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

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Citation for published version (APA):
Tuesday 17th August 1869. Thirty-three year old Clementia Marisal turns to Van den Berghe for the first time. She is unmarried and still living with her parents in the Sluizeken in the third district. Her father earns a living as a manufacturer, she provides for her own income as a (non-specified) merchant. This chestnut-brown haired woman has been afflicted with asthma for ten years and she has visited several ‘allopaths’, who only left her in despair. It is on the recommendation of a friend that she now consults Van den Berghe, but she immediately tells him that she has no confidence in this new attempt. Miss Marisal suffers from impeded respiration and constant coughing accompanied by mucus. Initially, her extremely ill appearance makes Van den Berghe think that she has phthisis (pulmonary consumption or tuberculosis). However, auscultation and percussion reveal that her lungs are still intact. She tells him that her ailment is hardly bearable; she has difficulty in sleeping as the asthma fits force her to get out of bed to open the door and windows. Van den Berghe prescribes a ‘régime habituel’ (ordinary diet), lachesis1 30 (10 globules) and prohibits specifically the use of nitrate paper, a form of self-treatment for tightness of the chest that Miss Marisal is constantly burning in her room to ease her asthma fits. The second consultation takes place within five days and her condition has improved already. Miss Marisal’s condition worsens in mid-September after she has been struck with terror, witnessing a fire. However, sixteen consultations and six months later Miss Marisal is cured from her asthma and, when Van den Berghe publishes this case in July 1878, she has not had a relapse.2

Clementia is one of thousands of Ghent citizens who made use of homoeopathy in the second half of the nineteenth century. She is also one of many who felt the need to call upon the services of a professional to restore health. Yet, she was a merchant of independent means and, hence, financially able to choose any form of medical care. However, imagine a factory worker who, after a

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1 Coming from the poison-gland of the lachesis-snake, this medication is used in case of illnesses that resemble the course of sepsis (e.g. typhus, diphtheria, scarlet fever). It is prescribed also for throat ailments and for various complaints of menopausal women, especially when they are skinny and melancholic. See J. Voorhoeve, Homoeopathie in de praktijk. Medisch handboek (Zwolle: La Rivièr & Voorhoeve BV; 13th ed., 1972), 107-108.
In Search of a Cure

fourteen-hour day of hard work, returns home ill. He is living in a relentlessly growing city where poverty, hunger and disease strike many; trying to make ends meet for eight children and a wife. Would he do anything to improve his condition or, instead, considering his personal situation, have no option but to return to work the next morning, however ill?

This chapter is concerned with the background of Ghent people who chose to consult Van den Berghe. A picture is drawn of these sufferers' personal circumstances, where they lived and how they earned a living. The aim is to determine whether social background may have influenced decisions about consulting this homoeopathic physician. It has been argued that clients of British homoeopaths were not distributed randomly among all social strata and that the use of homoeopathy, instead of being based necessarily on medical considerations, was often the product of social circumstances and influences. Therefore, personal preferences or individual considerations are passed over in this chapter to concentrate on the characteristics of the patients as a group.

The results are derived from and based on two samples of patients living in Ghent. The first sample contains the Ghent patients registered in Casebook One (1865-1869), Casebook Eight (1881-1882) and Casebook Seventeen (1898-1901) excluding the Ghent patients recorded in the second sample. The first sample is used to determine the development in Van den Berghe's practice in the course of time in order to establish whether the composition of the Ghent clientele underwent any changes. This sample consists of 1,385 patients. To obtain a more continuous cross-sectional picture without time-specific elements, a second sample has been taken selecting roughly each fiftieth Ghent patient mentioned in all eighteen casebooks. The second sample has been taken to get a more general profile of the Ghent clientele throughout the whole period of Van den Berghe's practice and consists of 441 patients. Of these 441 patients additional information on personal circumstances and the social background of patients has been retrieved, by analysing the birth, marriage and death certificates and the straatnamenregister (street name register). Both samples added up to a total number of 1,826 Ghent patients which is approximately...
fifteen per cent of the entire Ghent clientele.\textsuperscript{8} Thus, the two samples in combination produce a multi-purpose idea of the Ghent clientele at large and of the individual patient’s circumstances.

