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

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Health, Illness and Healing in the Ghent Community

The undernourished population is living in miserable circumstances and is carrying around atrocious conditions. Spoiled lungs, ulcerated and inflamed eyes, deformities resulting from protracted and partial labour, gastric walls drunk to shreds, all are the order of the day. Tens of thousands fall victim to epidemics. Consumption is a national disease!

The average nineteenth-century Ghent city-dweller had an intricate life, literally and figuratively, struggling to survive. The state of public health left a lot to be desired as men, women and children inhabited an insalubrious environment in which life could not be taken for granted and where disease could overcome anyone. These circumstances shaped people’s expectations and experiences and affected the medical choices they made in case of illness. The search for the actions and motivations of the ill requires consequently considering illness, health and healing as social constructions. What people do (or desist from) is prompted by the meanings they attach to their suffering and the perceptions of the illness by themselves and others. Health-care seeking behaviour (therapeutic decisions) and lay medical knowledge relate, therefore, to social, cultural and economic factors and to the availability of certain treatments and practitioners. A (re)construction of a valid picture of people’s ideas, attitudes and activities regarding health-related issues involves the Ghent sufferers being approached from two perspectives. The broad perspective of the community or culture to which they belonged (society at large), including the options for healing available to them, and from the micro-perspective of their individual social circumstances and personal experiences with health, illness and healing.

This chapter concentrates on the general circumstances of Van den Berghe’s Ghent patients during the second half of the nineteenth century. The socio-economic conditions prevailing in the city are explored, as are the options available for healing ill citizens. The therapeutic pasts of his patients are discussed to assess which actual choices people had and made during earlier instances of illness. The individual circumstances of a sample of Van den Berghe’s patients, their ailments and their personal experiences as users of homoeopathy will be explored in later chapters.

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1 Jaap ter Haar, Meer dan 2000 jaar geschiedenis van de Lage Landen (Houten: Unieboek; 3rd ed., 1998), 493. For the original Dutch text, see Appendix 2.
2 See the Introduction.
3.1 The 'Manchester of the Continent': Ghent in the Nineteenth Century

The inhabitants of Ghent participated in an urban and advanced industrial society. Many people earned a living by working long hours which, often, compromised health in one of the cotton or linen factories. The industrial character of the town held a strong appeal for those looking for work and the population grew steadily during the nineteenth century. In 1815 Ghent had 62,738 citizens, in 1850 106,704 and, at the end of the century, more than 160,000. This population growth in Ghent, however, was not as pronounced as in other Belgian cities as the textile industry offered only limited employment expansion after 1850.3

Ghent's Population

The population structure of Ghent manifested some characteristics which were strongly influenced by its specific social-economic situation. Fifteen per cent of the population belonged to the upper and higher middle classes, thirty-four per cent to the lower middle class and fifty-one per cent to the working class in the mid-nineteenth century.4 Furthermore, the city housed a preponderance (seventy-five per cent) of people between twenty and sixty in the first half of the nineteenth century. Only one fifth of the population was twenty or younger and less than one in ten citizens was above the age of sixty. A substantial proportion of these elderly were migrants, attesting that the native Ghent people died earlier because of the harsh living and working conditions and epidemics. The second half of the century showed a similar age pattern. Nearly two thirds of the population were between 15 and 65 years of age and the elderly (over sixty-five) constituted almost six-and-a-half per cent. The average age of Ghent citizens was twenty-five, the women being two years older on average than the men.5

Ghent's population was not only young, it exhibited also a specific gender composition: more women than men inhabited the city. This female surplus was strongly connected with the city's industrial character and had been present in the first half of the nineteenth century. The textile industry appealed to large numbers of female workers and nowhere in Belgium was the


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share of women in the work-force as large as in Ghent. Mostly young unmarried women worked in factories as wedlock and additions to the family usually constrained the ability of women to work. Domestic service, besides the factories, also made it easier for women to find work in the city. Ghent domestic staff mainly consisted of women, and having servants was very common; the average bourgeois person had at least one servant or domestic at his service. Many women spent long hours working outdoors and, even if they were housewives, their customary task of primary caretakers of all household issues, the near-constant pregnancies and births must have had a great impact on their health.

The men, women and children who lived in Ghent often did not know how to read or write. Illiteracy was particularly common in the first half of the nineteenth century, but around 1860 still forty per cent of the women and fourteen per cent of the men could not write. Thereafter, literacy increased, partly as a result of a growing number of children who attended school. Literacy was related to people’s economic and social backgrounds. Illiteracy was most common among factory workers, but an exception among intellectuals and manufacturers. Servants usually knew how to write, especially the males. Illiterate people, not surprisingly, lived mostly in the traditional labourers’ districts. The ability to write was related to social environment and partially determined the choice of partner. Anyone born into a family of illiterates would probably remain illiterate for the rest of their life.

Ghent citizens married rather late until the last quarter of the nineteenth century. The surplus of women already meant a considerable number of single females and widows, and the average matrimonial age was high. The main barrier to marriage was the economic situation which impacted particularly on working class people. The improvement in living standards enabled more frequent and earlier marriage. The choice of a suitor, besides love, was still determined primarily by social status. Nobility usually married nobility and working class people, as a rule, found marriage candidates amongst their own ranks. The average length of a marriage was fifteen to twenty years. One in five marriages ended because of high mortality within five years. The existence

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9 This was a general tendency all over Belgium, in sharp contrast with France and England, where the age of marriage was below twenty-five. Cf. Eric Vanhaute, *Leven, wonen en werken in onzekere tijden. Patronen van bevolking en arbeid in België in de ‘lange negentiende eeuw’*, *BMGN* 118 (2003), 153-178, q.v. 166.

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of a large group of marriageable 'survivors' was often pointed out as the cause of growing immorality as indicated by the numbers of pre-marital births and of abandoned or illegitimate children.\(^{10}\)

Thirty to forty per cent of all brides in nineteenth-century Flanders were pregnant and five per cent of new-borns were illegitimate children.\(^{11}\) As the means to avoid pregnancy did not go beyond coitus interruptus and abstinence, it is likely that contraception hardly contributed to this rather low percentage of illegitimates. Occasionally, but only by people of the higher classes, condoms were used.\(^{12}\) Abortion probably kept down the number of children born outside and inside wedlock. Although definite numbers can no longer be retrieved, the numerous advertisements for abortifacients and midwife-abortionists, and the estimates of contemporaries, are strong indications that the practice of abortion was widespread.\(^{13}\) The custom of legitimising children through marriage increased during the century. Yet, the family density (including parents) diminished from 4.5-5 to 4-4.5. Initially, the difficulties of getting married forced children to leave the parental house at a later age or, even, to eternal celibacy. The improved economic situation enhanced the matrimonial market and, thus, led, ultimately, to smaller families.\(^{14}\) A tendency supported also by a changing housing situation and a decline in the number of children per married couple.

The average working-class family had to combat under-nourishment and even starvation, especially during the first half of the century. Cotton workers' families had meagre diets. Bourgeois families on average spent one quarter of their incomes on food and drink. In 1861, the average male cotton worker earned fourteen francs a week, a female worker earned approximately nine-and-a-half francs a week and children below the age of twelve between four and eight francs for one week's work. In 1880, a cotton worker would start earning eighteen francs and his female colleague eleven francs a week.\(^{15}\) After mid-century the shortage of food ended, crop failure disappeared and Belgium started to import wheat. People no longer had to face hunger but food quality fell. However, this lack of quality would eventually disappear and, at the end

\(^{10}\) Vanhaute, 'Leven, wonen en werken', 172.
\(^{11}\) Ibidem, 170-171.
\(^{13}\) Celis, 'Abortus in België', 225.
\(^{15}\) Scholliers, Arm en rijk aan tafel, 24, 80; Marc Roose and Dick De Vuijst, De kranten van Gent, 1860-1914, deel 1: Gent barst uit haar vestingen (Ghent: Fascimile, 1996), 8.
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of the century, the consumption of animal calories also became common among working class people.  

Ghent’s Development

Ghent shook off its provincial character during the first half of the nineteenth century and developed into a ‘modern’ city. Initially, Belgian independence from Dutch rule in 1831 had a deleterious effect on the economy but increasing mechanisation halted the decline. The economic development determined the townscape: almost all the first cotton factories were built in monasteries and the acute shortage of dwellings was obviated by the creation of quarter and cloister houses. At the same time, works significantly affecting the infrastructure were carried out. Streets were broadened, bridges were built and, more importantly, the railway network was constructed. In 1838 Ghent had become a crossroad of railways. Culturally the city blossomed as the (State) University of Ghent was established in 1816, followed by the Palace of Justice, the casino and the opera. Ghent, by the 1850s, had been transformed into a modern city but, at the same time, the ‘city wall’ revealed its first cracks. Although the town had improved economically and culturally, few people profited socially and medically.

The citizens of Ghent had been tested already during the 1830s. The cholera epidemic of 1832 was a tremendous ordeal and Ghent was the hardest stricken town in Belgium as one in sixty-nine inhabitants died of the disease. Population density and increasing industrialisation were the culprits. The working population, besides worrying about health, also had to deal with its unequal social position. The new constitution of independent Belgium changed little in terms of social relations. Workers’ activities became extremely regulated, prohibiting them from forming unions and every worker had to carry a booklet containing their working history. The same constitution recognised the statutory equality of all women, irrespective of class. Although this new law ended the legal differences between women, they still had the same subordinate legal position as minors. Moreover, involvement in politics

16 Scholliers, _Arm en rijk aan tafel_, 46-50, 100.
18 Coppejans-Desmedt, ‘Gent in de eerste helft van de negentiende eeuw’, 598.
was reserved for a limited group of people. In 1847 only 46,630 Belgian men met the property criteria to vote.20

The predominant cotton industry made Ghent a ‘thoroughly proletarian city with a large group of wage-dependent labourers and a small group of rich employers’.21 Many factories were constructed in the city centre until 1860 but with the abolition of the patent law, industrialists started to build outside the city walls. In the north and north-west, factories became surrounded by workers’ districts of large numbers of small houses, many of them built in the enclosed gardens and courts of existing houses (beluiken). In addition to the impressive population growth, the cultivated surface area of Ghent expanded from 280 ha in 1860 to 550 ha in 1900.22 The living conditions in the newly developed workers’ districts were deplorable and disease and misery bred easily. The beluiken were often characterised as the second city in the city with, in front, ‘fresh air, space and a dose of health, at the other side, everything that could poison and shorten life, an accumulation of houses and families, the darkness, the weakness and the contamination’.23 The contrast with the lifestyle of the industrialists and the upper classes, with their luxurious residences in their own fashionable districts, was enormous.

