathic apothecary in 1830 in Brussels. Five years later the first, but not long-lasting, professional homoeopathic society was founded, the Société Belge d’Homoeopathie. A decade later a homoeopathic journal was published, the *Revue Homoeopathique Belge*.

As the number of practitioners increased and homoeopathy became more organised in Belgium, the contacts with representatives of orthodox medicine became more competitive. In 1849-1850 homoeopathy was discussed at length

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in the Royal Medical Academy, where the advantages and disadvantages of homoeopathic treatment for cholera were debated. Homoeopathy was condemned and pushed to the margins of medicine, thus gradually forcing homoeopaths to withdraw from allopathic medical institutions. Delphine Gailliard (1838-1898), a personal friend of Gustave Van den Berghe, for instance, was refused appointment as a poor-doctor by the municipal administration of Bruges because he was a homoeopath. Homoeopaths did not hesitate to denounce the opposition of ‘allopaths’ in the orthodox medical press. Another discussion took place at the Academy in 1860 on the subject of homoeopathic education. Again, the homoeopaths were criticised. The obstinacy of ‘allopaths’ was two-sided. First, they doubted sincerely the efficacy of homoeopathy as scientific evidence was missing. Second, according to many homoeopaths, they wanted to protect their own position and feared the homoeopathic competition in the medical domain. Various homoeopaths were prosecuted principally because of the illegal sale of medication. Physicians were allowed to practice unorthodox therapies like homoeopathy, but the Dutch medical law of 1818 remained in force which stated that the sale of medications was reserved only for apothecaries. Physicians, who provided their patients with medicines, as many homoeopaths did, faced serious sentences. In 1864, the Ghent homoeopath Edouard Van Schauwenberge was convicted for giving medication to his patients, whereas he knew that several pharmacists could prepare homoeopathic drugs. He received a fine of 53 francs.9

1.2 Gustave Adolphe Van den Berghe (Zwevegem 1837 - Ghent 1902)

Gustave Adolphe Van den Berghe was born in Zwevegem, in the south-east of the province of West-Flanders in 1837. He was the eldest son of Petrus Joseph Van den Berghe (b. Zwevegem, 1802) and of Joanna Catharina Maes (b. Ootegem, 1805). His father earned a living as a coal merchant and his parents had no involvement in medicine. In the 1840s his mother had worked outside the home as a shopkeeper. Gustave had three brothers and two sisters and he was the only child who attended university.10 Around 1856 Gustave took up his medical studies, first at the universities of Louvain and Ghent, but graduating eventually from Brussels in 1863.11 Tradition has it that he left the University of Ghent, upset at being excluded from visiting patients at the Ghent
hospital, unlike other students. The academic tradition of professors was to invite only the sons of city acquaintances and not the students from elsewhere.\textsuperscript{12} Zwevegem remained Van den Berghé’s legal residence during his years of study and immediately after obtaining his medical degree Van den Berghé set up an orthodox medical practice in his home town. However, within two years, he would completely abandon the orthodox medical tradition to become a convinced homoeopath.

On 29th November 1866 Gustave married Angela Rosalie Vanhoutte, daughter of Joannes Vanhoutte and Rosalie Vantomme, farmers at Beveren. Their daughter Flavie was born in September 1867 and in January 1869 the family moved to Ghent and took up residence in a house in the Muinkkaai, near the city centre. Here, their second child and first son, Samuel, was born. Gustave made a major investment in 1871 by buying a house at Stationstraat 22 (Station street) which included a coach house.\textsuperscript{13} In 1872 Van den Berghé commissioned renovations to the house. The original open space between the coach house and the private dwelling was roofed in, enlarging the actual living quarters, and a separate entrance was created.\textsuperscript{14} It could have been that Van den Berghé wished for this enlargement to meet the needs of his practice as he treated 1124 new patients in 1872 against 828 the year before. Van den Berghé practised and lived in Stationstraat until his death in 1902. The family expanded as between 1871 and 1879 six more children were born, of whom two died prematurely. Irma died within three weeks after birth of an intestinal infection in 1871 and, in 1875, the family was again overtaken by disaster when a son died of cholera. All the other children, Flavie, Samuel, Irma (b.1872), Marie (b. 1874), Fernand (b. 1878) and Louise (b. 1879) grew up to adulthood and Gustave’s interest in medicine and homoeopathy was passed on to some of them.

The Van den Berghé family would develop a homoeopathic tradition, as Gustave’s remaining sons, Samuel (1870-1957) and Ferdinand (1878-1954), studied medicine and became homoeopathic practitioners in Ghent. They were not the only relatives who embraced homoeopathic treatment as Flavie was an ardent user of homoeopathy. Her medical situation and treatment were discussed in several of Van den Berghé’s notebooks which contained case descriptions. She made use also of self-treatment, asking her father for practical advice on certain health problems. In a letter from Van den Berghé, the medications to use in case of common ailments like, fever, headache, a sore

\textsuperscript{12} Kind remark of Mr. Pierre Vermeire, 26-11-1998. Pierre Vermeire (b. 1906) is the son of Marie van den Berghé (daughter Gustave) and Théodore Vermeire.

\textsuperscript{13} Land Registry Ghent, Conservation du cadastre. Actes civils, publics et sous seing privé des jugements etc., report 219.

\textsuperscript{14} Cf. Chapter 6.
throat, a cold, indigestion and diarrhoea and menstrual disorders were given (Figure 2). Ferdinand would continue this self-treatment advice.\(^\text{15}\)

![Figure 2. Letter by Gustave Van den Berghe to his Daughter Flavie, not dated. Private Archive Gustave Van den Berghe](image)

In 1896 the ‘homoeopathic pact’ was expanded across family lines when Samuel married Maria Bertha Van den Neucker, the daughter of the well-known Ghent homoeopath Pierre Van den Neucker (1826-1909). After his marriage Samuel moved out of his father’s house to start his own household. Van den Berghe also had the pleasure of seeing his daughter Marie (b. 1874) getting married to Théodore Vermeire in January 1902.