4.1 A Patients’ Portrait: Age, Gender and Marital Status of the Clientele

The general features of the entire clientele have been addressed previously and, here, a sample of Ghent patients will be analysed. The differences between the overall and the Ghent clientele will be outlined and a comparison with the composition of Ghent’s population will be made.

Age

Graph 1 gives an insight into the number and percentage of Ghent patients per age category, based on their ages at the time of their first consultation with Van den Berghe. It reveals that adult patients, i.e. men and women above age sixteen, were in the majority: 1,439 or 79 per cent. His clientele consisted of eighteen per cent of young sufferers: 320 patients were age sixteen or younger. The ages of sixty-seven patients, or four per cent, were not registered.

\textsuperscript{8} About fifty-seven per cent of all patients (= 12,560 patients) resided in Ghent, therefore the samples represent appr. fourteen per cent (1,826) of all Ghent patients. Of 67 of these sampled patients the gender was unknown.
17-30 represented twenty-seven per cent, followed by patients aged 31 to 40 at eighteen per cent. Only one patient in this sample had passed the age of eighty-one when visiting Van den Bergh for the first time; the eighty-three-year old beguine (lay-sister) Miss. Wittack. In general, the percentage of Ghent patients per age category did not differ from that of the overall clientele.

Table 1. Average Age of New Ghent Patients According to Gender (based on the sample of 1,385 patients: 1869; 1881-1882; 1898-1901)

<table>
<thead>
<tr>
<th>Casebook</th>
<th>All</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (1869)</td>
<td>33.6</td>
<td>31.6</td>
<td>35.6</td>
</tr>
<tr>
<td>8 (1881-1882)</td>
<td>30.3</td>
<td>28.4</td>
<td>32.1</td>
</tr>
<tr>
<td>17 (1898-1901)</td>
<td>34.6</td>
<td>34.5</td>
<td>34.7</td>
</tr>
<tr>
<td>Average</td>
<td>32.8</td>
<td>31.5</td>
<td>34.2</td>
</tr>
</tbody>
</table>

The average age of Ghent patients, adults and children, was 32.8, when consulting Van den Bergh for the first time. Female patients were, on average, more than two years older than the men (Table 1). This average age was subject to fluctuations between 1869 and 1902. Ghent patients were, on average, younger than non-Ghent patients, but Ghent women were slightly older than female patients who lived elsewhere (Table 2).

Table 2. Average Age of New Non-Ghent Patients According to Gender (1869; 1881-1882; 1898-1901)

<table>
<thead>
<tr>
<th>Casebook</th>
<th>All</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (1869)</td>
<td>35</td>
<td>37</td>
<td>33</td>
</tr>
<tr>
<td>8 (1881-1882)</td>
<td>34.5</td>
<td>36</td>
<td>33</td>
</tr>
<tr>
<td>17 (1898-1901)</td>
<td>34</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Average</td>
<td>34.5</td>
<td>35.6</td>
<td>33.3</td>
</tr>
</tbody>
</table>

The new Ghent patients were, on average, older than the average Ghent population. This may have three reasons. Firstly, the older people became the higher the chance of falling ill and, thus, the need to consult a physician. Secondly, the decision to visit Van den Bergh might have been taken long after all other healing options had proved ineffective, as in the case of Clementia Marisal. Indeed, the interest in homoeopathy often has been explained by

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9 Cf. Chapter 2, p. 53. Based on the data (used in Chapter 2) about 2,552 patients from everywhere (Belgium and abroad) mentioned in Casebooks 1, 8 and 17.