What must it have been like to live in the workers’ quarters? The sewer-system was terrible and running water was lacking. Ten to twenty houses had to share one water pump and two toilets. The houses had thin walls, no windows, and sleeping and cooking conditions were primitive. In 1900 about one fifth of the Ghent population still lived in these circumstances.24 The sheer lack of privacy in the small working-class dwellings made the contact with corporality and sexuality rather informal. Sleeping, bathing and making love all happened in no more than one or two rooms.25 The working-class districts were considered as pools of destruction and sources of contamination, disease, promiscuity and alcoholism. As people were forced to use wastewater for cooking, epidemics such as cholera emerged frequently and resulted inevitably in many deaths.

20 Penn Hilden, Women, Work and Politics, 24-26; Roose and De Vuijst, De kranten van Gent, deel 1, 9.
21 Scholliers, Wages, Manufacturers and Workers, 17.
22 Roose and De Vuijst, De kranten van Gent, deel 1, 2-3.
23 Ign. De Rycke, J. Van Renterghem and P. De Buck, De beluiken binnen de stad Gent. Verslag over het onderzoek, gedaan ten jare 1904 (St. Amandsberg; Snoeck-Cools, 1904), 15-16. For the original Dutch text, see Appendix 2.
The housing, terrible working conditions and, importantly, regular starvation made the working-class population vulnerable and both adults and children died prematurely. The higher social classes, mainly because of their better living conditions, had a longer life expectancy. The national expectancy of life was thirty-eight in the mid-nineteenth century, forty-five in 1890 and fifty-one in 1910. These averages, for Ghent, were thirty-two in 1846, thirty-six in 1890 and forty-six in 1910. At the end of the nineteenth century the conditions of life among the working class generally improved, but death still showed a 'social gap' which, in comparison with the national average, resulted in Ghent's exceptionally high infant and child mortality. One in four children died in the first year of their lives because of the inadequate care of babies and bad feeding habits. A poor diet could be avoided easily by breast-feeding but this easy and cheap practice was hardly carried out by women, irrespective of their social class. Breast-feeding was propagated fiercely, though the quality of the nutritional value of breast-milk from working mothers was doubted at times. Child hygiene met with great interest from the 1890s. Private initiative, at first, arranged for day care, gratis milk handouts, weekly infant consultations and stimulation of breast-feeding. Government subsidies supported these initiatives only later. Eventually, more women started to feed their babies personally and the child mortality rate declined gradually.

Unhealthy working conditions and poor quality food made Ghent's poor workers most susceptible to infection and the first victims in times of typhoid (1847-1848) and cholera (1848-1849). The cholera epidemic of 1866 resulted in 2,769 victims in Ghent; the infected population consisted of over fifty per cent of workers. The number of deaths was the highest in the third district (919) which was known specifically as a working-class area. The proximity of much still water in the canals but, even more, the large number of unsanitary beluiken resulted in this high death rate. The first district with its upper middle class inhabitants faced 205 deaths. Contemporaries considered the use of alcohol as one of the main dangers for infection and the spread of cholera. This assumption was corroborated with the large number of deaths during the Ghent fair in July. There were so many victims of the cholera attack of 1866 as the population was still recovering from the so-called 'cotton famine'. The early

28 However, as the entire Ghent population also consisted of a little over fifty per cent of workers, this 'victim percentage' is not surprising.
29 Godelieve, Cholera, 207-214.
years of the 1860s were marked by a deep recession in the textile industry, caused by the American Civil War. The supply of raw cotton stagnated, prices rose and the social consequences were terrible. 5,876 were unemployed at the beginning of 1863, whilst those who held on to their jobs received lower wages.30

Ghent would be overcome by more, yet milder, epidemics of variola, typhus, influenza and cholera from the 1870s to the 1900s. The 1871 variola epidemic, complete with cases of typhus, created especially a considerable number of victims, with a mortality of 37.5 per cent, comparable to the number of deaths during the cholera epidemic of 1849. Influenza came to the city from 1889 to 1890 but on a smaller scale and with less victims than in other Belgian towns and provinces. The Medical Committee of the Province of East-Flanders even reported that, concerning this outbreak, the province enjoyed an exceptional sanitary state.31 Belgium was infected again by cholera between 1892 and 1894, but the number of deaths in Ghent was not so severe. Koch had discovered the tubercle bacillus and administrative intervention and regulations prevented the spread of the disease.32

Besides the fear of being swept away by one epidemic or another, Ghent workers also had to cope with the risks of industrial work. The textile mills were extremely dangerous and many workers had survived at least one accident.33 Children were exposed also to work-place hazards. The scourges of child labour became clear once again during early 1872. In January a ten-year old girl lost an arm, a month later a nine-years-old boy was almost killed as he was dragged along by a gear wheel.34 Occupational disease also endangered workers’ health. Insufficient air circulation led to tuberculosis amongst weavers who constantly inhaled cotton dust. ‘Water cancer’ affected the hands of spinsters who worked amidst thick steamy clouds whilst spinning wet flax fabrics.35

The ever-growing population became a source of concern to the local authorities. The higher echelons of Ghent society looked at the presence of the large number of ‘uncivilized’ labourers with Argus-eyes. They not only formed a political threat but also the poor districts endangered health being a focus of epidemics. The fear of contamination was a constant source of agony and

31 Rapports des Commissions Médicale Provinciale. Province de la Flandre Orientale (1890), 155-188, q.v. 170.
32 Godelieve, Cholera, 221; Casteleyn, Epidemieën in België, 258-259.
33 Penn Hilden, Women, Work and Politics, 64; Backs, ‘Mortality in Ghent’, 544.
35 Roose and De Vuijst, De kranten van Gent, deel 1, 9.
numerous enquêtes were carried out on the hygienic situation and living conditions in these areas. All aspects of the daily life of the impoverished working population were monitored, aimed at imparting social discipline. Hygiene became fiercely propagated by means of water and soap campaigns and the publication of hundreds of health-guides. This health education made hygiene a virtue, ‘decenty and purity were expressions of a sense of duty and solidarity, of order and morality.’ Hygienic behaviour became a manifestation of social conventions and respect for health rules. Consequently, physical hardship became less a punishment by God and more a disciplinary measure against social deviancy.

Socio-economic developments also worried church authorities as they already had difficulties in holding on to the people at the beginning of the nineteenth century. One third of the people did not participate in the Easter celebration in the 1830s; indeed, a majority of the population did not go to Sunday Mass. Merely twenty per cent of the population were regular churchgoers in the 1870s. Amongst the working population in particular secularisation became apparent. Initially, the continuities between Socialist principles and Catholicism were emphasised but, gradually, Socialists disassociated themselves from Christianity. Alternatives were invented to replace religious rites and feasts. Christmas, for example, was never abolished but, instead of commemorating the birth of Christ, the birth of the other Messiah, Socialism, was celebrated. Furthermore, the Ghent Socialist Freethinkers Union initiated the replacement of Catholic transition-rituals by their own Socialist customs. The so-called Free Baptism and Feast of Youth replaced baptism and the first Communion. Nevertheless, the power of the Church never weakened completely. In difficult times of epidemics or famine, people en masse sought refuge in the Church hoping to avert misfortune. Moreover, religious rituals remained wanted very much at particular moments in life, such as marriage and death.

The inequality amongst Ghent’s population led to the development of a strong labour movement that ‘resolutely and autonomously barked up the socialist road’. Social unrest had already risen in the 1830s when small-scale

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riots about wage-cuts, unemployment and bad living conditions were far from rare and culminated with the so-called ‘cotton revolt’ in 1839. Troops opened fire and workers were killed for the first time in Belgium. The first mass strikes in Belgium took place at the end of the 1850s and resulted in union-like organisations such as the Broederlijke Wevers (Brotherly Weavers) in Ghent. The female workers organised themselves also as the Zusters Genootschap der Weefsters (Sisters’ Society of Weavers). Such organisations pretended to be sickness funds to avoid the prohibition on formal assembly, whereas they were actually trades unions. In 1865 Ghent workers founded the Socialist co-operative organisation Vooruit, an initiative that was imitated soon throughout Belgium. These Maisons de Peuple (People’s Houses) provided their members with all types of services, food, clothing, housing, medication etc. at reasonable prices. As the workers gained strength through formal organisation, the state government realised that new legislation had to be enacted. In 1866 the prohibition of strikes and trades unions was withdrawn but true reform of workers practices was not yet accomplished.