When a second daughter married in 1906, Van den Berghe’s absence (he had died in May 1902) was compensated for by Edw. Gailliard, who made a

\(^{15}\) AVB, Letter by Gustave Van den Berghe with homoeopathic instructions to his daughter Flavie, inv. no. 39, not dated. The archive contains two letters from Ferdinand van den Berghe to his sister, dated: 17-06-1911 and 16-11-1920. ‘Voici, ma Chère Flavie quelques indications médicales pratiques mises à votre portée et qui pourraient vous être utiles à l’occasion’.
speech for the newly-weds. He did so with the words of Van den Berghe who, some forty years before, had delivered the same speech at the wedding of Gailliard's sister. The introduction is remarkable: Gailliard praised the language used by Van den Berghe, stressing his love for the Flemish language.\textsuperscript{16}

The words he (Van den Berghe, [AH]) spoke, came from the bottom of his heart and were Flemish, truly Flemish, actually, my friend was a true lover of our beautiful mother tongue, that is very dear to me, to all of us.

This is especially noteworthy, because, as will be demonstrated, Van den Berghe made use primarily of French in his work. When Gustave died, Ferdinand took over his practice and stayed, together with his mother and two sisters, in his parental house. After another reconstruction in 1905, enlarging the whole surface area of the property, the family eventually sold the house in 1912. The premises were demolished in 1974.

\textbf{Figure 3. Portrait Van den Berghe Family, date unknown. From left to right: Fernand, Louise, Madame Rosalie Van den Berghe-Vanhoutte, Gustave, Flavie and Irma. (Courtesy of Jean-François Vermeire)}

\textsuperscript{16} AVB, Speech held by Edw. Gailliard at the wedding of Louisa Van den Berghe and Hubert van Houtte, inv. no 53 A+B, not dated [1906]. For the original Dutch text see Appendix 2.
1.3 *Van den Berghe's Career in Medicine: the Change from 'Allopathy' to Homoeopathy*

Initially, Van den Berghe had been educated in orthodox medicine and had set up a practice of this kind in 1863. His daily events as an 'allopathic' physician are more or less unknown. One notebook of Van den Berghe, called 'Lecture et correspondance', originated from the period he was still practising orthodox medicine. It can be considered as a medical 'allopathic' guide, and seems to have been Van den Berghe's diary for orthodox practice. The small book consists of 204 pages and is written in both French and Dutch. It reflects on all sorts of ailments and the medicines that should be administered to combat them. It contains also general medical notes and tables, regarding the rates for medical consultations and causes of death, and a list of food products that should be taken in moderation.\(^\text{17}\) It consists primarily of data on orthodox medicine, but also contains notes on homoeopathy, atomism and hydrotherapy. The principles of atomism, Van den Berghe noted, stand midway between allopathy and homoeopathy and that it was practised in Russia. Prophylactics were also described.\(^\text{18}\)

However, although the booklet was intended for 'allopathic' practice, Van den Berghe, in time, started to add homoeopathic information. Here, the first signs of Van den Berghe's self-educated homoeopathic development take shape. For example, notes on the orthodox treatment of whooping cough were adjusted with the remark that homoeopathy gave better results ('*l'homeopathie fait mieux!*').\(^\text{19}\) An account of the 'allopathic' treatment of pneumonia with ipecac was supplemented with a note that it was an excellent medication 'in small, small dosage or even homoeopathically'.\(^\text{20}\) The adding of homoeopathic findings happened frequently, and the second part of the notebook (from page 112) addresses solely homoeopathic medicine. This notebook does not recount Van den Berghe's personal experiments or experiences whilst the homoeopathic notes reflect his study and copying of literature.

Van den Berghe titled the notes 'Lecture homoeopathique', but it is not always clear from where he copied them. Occasionally dates and sources are mentioned. He included, for example, abstracts on Hahnemann writing to Hufeland (1808), a lecture given by Jahr on the subject of mental and nervous disorders (not dated), Léon Simon reporting on scrofulous ailments (not dated)

\(^{17}\) AVB, Notebook 'Lecture et correspondance', inv. no. 26, not dated, 204 pages.

\(^{18}\) AVB, inv. no. 26, 36-46.

\(^{19}\) Ibidem, 10.

\(^{20}\) Ibidem, 24. 'à petite petite dose, et même homoeopathique il est excellent [...]'. Ipecacuanha influences the digestive organs, the respiratory organs (spastic tickling), and, occasionally, the nerves, nervous system and blood vessels. Hahnemann recommended it as a countermeasure against opium. See: J. Voorhoeve, *Homoeopathie in de praktijk. Medisch handboek* (Zwolle: La Rivière & Voorhoeve BV; 13th ed., 1972), 105.
and an account of Gueyrard on homoeopathic doctrine (1834). The notes are made with a fountain pen, supplemented by underlined sentences and marginal notes (usually a cross or a circle) in pencil, indicating which remarks Van den Berghe thought worthwhile reconsidering. Van den Berghe wrote on page 119 (and he made the underlining): ‘La médecine symptomatique ne s’attaquait ordinairement qu’à un seul symptôme, tandis que l’homoeopathie s’attaque à tous les symptômes à la fois.’ (Symptomatic medicine usually deals with only one symptom, whereas homoeopathy deals with all symptoms at once.). In the margin of page 126, Van den Berghe singled out a discourse on the influence of mental circumstances on the healing process.

‘Lecture et correspondance’ brings slightly to attention Van den Berghe’s development from orthodox to homoeopathic medicine. If he thought homoeopathy gave better results, he amended the notes on ‘allopathic’ treatments advised or used before. This notebook, however, does not give an insight into the day-to-day orthodox practice and the patients are not heard. Only two small notebooks, referring to clinical cases between 1863 and 1865, have been preserved. These booklets are written in pencil, very legible but, nevertheless, rather cluttered. It is unclear, for example, on which side (front or rear) of the book Van den Berghe started writing because he switched the top and the bottom of the pages. However, the difference between ‘allopathic’ and homoeopathic case-taking becomes abundantly clear. None of the patients is registered by name, only by gender, and ages are hardly given. Although a clear diagnosis is given at the top of the report, patients’ personal features and stories do not appear. The main symptom (supposed illness) is under inquiry rather than the underlying causes of the ailment. For example, several women were diagnosed with hysteria (a diagnosis that Van den Berghe would hardly ever give in his homoeopathic practice), but none of them, apparently, were questioned about their personal circumstances or ideas on the origin of the disorder.