10 Ibidem.

11 Cf. Chapter 3, 76.
Citizens Suffering

discontent with orthodox medicine. Yet, it still has to be ascertained whether there was an awareness of consulting a homoeopathic practitioner.12 Finally, the lower average age of the total Ghent population was primarily related to its enormous workforce. Perhaps, Van den Berghe’s Ghent clientele did not mirror the city’s population as, for instance, the clientele probably would display a higher average age if it consisted of a rather small number of labourers.13 Nevertheless, it is not surprising that the number of his patients above the age of sixty dropped considerably. It was not until the late nineteenth century that living standards and, thus, the average age of death increased. The life expectancy of the average Belgian at birth was only forty years in the middle of the century. The mortality rate (number of deaths per 1000 inhabitants) in Ghent dropped from 34 in 1866 to 20.8 in 1896 and, in Belgium, the number of people reaching old age increased. However, the ‘privilege of longevity’ was primarily reserved for women.14

Gender

An investigation into the working and living conditions of Ghent’s cotton workers was undertaken in the mid-nineteenth century. One thousand men and one thousand women, amongst others, were questioned about their physical and mental condition. 782 men stated that they enjoyed perfect health and 893 women claimed to enjoy good health. The complaints of the men and women who were of ‘ailing’ or ‘average’ health did not differ considerably as both suffered pulmonary affections, headaches and gastralgia. Some women endured the consequences of childbirth whilst men claimed, twice as often as women, to have suffered serious illness.15 The two doctors who carried out the inquiry came to the interesting conclusion that the factory woman was healthier than the factory man. In contrast with the general perception about women’s delicate and weak constitution ‘the woman better endures the influences of factory conditions than the man’.16

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12 The theme of dissatisfaction and the question of the process of choice will be discussed in Chapter 6.

13 This subject will be touched upon later in this chapter.


16 Mareska and Heyman, Enquête, 190.
The casebooks suggest that women were more inclined to consult Van den Berghe than men. However, this should not be interpreted as indicative of the general attitude of Ghent women with respect to illness. Female patients dominated amongst Van den Berghe's Ghent clientele: 58 per cent women and 42 per cent men (Graph 2). The gender of ten people is unknown. If the children are excluded from this gender analysis, this female proportion rises to 60 per cent. The sex ratio of his new Ghent patients changed markedly over the years as in 1869 the sex ratio was 80, but at the end of the century it had dropped to 58. In 1881-1882, it had been approximately 68. As the gender pattern of the Ghent clientele deviated from that of the entire clientele, the preponderance of women increased over time.\(^{17}\)

This general female domination is not easy to explain, but logical suggestions can be offered. Ghent, in any case, had more female than male inhabitants as, economically, this industrial conglomerate had much to offer in terms of factory work and domestic service. Moreover, the double task for some women of being a working mother with ‘two jobs, only one of them waged’\(^{18}\), undoubtedly, will have affected their physical and mental state of health. Yet, men often focussed professionally too much on one single field, which affected their health as well. Despite the positive findings of the mid-nineteenth-century inquiry into women’s health, other female textile workers enjoyed lesser health. Female workers in Bremen (Germany) in the textile industry at the turn of the nineteenth century had more frequent illness and

\(^{17}\) Cf. Chapter 2, Table 2.

\(^{18}\) Penn Hilden, Women, Work and Politics, 58.
were affected longer than their male colleagues. Finally, homoeopathic treatment itself might have been attractive for women, because of its presumed mildness or as a cheap method for self-treatment.

Marital Status and Family

Marie DeRycke was twenty-two years old when she got married and would have eleven children with her husband Livinus, a weaver. Yet, her marriage was not happy as she often felt threatened by her husband. Marie reported to the police in 1903 that her husband was ‘bold’ towards their children and herself. Livinus especially tried to incite his sons to fight. Nevertheless, she would stay with him until the day she died. The archives, in this case, reveal a little more about the quality of marital relations; data that are unique and, in other cases, hardly available. Normally, the municipal records only reveal if and when a person had got married. The casebooks also occasionally give away whether a woman was married or not as in Belgium it was (and still is, just as in France) common to use different terms of address for unmarried and married woman. Van den Berghe employed this difference; he referred to unmarried women as Mademoiselle and married women as Madame. If a woman had been widowed he wrote down the word Veuve (widow). No such different titles existed for men; in their case the municipal archives had to reveal their marital status. Yet, occasionally the patients’ files disclosed that the man who consulted Van den Berghe was a widower or married.