In 1886 the Belgian bourgeoisie was repulsed and shocked by a violent worker’s uprising. The aggressive and bloody strike started in the Spring and continued for months with two major consequences. Firstly, a detailed inquiry was undertaken into the nation’s working class. This 1886 investigation revealed that many thought that social unrest was the result of immorality and blamed working women. Yet, nobody dreamed of prohibiting cheap female labour. However, the 1889 law on female factory work, which also applied to women working in mines, stone quarries and harbours brought some changes including the regulating of working hours and days. Girls and women younger than twenty-one could not work for more than twelve hours and for six days in a row. All women, in addition, could now claim maternity leave of four weeks. Despite the improvements created for women, the impact of the labour legislation was limited. Women above the age of twenty-one were not protected, except when they were pregnant, neither were the women who were active in trade, domestic industry or agriculture. Moreover, the regulation of female labour stemmed barely from humane considerations of these workingwomen. Although the fact that women fell victim to all sorts of abuse such as low wages, long working days etc. was not denied, the laws rather

42 Roose and De Vuijst, De kranten van Gent, deel 1, 11.
43 Penn Hilden, Women, Work and Politics, 32-34.
served to protect public morals and health by promoting women’s true
destination as wives and mothers.44

The thirty years that Van den Berghe worked and lived in Ghent brought
more improvements for its citizens. Housing improvement measures were
carried out and the water supply was enhanced in some notorious districts. At
the end of the century considerable hygienic regulations had been implemented
and many extremely unhealthy areas had disappeared. Nevertheless, Ghent
still occupied the first place amongst Belgium’s twelfth largest cities with
regard to poor hygiene.45 Yet, the situation of Ghent labourers had generally
improved by the mid-1880s. An enquête on the economic situation of workers
concluded that the average labourer no longer needed to appeal for poor relief,
provided that he did not have too many children or the responsibility of taking
care of disabled parents.46 Another symbol of improved circumstances may be
found in the shift in the expenditure on clothing of Ghent workers’ families and
in the way that people dressed. Expenditure on clothing doubled between 1853
and 1891, and contemporaries commented that labourers became interested in
clothing.47 It was emphasised also that the improved situation of Ghent
workers would not have been achieved had the Ghent citizens’ morality not
improved: ‘... ne va pas sans une amélioration dans la moralité de la population
Gantoise’.48 Furthermore, the city of Ghent eventually led the way in social
politics at the end of the century. The authorities took up the task of public
housing and, in 1898, the city council approved the start of an unemployment
fund.49

3.2 Sufferers’ Options for Healing: the Availability of Medical Care

A nineteenth-century person, in general, was not enthusiastic about putting
their fate into the hands of professional academic medicine. At first, an average
citizen would revert to home remedies and family advice on the outbreak of an

44 Penn Hilden, Women, Work and Politics, 162-170; Nele Bracke, ‘De BWP en de relatie tussen
geslacht en politiek. Een erkenning van de reglementering van de vrouwenarbeid (1885-
1914)’, in: De Weerdt (ed.), Begeerte heeft ons aangerakt, 113-128. With regard to discussions
on female labour in an earlier period see: Denise Keymolen, ‘Vrouwenarbeid in België
omstreeks 1860. Vigerende en alternatieve opvattingen m.b.t. vrouwelijke huis- en
45 Godelieve, Cholera, 236.
46 Maurice Heins, De la condition économique des ouvriers Gantois. Etude statistique (Ghent: Ad.
Hoste, 1887), 12.
47 Peter Scholliers, ‘Kledingaankopen en de zin van het leven, of economie en identiteit in
België vanaf het laatste kwart van de negentiende eeuw’, in: Yves Segers et al. (eds.), Op weg
naar een consumptie maatschappij. Over het verbruik van voeding, kleding en luxegoederen in België
48 Heins, De la condition économique, 59.
illness. Modern medicine and a sanitary life style were not accepted easily as they did not fit in with the experiences and mentality or financial possibilities of ordinary people. Nevertheless, the number of medical doctors per head of the population increased during the nineteenth century, as did the number of people applying for medical care from such professionals. In 1860, 276 medical doctors were registered in East Flanders (3.45 per 10,000 inhabitants). Forty years later the number had increased to 460 or 4.47 per 10,000 inhabitants.\footnote{Veille, De nieuwe biechtvaders, 348.} Besides the growth in the number of orthodox physicians, the medical profession started to organise itself. Medical associations arranged for the protection of doctors’ interests by agitating against payment arrears and defaults and the circumstances in which physicians practised.\footnote{Cf. Rita Schepers, ‘De Orde van Geneesheren in historisch perspectief, de evolutie in de 19e eeuw’, BTNG/ RBHC 16 (1985), 131-162; Rita Schepers, De opkomst van het medisch beroep in België. De evolutie van de wetgevingen de beroepsorganisaties in de 19e eeuw (Amsterdam etc.: Rodopi, 1989); R.M.J. Schepers, ‘Een wereld van belangen. Artsen en de ontwikkeling van de openbare gezondheidszorg’, in: Liesbeth Nys et al. (eds.), De zieke natie. Over de medicalisering van de samenleving 1860-1914 (Groningen: Historische Uitgeverij, 2002), 200-218.} However, major medical innovations and improvements were still in the future and medical science, in many cases, was powerless to do anything but to comfort sufferers.

When people fell ill and wanted or needed medical support they could choose between healing methods available in roughly four different sectors in the medical domain: (1) family or home medicine, (2) professional, licensed medicine, (3) unlicensed medicine and (4) religious medicine.\footnote{Arthur Kleinman, Patients and Healers in the Context of Culture. An Exploration of the Borderland between Anthropology, Medicine and Psychiatry (Berkeley etc.: University of California Press, 1980), 49-70. My four-fold division has been inspired by this publication, although I have changed some of the terminology. Kleinman refers to the first field as the ‘popular sector’ and to the third field as the ‘folk sector’. ‘Religious medicine’ does not form part of Kleinman’s analysis.} The first sector refers to non-professional medicine initiated and carried out by the individual, the family or the social network. The home is the place where illness is first defined and dealt with. The second sector contains all forms of licensed professional medical treatment available, both orthodox university medicine and unorthodox therapies. The unlicensed sector refers to all forms of healing performed by practitioners without a medical degree. Religious medicine can be understood as another form of unlicensed medicine performed by religious and not medical personnel. At the same time, it refers to attempts people themselves make to avert illness. Religion, therefore, as a means of self-treatment. Yet, the boundaries between these separate fields are not as fixed and static as might be thought. On the contrary, the dividing line between one form of medical treatment and another can be rather thin.
The categorisation of all these forms of deviant medical treatment poses methodological difficulties. Alternative, unconventional, non-conventional, unorthodox, irregular or folk medicine, quackery, medical fringe, marginality and healing alternatives are just a part of the large pool of terms regarding healing methods that deviate from the regular, the mainstream and that refer to the ‘other’ (e.g. homoeopathy). This distinguishing vocabulary and semantics are very significant from the viewpoint of the medical professionals. However, this historical study is concerned primarily with sufferers, patients and their preferences and experiences. They will not have been interested, in general, in whether or not their therapeutic choice was a healing method with an official status; they merely wanted to be cured or, at least, relieved from their suffering. Therefore, the labelling of the various forms of healing, from the patients’ perspective, appears rather irrelevant. However, patients who did consciously choose and apply homoeopathy may have been interested particularly in homoeopathy’s unorthodox label.

Nowadays, it is very common to add the term ‘alternative’ in referring to all medical practitioners who do not have a university medical degree and, thus, are not officially licensed to practice medicine. However, this term is a twentieth-century invention and, consequently, rather anachronistic when writing on the nineteenth century. Here, the term ‘licensed’ or ‘qualified practitioners’ will be used in referring to those who obtained an academic medical degree and, therefore, were licensed to practice medicine. Their healing methods can be divided into orthodox and unorthodox therapies. Orthodox medicine referred to in the sense of ‘allopatic’ medical science taught at university and not in the sense of ‘old-fashioned’ or ‘pre-modern’. After all, orthodox, university medicine modernised especially strongly during the final decades of the nineteenth century. There were licensed practitioners who carried out medical therapies other than those learned at university. Practitioners such as homoeopathic physicians applied unorthodox healing methods. Lay-homoeopaths, therefore, should be considered as both unorthodox and unlicensed healers. The terms ‘orthodox’ and ‘unorthodox’, thus, refer to the sort of healing method offered; whereas the typology of

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'licensed' or 'unlicensed' medicine is directed at the judicial position of its practitioners.

Family or Home Medicine

A large part of the population dealt with illness personally. The advice of family or friends was sought and recipes were exchanged. This manner of self-treatment was based on verbal communication and custom. However, medical knowledge could be gained also from the numerous health-advice or self-help guides, ‘allopathic’ and homeopathic, that were available in Belgium in the nineteenth century. French-language advice literature, by far, was in the

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54 Non-homeopathic (allopathic) advice-guides:

- G. J. Swéron, *Handboek over de gezondheidsleer ten behoeve der landbouwers ten platten lande* (Brussels: Fonteyn, 1853);
- C.L. Gyselinck, *De schat der kinderen, of raadgevingen oen den jeugdigen leeftijd wegens het bewaren der gezondheid, overgenomen uit de beste letterkundigen en geneesheren; en vermeerderd met gezondheids- en opvoedkundige aanteekeningen* (Ghent: J. Poelman-de Pape, 1860);
- G.J. Swéron, *La santé pour tout le monde ou petit manuel d’hygiène* (Brussels: E. Guyot, 1868);
- Jan R. Snieders, *Mentor. Verspreide aantekeningen over volksgeneeskunde en gezondheidsleer* (‘s-Hertogenbosch: Bogaerts, 1870);
- A. S. Hofstede, *Lafièvre typhide et son traitement a Vusage des gens du monde* (Brussels: Manceaux, 1877);
- C.A. Fredericq, *Handboek van gezondheidsleer voor alle standen* (Ghent: Annoot-Braeckman; 3d ed., 1878);
- C.A. Fredericq, *Grondregels der gezondheidsleer* (Ghent: J. Vuijlsteke; 4th ed., 1882);
- E. Burvenich, *L’art de vivre. Grand traité d’hygiène populaire* (Verviers: E. Güon, 1885);
- E. Burvenich, *De reinheid van het lichaam* (Ghent: Hoste, 1893);
- M. Platen, *De nieuwe geneeswijze: leerboek der natuurlijke levenswijze, der gezondheidsleer en artsenijloze behandeling: een schat voor huis en huisgezin, voor gezonden en zieken* (Paris: Bong; 23d ed., 1900);
- A. Desmarez, *Guide de la santé. Notion d’hygiène et consols pratiques de pharmacie et de médecine* (Ghent: J. Vanderpoorten, 1901);