Nevertheless, these ‘allopathic’ patients will have suffered enormously. Most of the cases refer to patients afflicted with severe ailments like tuberculosis, pneumonia, pleurisy, hepatitis and typhoid fever. Moreover, if these people did not suffer from the disorder itself, they would have been very anxious about the potential mortal implications of their ailments. Van den Berghe himself will, at times, have felt powerless as well; occasionally he lost a patient. Interestingly, he carried out personally the autopsies on some of them. These notebooks contain the autopsy reports of people who had consulted him.

21 Several publications of these homoeopathic practitioners are still present in Van den Berghe’s library, property of J.-F. Vermeire. E.g. H.G. Gueyrard, La doctrine médicale homoeopathique examinée sous les rapports théorique et pratique (Brussels: Dumont, 1834).

22 AVB, Notebook, (allopathic notes), inv. no 24 and 25, not dated, [Zwevegem].
with scurvy, hysteria, worms, and pneumonia. The notes divulge also that Van den Berghe, besides working at home, was available as a physician in different wards of the hospital St. Pierre, presumably in Zwevegem.23

Van den Berghe started experimenting with homoeopathy in 1864, influenced by his close friend D.L.E. Gailliard.24 The first patient whom he treated homoeopathically was a labourer suffering from a severe inflammation of the mouth. He could not speak, nor swallow, he breathed heavily and had a high fever. Van den Berghe considered an incision of the tongue, but found it uncertain. Then, he prescribed mercury in homoeopathic dosage and the patient’s recovery was obtained within days.25 His definite conversion to homoeopathy dates from 1865 when he acknowledged homoeopathy as the ‘only true healing method’.26 Patients he had treated previously in an orthodox manner now received homoeopathic therapy, and new patients solely got homoeopathic medical advice. Van den Berghe became what he wanted to become most: an adherent of Hahnemann.

Regrettably, Van den Berghe did not leave any personal documents indicating his motives. A historical study on the pioneering stage of homoeopathy in Belgium addresses the grounds for becoming a homoeopath.27 Five general explanations were given based on the accounts of some early Belgian homoeopaths. The decision to join homoeopathy was based on dissatisfaction with orthodox medicine, curiosity provoked by reading homoeopathic publications, encouragement by homoeopaths who were friends, stories of spectacular recoveries thanks to homoeopathic treatment and, finally, family inducement.

As previously noted, Van den Berghe was both the first physician in his family and the first one to adopt homoeopathy. He was not preceded by anyone in the homoeopathic field but, certainly, he inspired his descendants. It is more than likely that he became interested in homoeopathy during his medical studies. Brussels was the centre of Belgian homoeopathy during the entire nineteenth century and, probably, this influenced Van den Berghe’s wish to change universities. Official homoeopathic educational institutions did not exist in Belgium and the first generation of Belgian homoeopaths had its

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24 Delphine Louis Ernest Gailliard (1838-1898) completed his medical studies in Brussels in 1863 and, thereafter, followed homoeopathic classes in Brussels. He would become one of the most ardent protagonists of homoeopathy in Belgium and for this goal he, amongst others, launched the periodical *L’Homœopathie Militante* (1878-1882). Cf. Van Praet, *De receptie van de homeopathie*, 167-168.
26 ‘Mort du Docteur G.A. Van den Berghe, père’, *JBH* 9 (1902), 81-88, q.v. 85
education in France or Germany. When homoeopathic courses became available homoeopathic physicians gave them privately. From 1861, for example, Dr. Moureman gave clinical lessons at the Hahnemann dispensary in Brussels. Furthermore, Van den Berghe studied with some later well-known homoeopaths who were descended from a homoeopathic family tradition. The brothers Leon and Jules Gaudy, for example, who would become physicians in the Hahnemann dispensary in the 1870s, were the offspring of a homoeopathic veterinarian and fellow students of Van den Berghe.

Encouragement from other 'candidate' homoeopaths and the positive results of homoeopathic experiments in his early practice will eventually have convinced him. More so, Van den Berghe did not hesitate to experiment continuously with medication on himself, one of the three pillars of homoeopathic therapy. His colleagues praised him for this unflagging zeal for testing: 'his arduous labour of studying medical pathology had given him the courage to completely reject his allopathic science'. According to homoeopathic principles, determining each medication's selective action simplified both the study of pathology and the application of homoeopathic treatment. Van den Berghe, as did many homoeopaths, stated that, natural, simple, special or specific instances of illness often touch upon selectively a particular organ or region of the body, just like medicines. It is incontestable, therefore, Van den Berghe continued, that knowledge with respect to the selective pathogenetic functioning will add to both the speeding up and improving of diagnostics.

Van den Berghe's change to homoeopathy was based initially on personal experience and the study of homoeopathic publications. At the beginning of the 1870s he would receive eventually theoretical homoeopathic education. In 1870, the homoeopathic physician G.H.G. Jahr (1801-1875) arrived at the Hahnemann dispensary in Brussels. As a German, Jahr had been forced to leave Paris on the outbreak of the Franco-Prussian war. He provided theoretical and practical education for young homoeopaths, twice a week between 1870 and 1875. In March 1871, Van den Berghe started to attend Jahr's classes. As these lectures were on Wednesday, an ordinary working day

28 Nys, Geschiedenis van de pioniersfase, 92-93.
29 Van Praet, De receptie van de homeopathie, 168; Jules Gaudy (1835-1899) and Léon Xavier Gaudy (?-1888) had both been working as medical personnel in the army.
31 Docteur Van den Berghe, 'Le Kali Carbonicum dans le traitement de la coxarthrocace', HM 1 (1878), 257-260.
for Van den Berghe, it is likely that he attended evening classes. Lecture notes left by Van den Berghe showed which courses were available: he participated in lectures on mental and cerebral affections, ailments of the head and disorders of the eye, ear and nose.33