If anything more is known about the marital status of Van den Berghe’s patients most of them seem to have been married at the time of their first consultation; some for the second or third time (Table 3). The majority of these married patients were women. The unmarried sufferers were mainly between

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21 Of nearly forty per cent of the people in the combined sample, 695 out of 1,826, information has been found on their marital status and/or family situation.


23 Based on the notation used for married/unmarried and widowed women.
seventeen and thirty years old at their first consultation with Van den Berghe. Some of them would remain unmarried for the rest of their lives, others would eventually get married.

Table 3. Marital Status of Van den Berghe's Adult Ghent Patients, 1869-1902 (based on the sample of 1,826 Ghent patients)

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>All Patients</th>
<th>Male Patients</th>
<th>Female Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>419</td>
<td>130</td>
<td>289</td>
</tr>
<tr>
<td>Separated</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unmarried</td>
<td>215</td>
<td>46</td>
<td>169</td>
</tr>
<tr>
<td>Widowed</td>
<td>57</td>
<td>12</td>
<td>45</td>
</tr>
<tr>
<td>Unknown</td>
<td>744</td>
<td>385</td>
<td>359</td>
</tr>
<tr>
<td>Total</td>
<td>1,438</td>
<td>574</td>
<td>864</td>
</tr>
</tbody>
</table>

Three are known to have lived separately from their spouses, but any legally divorced have not been found. Finally, fifty-seven patients were living in widowhood. Rosalie Schelstraete, born Uijtterhage (24), was the youngest widow. She turned to Van den Berghe on 28th October 1888; five months after her husband had died of phthisis. She consulted him only twice, coughing and spitting blood. The results of the treatment remain unclear, but within a year she would die.

The family situation differed as some patients had children without being married; others who were married never experienced parenthood. Four women confessed that they had had children without having had a husband. Maria VanDamme, for example, had given birth to a daughter in 1876 at age nineteen, Carolina Adrienna. Carolina, unlike many other children, would grow up to adulthood and, when she was sixteen, her mother married and, thus, ensured her legitimacy. The girl partly grew up in the VanderDoncktdoorgang, in the heart of Ghent's red light district, where her mother ran an inn. The neighbourhood was rough and Maria fell foul, on several occasions, of the law. She had to appear in court on six occasions for offences such as serving alcohol after hours, nuisance at night and for

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24 Thus, the 320 children aged 0-16 have been excluded from this analysis. Of the remaining 1,506 patients another 68 were left out because their ages and/or gender were unknown. If both the age and gender of a person were unknown, he or she was excluded once and not twice. Gender unknown: 67, age unknown: 10, people of whom age and gender were unknown: 9. 67 + 10 = 77 - 9 = 68.

wounding. Servant Romanie would have two illegitimate children, one of whom died a year after it was born. Pharaïlda, also a servant, lost her child within a week of giving birth. The fact for some married women, that they did not have children was argued to be the cause of suffering. Madame Colson suffered mental weakness caused by grief and anxiety over not having any children since her marriage six years previously.

However, many patients had or would have large families with offspring and, on average, they would produce 3.7 children. The family density depended on the composition of the family, i.e. whether the parents were married, unmarried, separated or widowed. At least twenty-five people were the only still living parent. The largest family represented in the sample taken from Van den Berghe's Ghent clientele were the VandenVeegaete's. The mother of this family, Amelia, had given birth to sixteen children. Yet, when she consulted him in 1884 she already had lost ten of them. Sometimes, parents took along all, or at least some, of their children for medical advice, which, arguably, made Van den Berghe develop into a family physician.