Homoeopathic advice-guides:

- Dr. Bertholdi, *Conseils d’un médecin homéopathie, ou Moyens de se traiter soi-même homéopathiquement dans les affections ordinaires, et premiers secours à administrer dans les cas graves; importance d’une pharmacie homéopathique domestique* (Paris: Bailliére, 1837);
- Alfred Steen, *Guide homéopathique, pour l’usage domestique* (Brussels: Tircher, 1856);
- P. de Molinari, *Guide de l’homeopathiste, indiquant les moyens de se traiter soi-même dans les maladies les plus communes, en attendant la visite du médecin* (Brussels; Tircher, 1859);
- G.P.F. Weber, *Manuel homéopathique du goutteux ou instructions pour se préserver et se guérir de la goutte* (Paris: Bailliére, 1862);
- R. Noack, *Guide homéopathique domestique à l’usage des familles* (Lyon: C. Jaillot, 1865);
- G.H.G. Jahr, *Du traitement homéopathique du choléra avec l’indication des moyens de s’en préserver, pourtant servir de conseil aux familles en l’absence du médecin* (Paris: Bailliére, 1868);
- Th. Bruckner, *Médecine homéopathique domestique* (Leipsic: Schwabe, 1873);
- E. Schaedler, *Petit guide homéopathique contenant les indications nécessaires pour l’emploi des principaux remèdes homéopathiques dans les maladies les plus ordinaires* (Leipsic: Schwabe; 4th ed., 1879);
- F.J. Orth, *Le trésor médicale des familles ou traitement facile, rapide et sur par l’homéopathie des maladies les plus ordinaires d’après les meilleurs ouvrages connus jusqu’à ce jour* (Toulouse: Imprimerie et fonderie générale du Midi, 1885);
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majority, and this applies even more strongly to the homoeopathic guides. Although the Ghent population was predominantly Dutch speaking, it is probable that those who were literate could also read French. However, more research is needed on the likelihood of people making use of these health advice guides in terms of cost and availability in libraries. Book lists published in homoeopathic periodicals quote prices varying from one to three hundred(!) francs. These, however, were aimed at the professional readers of the periodicals.

Self-treatment was often considered as a threat to public health because of the carelessness and ignorance of lay-people. The advice-literature, therefore, predominantly served as a means of educating ordinary people. Some guides just promoted a healthy, hygienic and morally sensible life-style, emphasising the activities that improved the physical or mental state. Other guides contained a summing-up of frequent diseases and their remedies, yet hardly expatiated on how to prevent disease. Moderation of all kinds was propagated to obtain health and to prolong life. This pedagogic aspect was not restricted to allopathic remedy books; homoeopathic advice literature gave thought to hygiene as well.

The culture of self-treatment reflected in health-advice guides illuminates ordinary people’s ideas about health-related issues and their actions in times of threatening illness. Parents, for example, who did not want their children to be inoculated, based their refusal on the idea that smallpox cleansed their children and preserved them from all sorts of other diseases. Indeed, many doctors were concerned about these persisting prejudices and refuted them in the advice literature. G.-J. Swéron, doctor in medicine, surgery and obstetrics, spent a whole chapter discussing and contesting, what he called, the aberrations and folk prejudices. Medical almanacs and advertisements formed another source of information for people who wanted to help themselves.

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55 Just as most Flemish nowadays are bilingual in contrast with people from the Walloon provinces who usually only have a command of French.

56 Example derived from: Swéron, La santé pour tout le monde, 161-164.

57 G.-J. Swéron, Handboek voor de gezondheidsleer ten gebruike der landbouwers ten platten lande (Brussels: Fonteyn, 1853), 74-91, chapter 22; A. Poskin, Préjugés populaires relatifs à la médecine et à l’hygiène (Brussels: Société Belge de Libraire, 1898).

58 Gezondheidsraadgevende almanakken uitgegeven door apothekers, drogisten enz. (Ghent and Brussels, 1880-1882; 1895-1897; 1899; 1902-1904; 1906; 1908-1910). Health-advice giving almanacs published by pharmacists, chemists etc.
almanacs and other small leaflets were printed in both Dutch and French. The fourth page of Belgian newspapers, for example the daily *Gazette van Gent*, was filled usually with advertisements on health-related issues. They recommended, in Dutch, mainly patent drugs fit for personal use which were very suitable for self-treatment. These ready-made medicines promised to relieve all sorts of ailments. *Vannier syrup* would help chest ailments, coughing or colds. *Victor Locq capsules and syrup* were very suitable for fainting, colds and, again, chest ailments. *Standaert’s pills* helped against asthma, stomach affliction or a cough; and for consumption *Sommerbrodt capsules* should be taken. The advertisements guaranteed an improvement by simple domestic use. *Het Volksbelang*, a Flemish-disposed liberal Saturday paper, contained ‘medical adverts’ from the first year of publication in 1867. The almanacs and advertisements regularly made use of testimonies of satisfied users and had the format of ‘mini-counsellers’ because they described extensively how and for what ailments the medication should be employed. The practice of self-treatment was widespread in Europe and overseas at the end of the nineteenth century and women often seem to have been both the keepers and the users of home remedies.59

Unfortunately, little is known about the chemical composition of many patent medicines available in nineteenth-century Belgium.60 One health-advising almanac, recommending the American doctor Velsor’s medicines, discussed in detail the composition of the product, based on the judgement contained in a medical journal. The three drug therapies Dr. Velsor offered - *Tisane Velsor, America Velsor* and *Velsor’s tea* – were completely organic and consisted of several specified plants.61 Advertisements and almanacs imputed

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60 The history of patent drugs and the market of self-medication is still largely unexplored territory in Belgium. It would make a very interesting subject for research into patient history.

beautiful characteristics to the drugs. The health-improving promises made were communicated frequently according to classical humoralism, terminology familiar to most people. It assured them of the termination of suffering by sweating, vomiting or defecation.\textsuperscript{62} Yet, some people will have become more ill than they were initially, as many patent drugs were strong. A painful example of the adverse consequences of home remedies is that of parents administering opiate-based drugs to their children to keep them asleep while they went to work.\textsuperscript{63} Homoeopathic medicines, on the other hand, were noted generally for their supposed mildness, which might explain why some people eventually switched to homoeopathy, requesting treatment for the consequences of the allopathic home remedies they had taken.

In England homoeopathy was advertised widely and the trade in medicine chests matched the popularity of homoeopathic domestic guides that could be obtained from homoeopathic publishing houses and chemists. A study of the development of homoeopathy in the British Isles claims that women, traditionally the caretakers in the family, probably were the predominant purchasers of these products.\textsuperscript{64} However, this remains debatable as other research has revealed that men also were acquainted with 'homoeopathic house-doctors'.\textsuperscript{65}

In Germany some of the non-medical homoeopathic


associations by and for lay people saw it as their duty to supply their members with all types of services such as the provision of medication, and they set up their own pharmacies. In Belgium, in contrast, homoeopathy was barely brought publicly to the attention of or supported by lay-people. Homoeopathic medication, medicine chests or health-guides were not even advertised in newspapers. A specific reference to homoeopathy was made only rarely. Gustave Van den Berghe did so with his advertisement in the Gazette van Gent announcing the opening of his practice in 1869. Apothecary Dwelshauwer occasionally gave notice of also having available homoeopathic medication. He advised the use of non-homoeopathic Blot pills to counteract 'syphilitic diseases' in January 1871 and advertised homoeopathic coffee by Severin. Yet, although homoeopathic over-the-counter medicines were not sold via advertisements, there existed homoeopathic apothecaries in Ghent and bookshops where self-help guides could be purchased. If desired, there was the possibility to employ homoeopathy at home.

Self-treatment will have been based partially on economic considerations as the cost of medical consultations may have had a large impact on the average family budget. It is not surprising, therefore, that a rising standard of living enabled an increase in medical consumption, i.e. consulting a medical professional, as families could now afford to call in the doctor. Twenty-first-century research into the motivation for the use of homoeopathy has revealed, furthermore, that ill people consider self-medication of great importance and that homoeopathy is better for this purpose than orthodox medicine. Moreover, an allopathic contemporary of Van den Berghe claimed that the public interest in homoeopathy resulted from its convenience to be their own doctor.

Professional, Licensed, Medicine

There were plenty of options in Ghent within the sector of professional, licensed medicine; hospitals, midwives, private allopathic general practitioners or

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67 This statement is based on the systematic investigation of, besides the Gazette van Gent, several newspapers: De Gentenaar (no medical advertisements), Den Vlaming (medical advertisements, but no homoeopathy), Het Volksbelang (medical advertisements, but no homoeopathy), L’Impartial de Gand (medical advertisements, but no homoeopathy), Het Volk (medical advertisements, but no homoeopathy).
68 Gazette van Gent, 5 January 1871, not paged. Dwelshauwer, Spiegelstraat 19 (Mirror street).
69 Velle, De nieuwe biechtvaders, 98.
71 Van Praet, De receptie van de homeopathie, 121.
specialists and homoeopaths. The province of East-Flanders, in terms of the numbers of allopathic and homoeopathic practitioners, occupied the second highest place in Belgium in the nineteenth century. The province of Brussels, with the capital, had the highest level of medicalisation.

Eleven different homoeopathic physicians, including Van den Berghe, and three homoeopathic pharmacists in total resided in Ghent between 1869 and 1900 (Table 1). The number of allopathic practitioners (physicians, dentists and oculists) in Ghent increased considerably, whereas the number of homoeopaths remained more or less the same. Nevertheless, sufferers who specifically wanted to try homoeopathy could choose between several homoeopathic physicians.