Although other homeopaths sometimes continued the partial use of allopathic treatment, Van den Berghe irrefutably rejected allopathy. His colleagues considered him as one of the truest followers of Hahnemann. On the title page of his book De homoeopathie en hare tegenstrewers (‘Homoeopathy and its opponents’) Gustave quoted Hahnemann.34 Medical science, according to Van den Berghe, had failed to develop in the way that other sciences had done for centuries. Despite the efforts of great scientists like Hippocrates, Galen and Paracelsus, the medical sciences had never succeeded in finding the true key to curing. This all changed with Hahnemann’s knowledge of the effects of medication and the ‘old’ school should take note.35 Hahnemann’s instructions on case-taking procedure were of the utmost importance and should be followed carefully.36 Van den Berghe emphasised the recommendations made by Hahnemann on individual diagnostics. Account should be taken not only of the origins of the disorder, it was even more relevant to consider age, personal circumstances, profession, and constitution etc.37 Van den Berghe, besides written declarations of admiration, also expressed, at a memorial banquet, his great respect for Hahnemann:

Our hearts are filled with love and our minds are pervaded with admiration for the one most sympathetic person, our venerated Master, the physician Samuel Hahnemann. It is he who initiated us in the true medicine and he was the source of our success; it is he who through his homoeopathy provided the suffering humankind with ineffable benefaction. [...] permits us to declare him to be one of the greatest benefactors the world has ever seen.38

33 AVB, Notebook ‘Leçons sur l’homoeopathie par le Dr. Jahr au dispensaire Hahnemann a Bruxelles’, inv. no. 28 B, March 1871, 182 pages; Docteur Gustave van den Berghe, ‘Leçons sur l’homoeopathie données par le Docteur G.H.G. Jahr (1801-1875) au dispensaire Hahnemann de Bruxelles, les mercredis 1er, 8, 15, 22 et 29 mars 1871’, RBH 10 (1958), 381-386.

34 See page 40. ‘The first and sole vocation of the physician is to restore health to the ill. This is called curing.’

35 Van den Berghe, De homoeopathie, 7.


38 Un convive, ‘Banquet commémoratif de la naissance de Hahnemann donné par le Cercle homoeopathique des Flandres’, Union 2 (1887-1888), 119-122, q.v. 119. ‘La figure la plus sympathique pour laquelle nos coeurs sont remplis d’amour et nos esprits pénétrés
Van den Berghe held uncompromising views about the attitude of allopathic physicians towards homoeopathy and the possibilities of allopathic treatment. He detested the open doubts allopathic physicians expressed on the efficacy of homoeopathic therapy, particularly as they were unwilling to investigate impartially the ‘homoeopathic facts’. Moreover, he reproached their ignorance, as allopaths sometimes used homoeopathic healing unknowingly. The allopathic practice of administering purgatives, furthermore, was inefficient. It could never result in long-lasting or permanent recovery and was accompanied often by unpleasant or even dangerous side effects. He exemplified this statement with the allopathic treatment of skin disorders. The external use of medication usually stops the initial eruption, but will lead to internal ailments that undermine strength and could be lethal. Van den Berghe persistently advocated administering one medicine at a time, because the allopathic mingling of medications could only diminish or even destroy the power of the remedy. A mix of medications should never be employed on patients and should have been banned a long time ago.

This did not mean, however, that alternation between medicines was not acceptable. Van den Berghe was one of the first homoeopaths in Belgium to apply the method of interchanging in case one remedy did not obviate the complete set of symptoms. He acknowledged that alternation should be avoided, but experience had shown that, in some cases, variation between two different medicines was necessary especially in instances where both the physical and constitutional circumstances of the patient were at stake.

In 1870, for example, Van den Berghe met the desperate parents of a three-year-old child with hydrocephalus (water on the brain). He began the treatment by prescribing fifteen globules of calcarea carbonica C30 dissolved in 150 grams of water. A month later the dilution changed to C200. After two months the volume of the head had diminished and Van den Berghe decided to continue the treatment by alternating between calcarea and sulphur. Within a year the fontanelle had closed and the child’s walking ability and speech had improved. Although the head remained large, it did not hinder the child from going to...
Gustave Van den Berghe (1837-1902)

school. Van den Berghe used this case to underline the incapacity of allopaths to combat this illness and to denounce again their dismissal of homoeopathy.

Van den Berghe also countered the allopathic criticism of the homoeopathic functioning of the small dose. In his book, intended for Dutch speaking lay-people, he gave a clear cut example that appealed to the imagination of his readers: the contagious miasma that led to diseases such as cholera, typhus, and smallpox. Everybody knew that these infectious ailments were carried by air, even though, like miasma, they were not visible. Van den Berghe, like Hahnemann, clearly preferred some dilutions to others. Generally, he prescribed the 30th dilution; sometimes he made use of the 6th dilution. He preferred to administer C200 for chronic ailments. Van den Berghe was of the opinion that the choice in favour of a particular dilution should be related primarily to the affected organ rather than to the nature of the ailment. He employed, for example, small doses of ipecac for abdominal affections and high dilutions for ailments of the chest. Whereas, according to Van den Berghe, the dilutions depended on the type of organ, the choice of the medication corresponded with the characteristics of the patient. If a patient responded well to a specific medication for a particular ailment, it was often the case that several other disorders could be cured with the same remedy. In the final years of his practice, Van den Berghe also started experimenting with the high dilutions of Skinner. Although sceptical at first of the efficacy of these dilutions, he used it in chronic and tough cases from 1895. He was inspired by the positive clinical results that his son Samuel had witnessed during his studies in the United States and in London. Moreover, Van den Berghe was convinced that high dilutions had a longer effect persisting for five to six