4.2 Sufferers and Their Environment: Living and Working in an Industrial Bulwark

Although data regarding the clientele of other Belgian homoeopaths are not available, it has been argued that those from the 'higher echelons' were the main supporters. The prices for homoeopathic products, the predominantly urban character of the therapy being primarily available in urban surroundings and the publication of popular works for the well-to-do, are strong indicators that Belgian homoeopathy was a matter for the higher social classes. The Belgian upper classes were not only supporting financially homoeopathic

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28 Casebook 17 (1898-1901): p. 592
30 Based on the second sample of 441 Ghent patients. Archival research revealed that 205, at one stage or another, would have children or, on the contrary, never would reproduce. Three widowed and sixteen married people never had children.
31 Casebook 10 (1884-1885): p. 179 A-F.
32 This development will come up for discussion in the next chapter on children and families as patients.
dispensaries, their high grade of medicalisation also made contact with homoeopathy easier. In addition, the higher classes were most susceptible to homoeopathy as their literacy enabled them to be acquainted with the controversy between allopaths and homoeopaths discussed in newspapers and magazines. A further argument is that the more affluent had a personal financial position which made them independent in their therapeutic choices. However, these arguments are based on 'official sources' such as books and homoeopathic periodicals published by members of the homoeopathic movement and not on primary data such as patients' files. Consequently, the appeal of homoeopathy to the lower and middle classes has been disregarded.

**Patients' Occupations**

The various occupations held by the Ghent patients, besides Van den Berghe’s willingness to treat poor patients for free, demonstrate that his clientele consisted of people from totally different social backgrounds and, consequently, reflects Ghent’s population and society at large. Members of the upper classes of society especially visited Van den Berghe at the beginning of his Ghent practice. Nobility, landowners, industrialists and those of private means all made use of this homoeopaths’ knowledge. Van den Bergh noted the titles of the nobility and, accordingly, it can be stated that, over time, the interest in Van den Berghe or in homoeopathy by those of high status diminished considerably. New patients of noble origin no longer appeared in his practice and by the end of the century there were practically no members of the nobility left amongst his clientele. The lower middle class, small shopkeepers and craftsmen, and the working class, on the contrary, increasingly started to consult Van den Berghe. Although noble people disappeared from his clientele, their interest in and use of homoeopathy may have continued outside his practice. Homoeopathy remained in use within the noble family De Kerchove d'Ousselghem long after contact with Van den Berghe had ceased. Three-year-old Maria DeKerchove was taken to Van den Berghe in August 1869. She would be his patient on only that occasion, but years later, when she lived at the princely court in Bruges, she still used homoeopathy.34

Graph 3 gives an insight into the occupations of the patients at the time of their first consultation with Van den Berghe. If the patient was the head of the household, his profession was taken, if not, the profession of the husband or father was taken as a starting point. It becomes clear immediately that people of

34 Letter from Baron De Kerchove d'Ousselghem, 17-12-2001. The grandmother of Maria, Virginia De Kerchove d'Ousselghem born De Clerque Wissocq, is a direct ancestor of his Lordship. He wrote that his brother -in-law told him that: '[...] quand il allait visiter sa grand'mère à la Cour du Prince a Brugge, il avait vu chez elles une grande quantité de fioles de médicaments homéopathiques'.

120
small means (group 1), servants, wage labourers and factory workers, made up the largest part of the Ghent clientele.

Yet, one factory worker was not like another, i.e. some were very skilled workers who earned a reasonable living. The Van Wichele family, for example, consisted of five people of whom four worked in the textile industry. The father of the family, Augustinus, earned a living as a weaver in the Louisiana factory. He, his wife and two of their three working daughters

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35 Of the 1,385 patients from the first sample (three different casebooks), 94 had an occupation mentioned in the file. More detailed information with regard to profession and addresses has been gathered on the 441 Ghent patients of the second sample (see page 112). Eighteen patients were registered as not having a profession, four patients were retired and of eight patients the occupation remains unknown. Seventy-six children and women, accompanied by their fathers or husbands, were not taken into account, as they, as head of the household, were already included in the sample. Of 429 (94 + 335) patients the occupation has been processed.

visited Van den Berghe between 1900 and 1902. Augustinus will have been a highly skilled worker as he received a royal decoration second class. More so, they never received gratis treatment confirming that the family was viable financially.