Table 1. The Presence of Licensed Allopathic and Homoeopathic Practitioners (Physicians, Dentists and Oculists) in Ghent and East-Flanders, 1869-1900

<table>
<thead>
<tr>
<th>Year</th>
<th>Allopaths in Ghent</th>
<th>Homoeopaths in Ghent</th>
<th>Homoeopaths East-Flanders (incl. Ghent homoeopaths)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1869</td>
<td>86</td>
<td>4</td>
<td>Circa 10</td>
</tr>
<tr>
<td>1881</td>
<td>95</td>
<td>4-5</td>
<td>Circa 10</td>
</tr>
<tr>
<td>1890</td>
<td>120</td>
<td>4</td>
<td>Circa 10</td>
</tr>
<tr>
<td>1900</td>
<td>135</td>
<td>5</td>
<td>Circa 8</td>
</tr>
</tbody>
</table>

Source: Vervaeke, De sociale studie van een beroepsgroep; Van Praet, De receptie van de homeopathie; Bruggeman, Sociale studie van een beroepsgroep.72

Van den Berghe’s allopathic colleagues practised medicine in their own private clinics (home practices) or were affiliated to municipal medical institutions such as hospitals. As no homoeopathic hospitals were established Van den Berghe’s Ghent homoeopathic colleagues practised homoeopathy privately. None of the Ghent homoeopaths had a group practice; they worked as sole practitioners. All types of allopathic institutions were available to the sick and many were distinguished by the type of illness or the gender of its sufferers who qualified for treatment and care. Most institutions were controlled by the municipal administration, even if financed partly by private donations; yet others were private organisations. People were suspicious of treatment in hospital as the

72 Greta Vervaeke, Sociale studie van een beroepsgroep: de geneesheren te Gent (1830-1890). Status-, stratificatie- en mobiliteitsschets. Unpublished licentiate thesis (University of Ghent, 1977-1978), 86-89; Van Praet, De receptie van de homeopathie, 12; Katrien Bruggeman, Sociale studie van een beroepsgroep. De geneesheren te Gent 1890-1914: status, stratifikatie en mobiliteitsschets. Unpublished licentiate thesis University of Ghent (Ghent, 1980-1981), 147. Vervaeke used two different sources to determine the number of allopathic licensed practitioners in Ghent, the Wegwijzer der Stad Gent (WW) and the Bestuurlijk memoraal van Oost-Vlaanderen (BMO), that contained different numbers. The average of the published numbers has been noted in the table.
largely failing therapeutic possibilities and inadequate hygiene and care created 
an image of hospitals as being the ‘front room of death’ (antichambre de la mort).
Nevertheless, hospitals often did serve as relief centres for the poor as they 
offered free treatment. The fear of hospitals eventually faded away at the end 
of the nineteenth century with the introduction of new scientific knowledge and 
methods of treatment.\textsuperscript{73} 

The largest hospital in Ghent was de Byloke, the Civil Hospital, which had 
its own maternity clinic from 1828. The hospital had paying and non-paying 
clientele. The poor were referred by the city (poor) doctors or the police, in the 
same way as prostitutes. Paying patients usually applied personally for 
treatment and were expected to pay one month in advance. Children younger 
than ten and the mentally disturbed were not admitted and had to obtain 
medical care elsewhere. Insane males were admitted to the public Hospice 
Guislain from 1851, named after Joseph Guislain (1797-1860), a Ghent 
psychiatrist who reformed drastically the care of the mentally ill. The St. 
Vincentius hospital was run by the Sisters of Love, an order of nuns, and was for 
insuurable and chronic patients of both genders. The Van Caneghem Institute was 
built in the 1850s to serve the blind. The Brothers of Love cared for the patients. 
The Lousbergs Institute was set up especially for old and invalid Ghent cotton 
and textile workers on the initiative of Ferdinand Lousbergs (1799-1859), a 
textile baron. The sisterhood of the Child Jesus cared for sufferers of eye 
disorders in the ‘eye sufferers institution’.\textsuperscript{74}

Ghent’s poor could fall back on public poor relief. The city 
administration subsidised public, private and religious institutions and 
organisations involved in poor relief. The Committee of the Burgerlijke Godshuizen 

\textsuperscript{73} Cf. Luc Vermeiren and Ingrid Hansen, ‘Het hospitaalwezen: ziekenzorg voor armen’, in: 
Karel Velle et al. (eds.), Er is leven voor de dood. 200 jaar volksgezondheid in Vlaanderen 
(Kapellen: Pelckmans, 1998), 43-57; Velle, De nieuwe biechtvaders, 87-89; Yves Horrent et al., 
‘La population des grands hôpitaux universitaires Belges au début du XIXe à la fin du XXe siècle’, 

\textsuperscript{74} Leon Elaut, Het leven van de Gentse ziekenhuizen vanaf hun ontstaan tot heden (Ghent: Story- 
Scientia, 1976); Gita Deneckere, Het Gentse Sint-Vincentiusziekenhuis. De zusters van Liefde J.M. 
en de ziekenzorg te Gent, 1805 tot heden (Ghent: Zusters van Liefde, 1997); Griet Maréchal, 
‘1350 jaar Gent, de Gentenaars en hun zieken’, in: Capiteyn et al. (eds.), Waar is de tijd, 155- 
175; F. De Waele, De krankzinnigenzorg te Gent vanaf het einde van de 18e eeuw tot 1870. 
Onderzoek naar de houding van de maatschappij ten aanzien van krankzinnigen en de 
gevolgen ervan op de gestichtsverzorging. Unpublished licentiate thesis (University of 
Ghent, 1981); Veerle Van Conkelberge, Het Bureel van Weldadigheid (1821-1925). 
Unpublished licentiate thesis (University of Ghent, 1996-1997); Elke Coolens, Werking 
de Gentse Burgerlijke Godshuizen (1820-1925). Unpublished licentiate thesis (University of 
Ghent, 1996-1997); Elke Coolens, ’Armenzorg in het negentiende-eeuwse Gent. Analyse van 
de jaarrekeningen van de Gentse Burgerlijke Godshuizen (1820-1925)’, Handelingen 52 (1998), 
(eds.), Er is leven voor de dood, 69-82; Elke Coolens, ‘Het Lousbergsgesticht: een stedelijk 
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(Public Hospices), overseeing the existing charity institutions where the ill, insane, orphans and elderly found shelter, paid for an average of 1,760 to 2,650 people who were admitted each year between 1820 and 1925. This is the average number of people staying in one or the other institution; the number of people helped during a year, however, was much higher. Yet, these people depending on welfare formed a very small part of Ghent’s population. Only approximately two per cent of the citizens, predominantly women, qualified for poor relief within the Public Hospices. The remaining needy were forced to get medical support elsewhere. It has been suggested that the low percentage of people supported by the charity of the Burgerlijke Godshuizen in the course of the century is related to the rise of other ‘networks’ such as sickness funds and slate clubs, which maintained the support function. The suggestion that the fading importance of public relief was due to changing social politics, as workers were urged increasingly to take their faith in their own hands, is at least as convincing as the first assumption.

Unlicensed Medicine

Unlicensed healers practised medicine on a large scale in Belgium to the great dissatisfaction of the medical profession. Physicians tried to regulate, monitor and restrain all medical practices outside the legal norms during the nineteenth century. The repression of ‘quackery’ was discussed at congresses. Medical committees, local and provincial, were appointed to control the ‘medical market’ for illegal practices. Many licensed physicians, in addition, felt the need to publish on the subject. Numerous publications attacked and judged the illegal practice of medicine. The offensive against unlicensed medicine also included a ‘re-education’ of ordinary people to end strong prejudices about the preservation of health and the treatment of illness. Yet, an official association against the illegal practice of medicine, such as the Dutch Association against Quackery (Vereniging tegen Kwakzalverij) never gained a foothold in Belgium.

75 Coolens, ‘Armenzorg in het negentiende-eeuwse Gent’, 72-76.
76 Ibidem, 82.
However, unlicensed healers were not extinguished. They apparently provided for a need by ordinary people and legislation did not prevent them from helping their fellow men. Each year the provincial medical committees produced an official report on their activities. The conflicts with unlicensed medical practitioners were discussed in the paragraph ‘poursuites – condamnations’ (persecutions and condemnations). These reports, thus, give an impression of the type of (illegal) healers people could appeal to when treatment was needed. The supply varied from uneducated women who acted as midwives, and apothecaries or druggists who served as physicians, to people with a ‘special gift’, such as Drieske Nijpers.78

A contemporary of Gustave Van den Berghe, A. de Cock, a teacher at Denderleeuw, provided an impression of Belgian unlicensed healers.79 Many rural inhabitants mistrusted the medical doctor and, therefore, sought quack remedies that could be found anywhere, for example, the wonder doctor of Moorsel, near Alost in the province of East-Flanders. Those who thought they had cancer could consult cancer healers in Sarlardinge (in the south of East-Flanders), Waasmunster (in the east of East-Flanders) or in Tellin in the province of Luxembourg. These healers all prescribed an ointment to cure the disease. In the surroundings of Liège there were ‘rebutters’ who, by rubbing, were able to cure dislocated limbs. There also existed ‘readers’ and exorcists.80

Treatment by unlicensed healers was available in Ghent and they were of special concern to the medical authorities. The local medical committee of Ghent was sorry to conclude in 1882 that the illegal practice of medicine was still present. It was being performed not only by people completely ignorant of medical science but also by pharmacists who often practised medicine and even performed small surgical procedures.81 These unlicensed healers sold their merchandise through advertisements that also announced when and where they could be consulted. The presence of Madame Enault was an irritant to Ghent’s medical authorities. She removed teeth from the impecunious free of charge and became very popular by giving money to the poor. She relieved hundreds of people from their painful teeth on a daily basis and sold them potions against mouth-wounds and toothache. She was active on the Vrijdagmarkt (Friday market) in the city centre, where people sang to her and

78 M. Broeckhove, De wonderdokter Drieske Nijpers uit Sint-Gillis-Waas (Ghent: Koninklijke bond der Oostvlaamse volkskundigen, 1980).
81 Rapports des Commissions Médicale Provinciale. Province de la Flandre Orientale (1882), 137-168, q.v. 163.
assisted with her carriage. Especially the innkeepers of the Vrijdagmarkt sincerely regretted her leaving the city at the end of July 1876.82

Religious Medicine

Although one should never condemn the sick calling in the help of religion, dedicating prayers to saints, or going on pilgrimage, such should, however, take place without interfering with the course of the treatment and after, in all cases, the advice of a physician has been enlisted.83

Religious medicine should be understood as a ‘combination therapy’ consisting of self-treatment and unlicensed medicine. Self-treatment is shown when people personally turn to God, praying for improvement of their medical condition. As soon as other religious people are requested to assist the recuperation, then it becomes a matter of unlicensed medicine. After all, people of the Church were not allowed officially to practice medicine.