44 Van den Berghe, De homoeopathie, 106-132.
46 Ibidem, 43-46, q.v. 44-45. ‘Si une malade se trouve bien d’un remède dans une maladie donnée, bien souvent le même remède le guérira dans les affections les plus diverses’.
47 Thomas Skinner (1825-1906) was a British physician of Scottish origin. After an American homoeopath living in Liverpool, Edward Berridge (1844-1920), successfully treated Skinner, he took up homoeopathy himself. He had been treated with one single dose of medicine of high potency. Its effect was so profound and unexpected on the part of Skinner, that he became a strong advocate of high dilutions. He went to the U.S. in the 1870s where he developed a fluxion machine supplying for high potencies.
48 Samuel most probably was educated according to the Kent school. The American James Tyler Kent (1849-1916) initially was a professor in anatomy. He converted to homoeopathy after his chronically ill wife had been cured in a homoeopathic manner. The Kent school strictly follows Hahnemann’s writings, except in using high dilutions: H. Bodde, O. Goetz and E. de Lange-de Klerk (eds.), Leerboek homoeopathie (Utrecht/Antwerp: Bohn, Scheltema & Holkema, 1988), 22, 118-119.
weeks. He continued to innovate as, even before Koch's discovery of the tubercle bacillus (1882-1883), he administered tuberculinum against tuberculosis. Adult patients suffering from consumption did not seem to benefit, but the condition of consumptive children improved after eight days and they were cured usually within two months.

Besides the medication, the treatment usually included also a diet. Unfortunately, Van den Berghe barely noted anything on dietary rules in his casebooks, although remarks on the usage of coffee, tobacco and alcohol may be found. However, diet must have been an important part of the treatment as it is regularly referred to in his published cases and in his book. However, Van den Berghe emphasised that it was not always possible to uphold the homoeopathic regimen and that recovery was not completely dependent on it. Even so, people who did follow the diet were more likely to get better results from the treatment.

The homoeopathic lifestyle, like contemporary orthodox medical advice, prohibited intemperate activity in work and other pursuits as excesses of all kinds were damaging to health. The use of coffee, medication, purgatives, menthol and tooth powders was strongly advised against. Caution was advised with meat, fish, vegetables, herbs and fruit. The internal and external use of allopathic medication to stimulate stools, of expectorants or of breast cleansing drugs was strictly forbidden, as were leeching and bleeding.

Van den Berghe, like many of his colleagues, was a 'self-made' man whose unflinching acceptance of homoeopathy was founded initially on personal experience and self-study, supplemented by some theoretical education. He became a classical homoeopath, closely following Hahnemann's recommendations but, at the same time, deviated from the 'Master' in parts of his medical practice. There was, for example, no use of placebos and only one form of treatment was offered, homoeopathy, whereas Hahnemann also made use of mesmerism.

Van den Berghe was a strong advocate of the study of the science of pathogenesis; he rejected the intermingling of medications, unlike some of his homoeopathic colleagues, and, over time, took up experimenting with high dilutions. He maintained seriously the homoeopathic principle of testing medications on healthy subjects by performing it on himself. The treatment was accompanied always by a homoeopathic diet, although Van den Berghe did not consider it of vital importance, as it ensured the functioning of the homoeopathic medication. The way in which he approached and treated

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50 Ibidem, JBH 2 (1895), 422-425.
51 Van den Berghe, *De homoeopathie*, 164-169.
his patients with regard to diagnostics, physical examination and the use of stethoscope etc. will be discussed later. Throughout his life as a homoeopathic practitioner, Van den Berghe continued the study of the functioning of medicines. He did not hesitate to challenge allopaths and to propagate the hopeful message of homoeopathy as the true key to curing at a time when orthodox medicine was still ‘ignorant and arrogant’.

1.4 *Van den Berghe’s Commitment to the Belgian Homoeopathic Movement*

On Van den Berghe’s death, his colleague Eugène De Keghel (a homoeopathic physician in Ghent, d. 1914) commemorated him in military language stating that, after his settling in Ghent, he became quickly the ‘porte-étandard’ (flag-bearer) of homoeopathy:

> Rejecting the entire therapeutic baggage of the old school, he defied all his clinical cases with the powerful arms within the homoeopathic arsenal. With this constant practice he acquired solid experience and he obtained glorious victories in cases that left his allopathic colleagues powerless.

The use of terms like ‘arms’, ‘arsenal’ and ‘victory’ in relation to Van den Berghe suggests that he noticeably and, perhaps, even aggressively fought for the homoeopathic ‘cause’. Undoubtedly, Van den Berghe participated unhesitatingly in the organisational structures of the homoeopathic movement. His contributions to periodicals and his active involvement in homoeopathic societies indicate irrefutably his energetic passion for the cause. Whether Van den Berghe’s engagement indeed was of a militant character will be examined later.

Although practising in a homoeopathic manner since 1865, Van den Berghe did not become involved immediately in the homoeopathic movement in Belgium. Apparently, he gave himself time at first to explore further the possibilities of homoeopathy and to create a steady clientele and practice. He took the first careful step towards participation in 1874, when he signed up as a corresponding member of the *Société du Dispensaire Hahnemann* in Brussels, though he never attended any meetings. This society was founded in November 1874, but probably disappeared one year later. Jahr filled the

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53 See Chapter 6.
54 Van den Berghe, *De homoeopathie*, 98-99.
56 Van Praet, *De receptie van de homeopathie*, 26, 132.
chairmanship and some of Van den Berghe’s university friends had become members. Three years later, in 1877, Van den Berghe’s commitment to the homoeopathic movement became more pronounced. He took part in the foundation meeting of the Société Belge de Médecine Homoeopathique in Brussels and remained a member until its closure in 1882. The Société Belge was a small society, like the Société du Dispensaire, with only seven ordinary members. At the first meeting a Hahnemann fund was created with the aim of setting up local dispensaries and establishing hospitals or wards reserved specifically for homoeopathic treatment. The monthly gatherings, at which Van den Berghe was almost always present, took place in Brussels on the second Monday of the month and started at 16.00. The minutes for the first two years were published in l’Homoeopathie Militante (HM) (Brussels, 1878-1882) to which Van den Berghe was a contributor.57 The minutes and Van den Berghe’s publications confirm his increasing participation in the homoeopathic organisation.