People who were active in trade and industry (group 2) formed the second largest occupational group. However, the financial means and, therefore, the personal circumstances within this second group differed extremely. Some were large merchants or manufacturers; others were self-employed or small craftsmen scraping a living. The personal circumstances of patients from manufacturing families were of a totally different order than those of barbers, brewers and grocers who are included also in the second occupational group. Manufacturers could belong to the upper strata of society, with money and status. The factory workers earning a living in textile companies are in group 1, group 2 comprises their masters. Some members of the wealthy families of textile barons made use of Van den Berghe’s treatment, especially during the early years of the practice. Nathalie and Leon Baertsoen were the wife and son of the textile manufacturer Pierre Joseph Baertsoen (1799-1881). Nathalie (age 50) suffered from chronic tuberculosis for which she consulted Van den Berghe on ten occasions between May and November 1870. Although specific notes on the results of the treatment were not made, she only died in 1893. Thus, it is likely that her condition improved or, at least, did not deteriorate. Her son Leon (b. 1845), the youngest of four children, consulted Van den Berghe for asthma that he had developed two years previously. After nine consultations in 1870-1871 he would not return. When his father died in 1881, Leon took over his position at the mill. The Baertsoen factory employed 250 people in 1862 and, unlike other companies, Beartsoen did not have to fire anyone to overcome the cotton crisis; they just introduced a shorter working day of seven hours. Leon managed 350 people in the Baertsoen-Buyssse mill in 1890.

Another ‘manufacturing’ patient was Joseph de Hemptinne, director of the de Hemptinne Jos. mill and father of Josephine (age 18) who also consulted

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37 Casebook 17 (1898-1901): p. 875 A-D; DSG, Straatnamenregister 1901-1910: Wonderghemstraat 56, district 6H.
40 Scholliers, De Gentse textielarbeiders, File 6, 23, 28.
Van den Berghe. He was a conservative Catholic who once had an audience with the Holy Father and, in consequence, was known also as 'the pope of Ghent'. He founded the Crusaders of Saint-Peter in 1871, a society of militant conservative Catholics which sought a monopoly of the Church that was extremely opposed to socialism and liberalism. Josephine met Van den Berghe five times that year suffering from insomnia, which she explained by the grief over the death of her mother a year earlier. Josephine was described as being vivid and impressionable. She had consulted previously Dr. Libbrecht, an 'allopathic' ophthalmologist. The de Hemptinne mill employed 350 workers in 1872; in 1885, when its name was changed to NV Florida, this number had grown to 580.

Maria Desmet-Ghekière was married to Adolphe Desmet (1824-1889), manager of the Desmet textile mill. She started consulting Van den Berghe in 1869 at the age of thirty-six and she remained in his care until 1872. They never had children and, since the time of her marriage some twenty years ago, she had had menstrual problems. However, she actually consulted Van den Berghe with regard to mental problems as she felt anxious, absent-minded and frightened and often had palpitations, migraine and constipation. She visited Van den Berghe seventeen times and her file reveals that her mental state eventually improved. The mill of Mr. Desmet offered employment to 310 people in the early 1870s. It kept up with the developments in the de Hemptinne factory in the 1880s by employing more people and becoming a limited liability corporation named Louisiana. Maria Desmet outlived her husband and died in March 1890 leaving, in her name, 250 franks to the poor.