Secularisation had started in the eighteenth century and intensified in the nineteenth century. It dispensed with notions regarding the origins and causes of illness of their religious and, sometimes, magical connotations and, consequently, advanced medical consumption. Illness changed from God’s punishment for sin into a natural process which could be overcome by human intervention.84 Nevertheless, when people were confronted with disease and suffering, religion continued occasionally to play a significant role.85 They believed that illness could be overcome through saints or their relics, by praying and processions or by the healing powers of pilgrimages. Particular saints, who were connected to particular diseases, could cure disorders. ‘Pilgrim healers’ were paid to go to the place of pilgrimage that was connected supposedly with the ailment. Information in books such as De bedevaartplaatsen in Oost-Vlaanderen was given on which places of pilgrimage should be visited for which diseases.86 The call upon saints could be done also in the privacy of the home, without having to travel or appeal for the help of others.

Furthermore, it was not uncommon that people of the church were involved in medicine. Episcopal workers not only wrote self-help guides but

83 Swéron, Handboek over de gezondheidsleer, 81. For the original Dutch text see Appendix 2.
84 Velle, De nieuwe biechtvaders, 78-79.
85 Casteleyn, Epidemieën in België; 199; Karel Velle, ‘De geneeskunde en de R.K. Kerk (1830-
86 G. Celis, De bedevaartplaatsen in Oost-Vlaanderen (Ghent: Vander Schelden, 1914).
also cared for and treated the ill and the needy.\textsuperscript{87} This treatment often consisted of more than praying and, at times, they carried out dangerous medical procedures. The role of religious women, who often acted as hospital nurses, was criticised as well. The medical authorities, not surprisingly, considered these works of mercy as acts of competition. Medical help was offered and medication prepared in cloisters. Religious nurses treated wounds and administered medicines. The local priest was often preferred to the doctor for treatment. More so, representatives of the medical professions feared that religious perceptions could lead sometimes to religious mania. Miraculous healings and occurrences of stigmata were 'scientifically' disqualified as phenomena resulting from suggestion and hysteria.\textsuperscript{88}

The Ghent population collectively went through a religious revival when feeling threatened by, for example, epidemics. Ghent Catholic newspapers proudly printed articles about the efforts clerics made during cholera episodes and the re-entering of apostates. The fear of disease temporarily drove people back to church as exemplified by, for instance, the number of people who went to Holy Communion. However, this religious upsurge was hardly permanent as, with the disappearance of the threat, people turned their backs on the church. Besides, using the Church as a haven of refuge depended on the perceived seriousness of the disease. People were terrified of cholera, but instances of smallpox, flu and typhus never led to an increase in expressions of devotion.\textsuperscript{89}

3.3 'I Have Tried Whatever Needed': the Therapeutic Past of Van den Berghe's Patients

Some people, before arriving in Van den Berghe's practice, had been suffering for some time. Yet, not all had endured their health problems without trying to recover by turning to someone or something other than Van den Berghe or homoeopathy. When Van den Berghe was consulted for the first time, the physician usually inquired from the patient if other healing methods, medication or healers had been tried and, if so, for what ailments. The casebooks give the answers of the patients; they spoke about earlier suffering and previous attempts to cure. The patient's therapeutic past or medical history sheds light on the options for healing from the patient's perspective and also

\textsuperscript{87} E.g. J. Lambilotte, Den vertrooster of godvruchtige lezingen voor zieken en andere bedrukte persoonen (Ghent: Van Ryckegem-Lepère, 1848); J.M.L. van den Bosch, Handboek voor lijdenden of genezing zonder geneesheer (Louvain: Fonteyn; 4th. ed., 1859); J. Hüllegeer, De liefdadige ziekendienaar (Ghent: Vander Schelden, 1861).

\textsuperscript{88} Velle, 'De geneeskunde en de R.K. Kerk', 1-21, q.v. 10; Velle, De nieuwe biechtvaders, 160-164.

\textsuperscript{89} Casteleyn, Epidemieën in België in de 19e eeuw, 193, 199, 309.
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makes it possible to differentiate between various types of patients. Three categories of patients, who consulted a homoeopathic practitioner, can be distinguished: shopping patients, 'alternative' patients and homoeopathic patients.\(^\text{90}\) Shopping patients inter-change between orthodox and unorthodox medicine, alternative patients inter-change between different types of unorthodox medicine, and homoeopathic patients solely use one healing method and only inter-change between different homoeopathic physicians. This last category also can consist of people who stayed with one single physician, such as Van den Berghe.

The casebooks provide statements of patients regarding previous experiences with health care and healing. Visits to doctors and other healers, the use of certain medication and the ways in which it was applied, by private initiative or by doctor’s prescription, are recorded. Thus, the therapeutic past of some of Van den Berghe’s patients can be considered applying the categories outlined previously. In a little over 800 cases - based on all eighteen casebooks - people (Ghent inhabitants predominantly) narrated in detail their previous experiences with family medicine, professional licensed medicine, and unlicensed and religious medicine. In comparison with the entire Ghent clientele of over 15,000 this number is small (appr. 5 per cent). However, they can contribute still to the purpose of drawing a picture of the patients’ therapeutic behaviour before turning to Van den Berghe. Firstly, because patients who consulted Van den Berghe only once, and this concerns many, were not that communicative usually. The longer people stayed with him, the more information they tended to share. Secondly, the busier Van den Berghe’s practice became, the less data the patients’ files contain. He then preferred to note the, in his opinion, more relevant information omitting data of ‘secondary’ importance such as previous experiences.

Family or Home Medicine Previously Practised by Van den Berghe’s Patients

A majority of Van den Berghe’s patients had struggled previously with illness and were acquainted with medical practitioners, professionals and others, before they made their first appearance in his surgery. Initially, they had often tried to counteract their suffering themselves; self-medication was generally widespread and the patients’ statements confirm this. People were easily overcome by disease and life consisted usually of several periods of suffering. Thus, when people told Van den Berghe about their experiences with medical care they were not referring solely to actions regarding their current ailment, it

often meant that they described various instances of illness they had been confronted with during their lives.

Patients reported on taking medication personally, without the mediation of a physician or healer. A differentiation between ‘allopathic’ and homoeopathic self-treatment can be made in a small number of cases. One male patient suffered severely from various vague aches. He had made intensive use of allopacy, being treated by a physician first of all and, later on, giving himself morphine injections. By the time he consulted Van den Berghe the diagnosis had become chronic morphine poisoning.91 Sometimes, people specified the drugs they had taken, for example, by mentioning the use of digitalis or sulphur. However, these medicines could be used both in an allopathic and homoeopathic manner.

Sufferers relating their purging habit clearly performed allopathic self-treatment as with those reporting the use of ‘sel anglais’ (smelling salts). The taking of purgatives appears to have been widespread amongst all of the population. The purgatives, in many instances, served to encourage stools; some people were completely unable to perform a motion without the help of drugs. The casebooks mostly reveal the taking (prend) or abuse of (abus) non-specified purgatives. It is not clear whether the patient or the doctor made the distinction between use and abuse but, considering the consistency of notes on this subject, it seems likely that the patient declared whether the use happened on a ‘normal’ or ‘abusive’ level. People often knew very well which laxatives or emetics they were using and this was registered in their file. The most common laxatives were quinine, rhubarb, aloe, sal volatile and cod-liver oil. Cod-liver oil was used regularly to overcome indigestion and constipation, but one woman used it also to bring on her menses.92 Another medication, often privately administered, was described as a ‘vermifuge’, a common one being calomel. As children primarily were afflicted with worms, this medication was mostly given to them. They also often took cod-liver oil, a habit persisting far into the twentieth century.

The private use of homoeopathic remedies occasionally comes to light. Some patients had experimented initially with homoeopathic medicines at home. Others mentioned specifically the homoeopathic dosage they had taken. A man suffering sycois had already taken graph. 6 (dilution of one part to six) for four weeks before he turned to Van den Berghe. Another patient started taking cham. 30 (dilution of one part to thirty) four days prior to consulting the homoeopathic physician. It was noted, of only one patient, that he had used

something other than the regular ‘allopathic’ home medication or homoeopathy by drinking herbal coffee (café des herbes) for pain in his sexual organs.\(^93\)

Self-treatment, sometimes, could lead to an aggravation of the suffering. There was a perception that too strong a dose of drugs could contribute to the development of complaints. A patient with complete blindness in his left eye thought his ailment was the result of taking a strong dosage of quinine for intermittent fever combined with a fall on his head.\(^94\) Notwithstanding the potential consequences of self-medication, they did not restrain people from employing it. Self-medication was a daily pursuit, for many, to preserve or restore health without being confronted with high costs or medical actions incompatible with individual ideas and experiences. The use of family or home medicine was the ‘field’ of medical treatment most mentioned by Van den Berghe’s clientele. Although the actual number of people who used self-treatment will have been higher as not everybody will have told Van den Berghe and the files contain rather scarce information in busy times, the four hundred people (out of 800) confessing that they had made extensive use of all types of home remedies suggests that self-treatment was applied frequently.