Between 1878 and 1880 Van den Berghe wrote ten articles for HM most of which consisted of practical experiences in the way of case descriptions. Sometimes, the basis of the article was the medication, in others the ailment was taken as the starting point. In an article on the application of rhus toxicodendrum, he dwelt upon the possibilities and limitations of this specific medicine beginning with summarising situations where rhus is most convenient and ending with a condition in which it most certainly is not.58 In 1874 an accident had happened in the Van den Berghe household when white spirit had caught alight and Gustave and his wife suffered burns on their hands and wrists. Although, in some cases, rhus toxicodendrum appeared to be the proper medication, in theirs it was not, as it did not relieve them. Other articles were concerned with general topics intended to improve the general public’s knowledge of homoeopathy. Van den Berghe, for instance, emphasised the importance of publishing Hahnemann’s correspondence for the diffusion and understanding of homoeopathy.59

Most of Van den Berghe’s publications were of a medical scientific nature and, therefore, not primarily accessible or, perhaps of interest, to the general

58 Rhus is applied in case of both chronic and acute conditions resulting from physical labour (like wrenches), typhoid fevers and skin ailments that are characterized by burning pains and the occurrence of vesicles. Docteur Van den Berghe, ‘Quelques applications cliniques du Rhus Toxicodendrum’, HM 1 (1878), 119-120.
59 G. van den Berghe, de Gand, ‘La correspondance de S. Hahnemann. Sur l’utilité de sa publication’, HM 1 (1878), 63-64. ‘Cette correspondance nous ferait connaître Hahnemann comme médecin praticien; elle enlèverait bien de fausses interprétations de ses écrits en révélant ses pensées intimes; elle nous ferait la lutte héroïque qu’il eut à soutenir contre les allopathes, elle nous dirait ses déceptions et ses peines, mais aussi ses consolations et ses joies’. 
public. Usually, they were published after the conditions and the most suitable treatment had been discussed during one of the society’s meetings. Although the statutes of the Société Belge proclaimed dedication to the spread of homoeopathy by founding dispensaries and hospitals, the society primarily was a platform for professional discussion. Van den Berghe’s articles suggest that he was more concerned with strengthening the scientific base of homoeopathic treatment than with making homoeopathy known amongst a broad spectrum of the population. However, from the day he opened his Ghent practice, Van den Berghe made homoeopathy available to everyone by offering free treatment for the needy. An advertisement announcing the opening of his practice stated:

Homoeopathic medicine  
Doctor Vandenbergh [sic.], Muinkkaai 2, in Ghent, announces that his practice for the needy will be open every day from 7 to 9 o’clock in the morning. He will give his special consultations from 11 to 1 o’clock.60

He made a distinction in his practice, therefore, between a free dispensary for the poor and a private practice for people with means. An examination of the advertisements in homoeopathic periodicals about the existence of dispensaries suggests that Van den Berghe was the only homoeopath in Ghent who offered free treatment in a private practice.61 Van den Berghe’s effort to make homoeopathy accessible to the general public found its climax in 1881, with his decision to write a book on homoeopathy in Dutch. As he stated, this was necessary not because publications on homoeopathy were rare, but because the mono-lingual Flemish were deprived of knowledge of this only true medical system to find restoration to health, as nothing had been published ever in their native language. Van den Berghe wanted to fill the gap with De homoeopathie en hare tegenstrevers.62 It would remain the only nineteenth-century publication in Dutch on homoeopathy printed in Belgium (Figure 4).

However, the book is not as readable as might be expected given the target group. It contains a thorough description of the principles of homoeopathy and their accuracy in comparison with the errors of allopathy. There is an opening chapter on Hahnemann, to whom Van den Berghe

60 Gazette van Gent, Sunday 17 January 1869, unpaged. For the original Dutch text see Appendix 2.
61 See, for example, JBH 1 (1894).
62 Van den Berghe, De homoeopathie, 5-6. This deprivation was only relative. Dutch (-language) publications on homoeopathy indeed were available, however not from Belgian origin, but for example published in the Netherlands. Nevertheless, the total number of books, brochures and leaflets in Dutch on homoeopathy remained small.
constantly refers as the Master. This is followed by outlines of the three existing
healing methods: allopathic medicine, antipathic medicine and, finally,
homoeopathy, arguing why homoeopathy offers the only proper treatment in
case of illness. Antipathic medicine is based on the principal of the opposite
curing the opposite and as the opposite of illness is health, health should be
treated thereby making this system incomprehensible and ‘false’.  

Furthermore, Van den Berghe discusses the effects of medication on healthy
people and the truth of the infinitely small dose. These chapters are all
accompanied by testimonies and quotations from both ‘allopahs’ and
homoeopaths to underline the scientific base of homoeopathic principles and to
criticise orthodox medicine. Van den Berghe included also information on the
homoeopathic movement around the world, discussing among other things, the

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63 Van den Berghe, De homoeopathie, 24-46.
fruitless attempts by Belgian homoeopaths to obtain official recognition for homoeopathy. The final chapter, contains some practical advice on the proper preparation and use of homoeopathic medications with regard to particular ailments. However, Van den Berghe makes it abundantly clear that this advice is meant for allopathic physicians willing to take a first step on the path of homoeopathy. He concludes with a general overview of the characteristics of a homoeopathic regimen, but only in summary. Van den Berghe referred people who wanted more information to a publication of his colleague Pierre Van den Neucker, the future father in law to his son Samuel.

De Homoeopathie en hare tegenstrevers, thus, was not a self-help guide that aimed at providing Dutch-speaking Belgians with the necessary knowledge to employ homoeopathy at home. It neither offered advice on how to improve health nor on how to maintain it by means of hygienic measures. The book, therefore, shows interesting similarities with the contents of Van den Berghe's articles in homoeopathic periodicals; a reinforcement of the appropriateness of homoeopathy for a medical public. The book might have enlarged homoeopathic knowledge of ordinary people but its predominant purpose was to defend homoeopathy and to persuade allopaths to embrace it as well. Nevertheless, the book was available in public libraries and it is said that many a labourer had had it in his hands.