Previous Consultation of Licensed Practitioners by Van den Berghe’s Patients

Patients had been calling regularly on other health professionals about their conditions before consulting Van den Berghe. These previous experiences with professional health care, in most cases, were with orthodox ‘allopathic’ medicine, but unorthodox therapies were mentioned as well. The precision with which the differentiation between, for example, a practitioner (praticien = healer) and an ‘allopathic’ physician is made in the casebooks, makes it likely that the patients themselves were well aware of what kind of therapy they had tried. ‘After an allopathic treatment by almost ten different physicians who gave her up completely she made an urgent appeal for my care’.\(^95\) If the treating physician or the precise form of treatment were not mentioned, the casebooks reveal, at least, that sufferers had experienced allopathy (l’allopathie) or allopathic treatment (traitement allopathique).


\(^{94}\) Graphite (graph.) is used primarily in case of chronic conditions, and skin disorders, gastrointestinal complaints and various diseases of the female organs. Chamomile (cham.) is administered for conditions resulting from emotional outbursts (fear, anger etc.) and in case of toothache, cramps, gastro-intestinal suffering and certain menstrual problems. Cf. J. Voorhoeve, Homoeopathie in de praktijk. Medisch handboek (Zwolle: La Rivière & Voorhoeve BV; 13th ed., 1972), 100, 86. The first edition of this book was published in 1905.

The experiences with licensed medicine spoken about to Van den Berghe may be sub-divided into four categories (1) a specifically named physicians’ or other licensed practitioners’ treatment, (2) treatment by leeching and bleeding, (3) treatment in hospital, and (4) treatment by using ‘allopathic’ procedures, instruments or medical devices. Consulting licensed medical practitioners, physicians, ophthalmologists, dentists etc., was fairly common. The casebooks offer a list of names of people who had been consulted previously by Van den Berghe’s clientele. Occasionally, the patients specified the type of practitioner (i.e. their method of healing) approached for medical aid but, more often, only their names were given. This first category refers only to treatment given by practitioners with known names and includes both allopaths and homoeopaths. Some of the allopathic practitioners mentioned by the patients remain unknown because they were not living or practising in Ghent.6 The experimental use of all types of home medicine has its equivalent in the way people made use of professional licensed medicine as patients turned to various ‘allopaths’ and homoeopaths. Yet, slightly more homoeopathic physicians (66) than ‘allopathic’ practitioners (50) were mentioned (Appendix 3). This implies, presumably, that some of Van den Berghe’s patients were continuing the homoeopathic treatment already in use before meeting him. However, as many people alternated one treatment with another, it is presumptuous to state that a clear preference was displayed for the custom of using homoeopathy. This becomes clearer if the accounts of other treatments by anonymous practitioners people had tried are taken into account. They refer mostly to orthodox cures, remedies and procedures.

Two names are of significance; Dr. Libbrecht and Dr. Rayé. Some of Van den Berghe’s patients had consulted both professionals. Auguste Libbrecht (1833-1894), an ophthalmologist, had founded the Ophthalmic Institute of East-Flanders in 1867. This clinic for eye diseases was situated in the Kraanlei (first district) and offered treatment for people of both sexes.97 Many patients suffering eye disorders told Van den Berghe that previously they had consulted this oculist who sometimes made use of the practice of leeching.98 Ch. Rayé (1811-1882) was a homoeopathic physician who had been consulted by quite a number of Van den Berghe’s patients. He sometimes made use of rather unconventional methods, allopathically and homoeopathically, to heal his patients. A five-year-old girl consulted Rayé with a knee injury and was treated

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6 Appendix 3 gives an overview of the practitioners and of their professional field.
7 SAG, Wegwijzer der stad Gent en de provincie Oost-Vlaanderen voor het jaar 1869-1902 (Ghent, 1872).
8 A fifty-five year old man was treated with leeches by Dr. Libbrecht: Casebook 6 (1876-1879): p. 895.
with cow’s blood; he rubbed it into her knee. Rayé did not practice medicine in Ghent, living in Vilvoorde (province of Brabant) near Malines some sixty kilometres away. He might have recommended Van den Bergh to his Ghent patients as soon as Gustave had set up his practice in 1869. The number of patients coming from Rayé was considerable during the first years of Van den Bergh’s settlement in Ghent. It stopped completely after 1880 when Rayé was around sixty-eight years old and, presumably, had retired.

People experienced homoeopathy alongside traditional medicine. Mr. Michiels (50, profession unknown), for example, had been suffering from fits of pain in his chest, armpit, and left arm and heart area. First, an allopath had treated him without any result whatsoever. Thereafter, he underwent fourteen-months of treatment from J. Mouremans (1803-1874), a homoeopathic physician in Brussels, and his condition slightly improved. Mr. Michiels visited Van den Bergh for the first time in April 1869. Apparently he wanted to continue homoeopathic treatment, but a physician nearby was more convenient. Other sufferers, however, seem to have made a choice in favour of homoeopathy as they only had experience of this particular healing method. Yet, in most cases, it remains unclear why people exchanged one homoeopathic physician for another, especially when this decision forced people to travel. A person from Oosterzele, for instance, used to be a patient with Germaine De Cooman (b. unknown, d. 1889), mayor and homoeopathic physician in that town. This sufferer told Van den Bergh that he had received not only homoeopathic powders from De Cooman, but also that other physicians had given him drugs and salves. Why he now turned to Van den Bergh is not explained.

The men and women in Van den Bergh’s clientele had often endured the orthodox practice of leeching (sangsues) and bleeding (saigner). Even at the end of the century sufferers still underwent these medical procedures and they were very specific as to how often and on which body part this practice was carried out. It seems that, for some, bleeding or leeching was a yearly ritual not only in cases of ill health but, more so, as a means of preventing disease. The results of this treatment were observable very quickly. One sufferer had two leeches the day before consulting Van den Bergh, as well as three weeks previously, and had undergone a large bleeding four weeks earlier.

The treatment by bleeding was based on the humoral pathology introduced by Hippocrates and specified by Galen. It distinguished four different body fluids (humores): blood (sanguis), phlegm (phlegma), yellow bile (chole) and black bile (melaina chole). Disease occurred when the balance

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between these fluids had been disturbed. Thus, bleeding was meant to restore the balance by removing superfluous fluids. There existed different means to do so. Internal cleansing was achieved by a clyster or purging (a treatment people could also apply privately). Leeches were placed on the body or a vein was opened to remove the affected blood. The doctrine of temperaments was connected closely to humoral pathology. People could be divided into four different temperaments, corresponding with the body fluids: a sanguine, phlegmatic, choleric or melancholic temperament. These temperaments were of importance for performing a bloodletting.  

As a homoeopath, Van den Berghe detested the 'allopathic' practice of leeching and bleeding, just as he loathed the use of purgatives and emetics. This dislike was expressed clearly in the casebooks; sometimes he did not persevere with the patient's story and introduced his own opinion. A patient who was first bled twice a year and, later on, underwent leeching was exposed to a monstrous abuse, 'abus monstrueux.' Yet, nearly one hundred of his patients (out of the 800 cases) had experienced this rigorous treatment at least once in their lives. Seventy-six of them spoke about leeching without any diffidence. It is often thought that the practice of bloodletting was relegated to medicine's past in the course of the nineteenth century. However, the stories of Van den Berghe's patients prove that leeching and bleeding were procedures endured still and believed by sufferers in the last quarter of the century.

At one time or another some people had undergone treatment in hospital (treatment category three). Most of the time the casebooks mention only the hospitalisation (être été en hôpital, allé au hôpital) without specifying which hospital, which conditions and for how long. However, it is certain that those who had been admitted to a Belgian hospital will have been treated according to orthodox principles, as no homoeopathic hospitals existed. Mr. Michel Vandenberghhe (not a family member) had been admitted to Saint Jean's hospital with jaundice where David Jacobs treated him with mercury for fourteen days. One patient had been hospitalised in a mental institution. Eduardus Duchaussois (68) consulted Van den Berghe in November 1872, three months after he had been released from the Hospice Guislain after a stay of two years. He came to Van den Berghe only once and would die a year later. Some could be very tenacious in searching for a cure for their condition. Emilie

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105 Lidy Schoon has pointed out that physicians (obstetricians/gynecologists) also still believed in this method. Cf. Schoon, De gynaecologie.
VandePutte (27) had been in hospital four times and had consulted four different allopaths before she turned to Van den Berghe. The allopathic physicians told her explicitly that they were unable to help her.¹⁰⁸

Stories about particular treatments suggest strongly that many more people will have been in hospital than the casebooks reveal. The procedures performed on them were often only carried out in hospitals. Those who had had surgery (operation) or a puncture (ponctionner) or who had been cauterised (cauterisation) probably will have visited the hospital as an in- or an out-patient. Pier Cnudde (26), for example, suffered from polyps on his nostrils and had two unsuccessful operations in the last five years. It is likely that these had been performed in a hospital but he never said so. Initially, Van den Berghe cured him but, a year later, Pier returned with a re-occurrence.¹⁰⁹ One patient consulted Van den Berghe for a second opinion on having an operation. This man, suffering severe anal pain, had already tried allopathic medication and was now advised to have surgery. He asked whether Van den Berghe thought the operation was needed and the homeopath replied that he was not sure such a procedure would benefit the patient. Van den Berghe said he had more confidence in an internal homoeopathic cure and the patient started treatment with him. After three more consultations the man's condition had improved considerably and he was able to pass painless stools.¹¹⁰

The last category of stories about people's medical past concerns accounts of certain procedures, instruments and medical devices implying that the patient had made use of professional 'allopathic' medical practitioners. For example, a woman who had delivered by forceps will have had a professional obstetrician at her bed. Those who had been treated with injections, plasters and vesicants will have consulted an orthodox 'allopathic' practitioner and patients who mentioned having teeth extracted in the past probably saw a dentist. Finally, orthodox professionals had most probably treated people who had learned to live with a catheter or had endured an amputation.