As noted, Van den Berghe participated in the Société Belge until its dissolution in 1882 and he must have been very busy during these years. Besides developing a continuing growing new clientele, he still found time to write a book and to publish case histories. Meanwhile, a new professional society had emerged in Brussels in 1879, the Association Centrale des Homoeopathes Belges founded by Louis Martiny (1839-1902) and dissolved at his death in 1902. The society attracted mostly members from the city of Brussels and the Walloon provinces in Belgium and grew from 23 members in 1879 to 47 in 1897. Van den Berghe did not join his Brussels colleagues but, instead, became a member of the Flemish Cercle Médical Homoeopathique des Flandres.

64 This is rather remarkable as this publication was in French: P. Van den Neucker, Ce qu'est l'homoeopathie, ce qu'elle n'est pas. Du régime homoeopathique (Harelbeke: Carlier-Debrauwer, 1878).
66 See Chapter 2.
67 Henri-Louis Martiny (1839-1902) initially worked as a physician in the army, where he first became acquainted with homoeopathy. Martiny published various books and articles regarding homoeopathy and was the founder of the aforementioned society and he was the initiator of the Revue Homoeopathique Belge. Martiny was not a close follower of Hahnemann; he pleaded in favour of the medical science and therapy of common sense. Van Praet, De receptie van de homoeopathie, 175.
In Search of a Cure

(Cercle). A group that probably best underlines Van den Berghe's involvement in the homoeopathic movement.

The idea of founding the Cercle in 1872 originated from a group of homoeopaths that had attended Jahr's classes in Brussels, then travelling home by train. Apparently, Van den Berghe had not been present in Brussels on this particular date as he did not take part in the inaugural meeting and his absence was regretted sincerely. The cause had been a communication failure as one of his colleagues, Van Peene who also lived in Ghent, had agreed to invite Van den Berghe but had forgotten to do so.

The minutes of the Cercle were published, at first, in the Revue Homoeopathique Belge (RHB). They were printed in l'Homoeopathie Militante (HM) between 1878 and 1880 but, after its closure, the minutes ceased to be distributed in print until the publication of l'Union Homoeopathique (1886-1892) (Union) provided a new distribution channel. The transfer from the RHB to HM led to some animosity between members. Rivalry and, perhaps, jealousy were not uncommon. When a colleague of Van den Berghe suddenly decided to denounce homoeopathy, he was accused of envying Van den Berghe who had superior knowledge and practical experience with regard to the Materia Medica. In April 1882, Van den Berghe finally joined the Cercle at a memorial banquet to Hahnemann. He would be President from 1887 until 1897. Van den Berghe even had the pleasure of welcoming his son Samuel, who had just obtained his medical degree, as a member of the Cercle in 1893. When Gustave stepped down as President Eugène De Keghel succeeded him and Samuel became Secretary. Van den Berghe continued to attend meetings but from 13th September 1898 his name was no longer mentioned in the minutes.

The homoeopathic movement faced both its flourishing era and its decline during the period of Van den Berghe's Ghent practice. In terms of the number of practitioners, 1875 witnessed the peak: fifty-five to fifty-nine medical doctors practised as homoeopaths in Belgium. In 1894, their numbers had declined to forty-seven to fifty-one, with the lowest point in 1904: thirty-four to thirty-six practitioners. Most of them resided in the province of Brabant.

69 Van Wassenhoven, 'Geschiedenis van de homoeopathie (deel 2)', 11.
70 AVB, Notice historique du Cercle Médical Homoeopathique des Flandres, 1872-1897, inv. no. 50, dated 30 April 1922. Manuscript 'history' of Belgian homoeopathy by Dr. E. de Keghel, read on 30 April 1922. 'Le Dr. Van Peene s'était chargé de prévenir ce dernier l'homoeopathe le plus en vue en ce moment à Gand; mais il avait oublié de remplir cette mission. Le Dr. DeKeghel se charger de réparer cet oublie. Seulement malgré de vives instances le Dr. Vandenberghe refuse son concours'.
71 Martiny and Emile Seutin terminated their membership of the Cercle. Seutin (1811-1895) was a homoeopathic pharmacist in Brussels.
72 AVB, inv. no. 50. '[...] les connaissances en matière médicale comme l'expérience pratique en homoeopathie [...] beaucoup supérieures'.
followed by, respectively, the provinces of East-Flanders, Antwerp and West-Flanders. Within these provinces homoeopaths preferred the city to the countryside. Between 1874 and 1914, furthermore, no less than five homoeopathic societies were founded of which four had their origin in the 1870s. Some of these institutions disappeared as fast as they emerged. Although the purpose of the various societies basically was the same, they were never able to come together. During the nineteenth century the Belgian homoeopathic movement remained scattered and initiatives to combine forces never succeeded. This lack of cohesion and solidarity was one of the reasons for the decline of homoeopathy at the end of the nineteenth century. It was principally Brussels homoeopaths who hindered the creation of one Belgian federation. Other reasons for homoeopathy’s decline were the progress of ‘orthodox’ medical science, a failure to recruit new homoeopathic physicians, the improved living standards, the absence of a charismatic leader and, finally, the refusal of the Belgian government to officially acknowledge homoeopathy.

In the same period, eight, sometimes short-lived, periodicals were published and at least twenty dispensaries, including private ones, were set up. Lay commitment to the homoeopathic movement in Belgium had not yet been established. The only known pledge for homoeopathy by lay-people dates from 1874 when several inhabitants of the municipalities of Durby, Waver and Tubize petitioned the parliament. In contrast with developments in Germany and the Netherlands no lay-societies were founded in Belgium. It would take until the 1970s before a society of lay sympathisers, ‘The Friends of Homoeopathy’, was established. Nevertheless, the growth of homoeopathy in the nineteenth century could not have taken place without any lay interest, namely that of sufferers consulting homoeopathic practitioners. Moreover, some dispensaries were set up with the financial aid of charity committees.