Orthodox health professionals also offered other remedies such as hydrotherapy or water cure. Van den Berghe's patients occasionally mentioned having tried the water cure. It was available widely in nineteenth-century Ghent as many private baths offered hydrotherapeutic programmes. The Byloke Hospital also had its own bath ward where people were treated on doctor's orders.¹¹¹ Auguste Verhaeghe-deNaeijer, a sixty-year-old banker, mentioned

¹⁰⁹ Ibidem: p. 564.
the use of hydrotherapy. He had been afflicted with an eruption on his hands that had disappeared after a water cure in Aix la Chapelle. When he suffered from haemorrhoids he had been treated with leeches and now he tried homoeopathy to recover from headaches. 112 Two patients had followed specific hydrotherapeutic treatment prior to consulting Van den Berghe, namely Kneipp’s water-cure, a combination of hydropathy, natural healing and herbal medicine. 113 Mr. Denobele Vercruyssse (36) had endured a runny ear since his youth. An allopathic physician, the ear, nose and throat specialist Eugène Eeman, had improved the ailment, but had not cured the patient. There was a definite recovery after using Kneipp’s water-cure. A female patient from Malines wrote to Van den Berghe that she had tried 'le système Kneipp’. 114

Unlicensed and Religious Medicine Previously Tried by Van den Berghe’s Patients

Is anything known about the use of unlicensed healers by Van den Berghe’s patients? Unfortunately, patients did not mention explicitly unlicensed healers, although their statement about seeing someone else without specifying who or what does not preclude this type of healer. Moreover, the sufferer was hardly concerned with the legal status of the practitioner he had turned to or simply may have been unaware of the illegal practice of some of them. However, Van den Berghe’s patients, judging from the casebooks, had been treated occasionally by unlicensed practitioners.

Pharmacists were mentioned sometimes because they were consulted about certain ailments for which they gave advice and medication. A pharmacist prescribed medication to a young woman (18) to stop her nose bleedings. However, the powder she was given aggravated her condition and, thus, she turned to Van den Berghe. 115 A distinction between a pharmacist of ‘allopathic’ or homoeopathic denomination occasionally is made. Initially, one patient had visited pharmacist Dwelshauwer, Van den Berghe’s relative, who had a homoeopathic pharmacy. Yet, he was not a complete adherent of homoeopathy and advised this patient to have his gonorrhoea treated with allopathic injections. 116 It was not unusual to enlist a pharmacist for medical advice, but this was mentioned in the casebooks on only a few occasions. Yet, it is only natural that people turned to a pharmacist, allopathic or homoeopathic,

113 Michael Stolberg, ‘Alternative Medicine, Irregular Healers and the Medical Market in Nineteenth-Century Bavaria’, in: Jütte, Eklof and Nelson (eds.), Historical Aspects of Unconventional Medicine, 139-162, q.v. 150.
instead of to a physician. The latter not only charged his patient for the medication but also there was payment for the consultation itself.

Sometimes, Van den Berghe's condemnation of unlicensed healers and licensed allopathic practitioners affected his case-taking. He was quite expressive in judging allopathy and sometimes called healers who had been consulted previously by his patients, charlatans. Van den Berghe occasionally blamed allopathy for the condition of his patients. He noted that *l'allopastie a fait un abus coupable* (allopathy has made a condemnable abuse) when describing a male patient who could no longer pass stools without purgatives.117 A police officer who visited Van den Berghe with a chest ailment had suffered previously an eruption on his scalp for which he had consulted another practitioner. Van den Berghe's judgement of this other type of healing was far from comforting and he called the practitioners ignorant quacks who did not care for the life of their fellow man.118 His objections were not always this explicit. In some cases, he made use of punctuation (question marks or exclamation marks) to clarify his surprise or, even, contempt.

The carrying out of abortions was illegal and doctors generally were not very eager to perform this procedure. Yet, there indeed existed an abortion practice in Belgium; women aborted themselves and secret remedies were always available. Knowledge about abortionists and abortifacients could be gained via newspaper advertisements, although always in guarded terms. Midwives often offered their services if someone wanted to 'restore her monthly period', as a result of which they got involved in the illegal practice of medicine. It is difficult to estimate the number of abortions carried out in Belgium but, the evidence from numerous advertisements for abortifacients and abortionists, suggests that it must have happened very often.119 The women in Van den Berghe's practice, interestingly, did not speak about abortion and it seems as though only one woman had her pregnancy terminated deliberately. This twenty-nine year old patient said she had been ill since the day a practitioner had performed an abortion by inserting and rotating an instrument in her womb some ten years previously.120 Such an explicit description of abortion was not given in any other case. However, concluding that Van den Berghe's female patients abstained from such a practice would not be correct as they could just have not given him this information. Moreover, Van den Berghe's French notes do not differentiate between a miscarriage and an

119 Celis, 'Abortus in België', 201-240.
120 Casebook 6 (1876-1879): p. 241. ‘... il y a 10 ans étant enceinte un médecin! a provoqué l'avortement en introduisant dans la matrice un instrument qu'il a tournée dans tous les sens – depuis lors est restée malade’. 

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abortion as both the involuntary and the deliberate termination of pregnancy are described by the term 'avortement'.

Patients did tell Van den Berghe about turning to religion or religious people to overcome disease and suffering. A male patient, burdened with mental problems, received homoeopathic treatment from Father D’hondt, who prescribed 'acon. + cof.' 6th dilution, a homoeopathic remedy.\(^{121}\) Clearly, this representative of the church was not a licensed practitioner. Religious means of expression were also tried to overcome suffering. Sufferers had turned to saints and the like on two occasions. One patient, who had been suffering diarrhoea for eleven years, was cured after a journey to 'holy land', terre sainte. Odyle De Bruyckere (23) went on a pilgrimage to Lourdes. She had severe pain in her arm and hand and, on the third day of praying to the Holy Virgin, the pain in her arm (not her hand) disappeared. Although, occasionally, Ghent’s population displayed a reviving religiosity, Van den Berghe’s patients did not reveal a strong belief in the healing powers of religion.\(^{122}\)

The stories of the therapies and remedies patients had experienced in the past make it particularly clear that much was available and much was used. People, without any hesitation, shared these experiences with their homoeopathic physician. They had experimented extensively, inter-changing between licensed and unlicensed medical practitioners or various home remedies. If one medical attempt had not helped them to overcome their conditions, sufferers considered their 'shopping' as ordinary and justified. The analysis of the medical practitioners that had been consulted previously by Van den Berghe’s clientele revealed that, occasionally, some patients had not been using anything else than homoeopathy; leaving aside the question of whether they did so in private or with the help of others (professionals or not). Patients who only used different types of unorthodox medicine may have been present in Van den Berghe’s clientele but explicit stories have not been found. The 'shopping patient', on the other hand, was omni-present, narrating previous medical ordeals and successes.

3.4 Recapitulation

As a heavily industrialised city with its growing and packed population in need of housing and work, Ghent was not easy to live and survive in. The insalubrious living conditions, meagre diets, long working hours, prolonged pregnancies etc. affected resistance and made a predominant part of the

\(^{121}\) Casebook 13 (1889-1891): p. 24. Aconite (Acon.) or monk’s hood is often administered when people are dealing with fever and colds. Furthermore, it is of use in cases of neuralgia and fits of fear. Coffea (cof.) is very suitable for nervous patients. Cf. Voorhoeve, Handboek voor homoeopathie, 67, 90.

population (the working classes) very susceptible and vulnerable to the slightest of affections. Life expectancy was low and many newborns never reached the age of one. The unhygienic conditions in the city, much stagnant water, no sewage system, beluiken shared by too many people, allowed disease to spread easily and, once in a while, Ghent was startled by life-threatening epidemics. Eventually, the government, fearing social unrest as well as contamination, educated the ‘masses’. A hygienic and morally edifying lifestyle was promoted and, at the same time, public works and sanitary measures were started. By the end of the century the general living conditions in Ghent had improved, as well as the socio-economic circumstances of the average workman. Nevertheless, the threat of disease and disease itself never disappeared from Ghent society and neither did all types of medical personnel and treatments. Ghent’s ‘medical market’ seemed a patchwork of healing options available to people wanting or needing medical assistance. Whatever sufferers required, to experiment at home, to consult a professional licensed practitioner or to obtain the advice of someone outside the official system, several courses were open to them.

Self-treatment was widespread and home remedies could be obtained via a personal network of family and friends, by reading remedy-books and health-advice guides. Then, the medicines were available via advertisements, apothecaries and druggists. Yet, homoeopathic medication, or medicine chests suitable for home use were never recommended in advertisements. It was only Van den Berghe who advertised his homoeopathic practice. Sufferers interested in homoeopathic family medicine could predominantly buy only French-language health-advice guides. Van den Berghe’s book was in Dutch, but not suitable for self-treatment. In addition to the option of family or home medicine, medical professionals offered their services to the sick. Licensed medicine, performed by qualified personnel, was available from all types of practitioners; physicians, midwives, ophthalmologists, dentists etc. These professionals owned private general practices, or they had joined one of the many municipal or private institutions for health care. If treatment according to Hahnemann’s principles was definitely wanted an appeal could also be made to physicians with a homoeopathic background. Finally, unlicensed and religious medicine could also be found in the city. Unqualified healers, including people of the Church, gave consultations, providing ointments, pills and medicines for a diversity of ailments. In times of epidemics people, temporarily, resorted to devotion and worship of saints to avert the health threat, just as they did, occasionally, during personal suffering.

The past therapeutic careers of Van den Berghe’s patients reveal the diversity of medical practitioners and healing methods, treatments and remedies available in Ghent. These stories, more importantly, demonstrate, at
the same time, that his patients were prepared to use all these options. Patients reported to Van den Berghe that they had tried all types of medical services, instead of rigorously clinging to one specific medical method. Nevertheless, it seems that, besides the particular and traditionally large share of home medicine in combating disease, these experiences were gained principally in the field of professional, licensed medicine. This is of interest as friend and foe had heard stories about orthodox medicine being harsh and, still, largely inadequate. Many of Van den Berghe’s patients had ‘shopped around’ in the past, searching for whatever available cure to relieve their agony. Indeed, they might continue to do so, even whilst being in the caring hands of Van den Berghe.