74 Van Praet, De receptie van de homeopathie, 11-23.
75 Ibidem, 28-29, 123-125.
76 Ibidem, 25-42, 97.
78 K. Van Wassenhoven, ‘Geschiedenis van de homeopathie in België (deel 4)’, Homeopathisch Bekeken 48 (2000), 12-17, q.v. 16.
The organisation of the Cercle and the contents of its meetings are comparable with that of other societies. Homoeopathic professionals gathered to exchange knowledge and practical experiences, to commemorate their founding father and to strive for official recognition of their therapy. As president of the Cercle, Van den Berghe's role became more public, for example, by twice petitioning the Belgian parliament on behalf of the society. The first petition aimed at the prohibition of the usage of lead pipes for beer production to prevent lead intoxication. In imitation of French legislation, lead pipes should be replaced with tin pipes. The use of leather and zinc should be prohibited also as they constituted a hazard to public health no less than that of lead.79 The second petition fulminated against the laws on the sale of medications.80 Van den Berghe was chosen also to represent the Cercle at the International Homoeopathic Congress that took place in Paris in August 1889.81

At the end of the 1880s Van den Berghe picked up writing again. He published on the treatment of shingles, angina pectoris, cholera, and ailments resulting from childbirth, ear infections, inflamed glands and furonculosis. Van den Berghe was still very productive at the end of his life. In 1900 he wrote on influenza - 'petite peste des anciens' as he called it - based on practical observations. It was published in the Journal Belge d'Homoeopathie and independently in Brussels.82 During the last years of his life Van den Berghe worked on another book titled 'Médecine des régions' or 'Thérapeutique des régions'. He would not be able to complete it, but the manuscript has been preserved.83 This, again, is a small format notebook written in French and its contents are based on each part of the body (région). The possible ailing situations (the symptoms) for each part or organ and the proper medication were described. However, not all body parts had been discussed by the time of his death. His colleagues knew that he had been working on it and, at his grave-side, the wish was expressed that one of his sons would finish and publish the work posthumously.84 This wish has never been fulfilled.

Van den Berghe clearly committed himself to the homoeopathic 'cause'. His (sometimes long) membership of different societies and his publications attest to this. His activities express a two-sided attitude. On the one hand, he was a scientist whose only goal was to 'prove' the truth of homoeopathic

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79 AVB, Letter by Gustave Van den Berghe to the house of parliaments regarding lead-intoxication, inv. no. 36, not dated.
81 Ibidem, Union 3 (1888-1889), 116-120.
82 For a survey of Van den Berghe's published works see the bibliography.
83 AVB, Manuscript Médecine des Régions, inv. no. 33, not dated, 123 pages.
84 AVB, A la Mémoire du Dr. G.A. van den Berghe, père, homoeopathe à Gand, inv. no. 54, 1902, 9 pages, 8.
treatment and to convince allopaths that their medical science was based on error. He considered it important to share his experiences with his colleagues and with his Presidency the Cercle took a new turn. His medical kindred spirits considered his lectures as lessons in lucid diagnostics. ‘The observations he presented constituted a compendium of experience of the utmost advantage’. Furthermore, precisely his involvement in the Cercle made Van den Berghe’s input publicly visible. On the other hand, Van den Berghe expressed social commitment by ensuring that homoeopathy was available to all. His Dutch-language publication on homoeopathy, although perhaps not easily readable to the layman, enlarged the possibility for the Flemish to gain knowledge on homoeopathy. Moreover, by establishing a free dispensary for the impecunious from the day he opened his Ghent practice, Van den Berghe greatly dedicated himself to offer homoeopathic treatment to whoever was interested or in need.

Nevertheless, Van den Berghe’s participation in the homoeopathic movement does not reveal any militancy in his activities. Although he contributed to periodicals with militant tendencies, he never engaged in public polemics with his allopathic colleagues. This is not to say that he never would have wanted to. Indeed, in one case, Van den Berghe sought to enter a debate. Among the papers Van den Berghe left behind, there is one essay entitled ‘Homoeopathie. Réponse à Monsieur le Docteur Dossel’. At the beginning of the 1880s, this Ghent allopathic physician published an article criticising homoeopathy. Dossel began with outlining the basic principles of homoeopathy and the role of Hahnemann and, thereafter, expounded his arguments against this medical system. The existence of numerous cures obtained through homoeopathy were explained as resulting from the personal qualities of the practitioners rather than from the therapy itself. Moreover, the popularity of homoeopathy was mainly due to its suitability for personal employment. ‘It permits anyone to somewhat be his own physician’. Apparently, Van den Berghe thought a response was appropriate and he wrote one of 26 pages. Van den Berghe stated that he found it necessary to give a clear exposé of the contents of homoeopathic medicine and to refute some erroneous assertions. However, it was not published. A month later, the

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85 AVB, A la Mémoir e du Van den Berghe, 4. ‘Chaque causerie du président était une leçon, non seulement d’expérimentation heureuse, mais aussi de diagnostic sage et d’application scrupuleuse de nos pathogénésies. En parcourant les procès-verbaux des travaux du Cercle, les observations présentées par le président Van den Berghe constituent un compendium de renseignements de la plus grande utilité’.


87 Dossel, ‘Homoeopathie et allopathie’, 931. ‘Elle permet à un chacun d’être un peu son propre médecin […]’.

88 AVB, Homoeopathie réponse au docteur Dossel parvue dans la Revue Générale, inv. no. 35, not dated, 26 pages.

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editorial staff of the *Revue Générale* wrote that Dossel’s article had stirred up some emotions and to regain general calmness amongst the subscribers they handed over the issue to one of the respondents, the homoeopath Martiny.89

Other Belgian homoeopaths were, in contrast to Van den Berghe, much more actively searching for confrontation. Gailliard, for example, disputed continuously with anyone who dared to judge negatively homoeopathy.90 Van den Berghe’s fighting spirit, conversely, seems more to have been ventilated internally. His dedication to homoeopathy as the only true key to healing concentrated primarily on ensuring its proper application. Van den Berghe’s struggle aimed at protecting the therapy from practitioners who did not subscribe to the instructions given by the ‘Master’.

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89 Dr. Martiny, *Homoeopathie et le “gros bon sens”*, *Revue Générale* 17 (1881), 154-158. See for the editorial remark footnote 1. Martiny’s response was much shorter than that of Gustave!

90 Van Praet, *De receptie van de homeopathie*, 86-87.