Agriculturalists (group 3), not surprisingly, considering the urban surroundings, and military or police personnel (group 4) were hardly present among the sample of Van den Berghe's patients. Two people earned a living in agriculture. One of them, Nathalie Ghijselinck-Verzeelen (63), was, at her age, probably not very active. Five people were connected to the army or the police force. Mr. Parent was a forty-year-old third lieutenant suffering from liver
atrophy. He had taken a variety of different drugs to counteract his liver condition, without any improvement, before becoming Van den Berghe's patient. The nineteen-year-old soldier V. consulted Van den Berghe with balanitis (swollen penis or inflammation of the glans), which caused erection problems and a little secretion. He acquired his sexual ailment five days prior to his visit to Van den Berghe. V. did not offer an explanation other than that he had not been with a woman.47 Two patients, furthermore, worked for the Ghent police force and one patient was married to a policeman. Both unmarried police sergeants also endured sexually related disorders. Guillaume S. (29) had crusts all over his face, an ailment he thought to be caused by his excessive propensity for masturbation. He told Van den Berghe that he never longed for women but, instead, masturbated twice a day. Ivo D. (31) had a venereal disease and suffered pain in the urethra and seminal tube. His genital disorder had started some six years earlier and treatment by other physicians had not helped; nor did he profit from Van den Berghe's healing methods.48 Forty-four patients in the Ghent sample belonged to the intelligentsia (group 5), as they were students, teachers, artists and twenty-six members of the clergy. Group 6 consists of thirty-seven patients, most of them were people of private means or proprietors.

Traditionally, homoeopathy had always its attraction for priests and other religious people, both as practitioners and as patients. A good number of homoeopaths, whether in Protestant or Catholic countries, originally had studied theology or were descendants of clerical families.49 Clergymen supported the battle for the establishment of homoeopathy and always had been amongst the clientele of homoeopaths.50 It is argued further that this clerical support was the result of a firm belief in the effectiveness of

48 Casebook 6 (1876-1879): p. 43 (S); Casebook 11 (1885-1887): p. 211 (D).
Citizens Suffering

homoeopathic medicine, a conviction that is connected strongly with the appreciation of homoeopathy’s mildness. Homoeopathy was very suitable for pastoral medical lay practice, just as it was suitable for self-treatment. Homoeopathic appreciation of the spiritual and the immaterial, the idea of illness being caused by the disruption or damaging of the life force, fitted perfectly with the world view of clergy.\textsuperscript{51}

The background and education of Belgian homoeopaths does not reveal such a religious connection, as none of the homoeopathic physicians practising in the last quarter of the nineteenth century seem to have studied anything other than medicine. Conversely, they often had a career as army doctors.\textsuperscript{52} This was not unusual as, in Russia, military doctors applied this healing method and, occasionally, soldiers and officers were treated homoeopathically. The same medical treatment was used, for example, in the Austrian and Italian Army and elsewhere.\textsuperscript{53}

People with a religious profession or calling were no exception within Van den Berghe’s clientele, nor did they live only outside Ghent. At least 257 patients were vicars, sacristans, priests etcetera or had chosen a sequestered life as nuns (s\textaeur), monks (fr\textere) or beguines.\textsuperscript{54} Some were students attending a seminary. Nearly two-thirds were women and forty percent of them were beguines. Ghent had several beguinages, such as the St. Elisabeth beguinage that had a small ward where old and needy beguines as well as other poor women were cared for. Many people from all layers of society were supported here during the 1832 cholera epidemic and, from the end of the 1840s, it also had a ward for the insane. The beguines were forced to leave in 1874 as the whole area became urbanised.\textsuperscript{55} Some of Van den Berghe’s patients might have belonged to this order.

The type of residence of the other beguines was specified as ‘grand’ or ‘petit’ (large or small) beguinage. The small beguinage was situated in Ghent, the grand beguinage at the border with St. Amandsberg, less than 1.5 kilometres east. The petit beguinage was on Violettenlei that joined Stationstreet where Van den Berghe had his practice. Women who lived here had to walk only to the end of

\textsuperscript{51}Stolberg, ‘Homöopathie und Klerus’, 136-142.
\textsuperscript{52}Van Praet, De receptie van de homeopathie, 103-109.
\textsuperscript{54}Looked for in all eighteen casebooks. A beguine is a lay-sister who lives in a beguinage (court of almshouses) together with kindred spirits.
\textsuperscript{55}Van Keizer Karel tot OCMW. Vijf eeuwen welzijnszorg in Gent (Ghent: OKV/OCMW, 1999), 29-31.
the street; the walk from the grand beguinage took less than half an hour. The short distance for the petit beguines to Van den Berghe made it very easy to consult him. Women who lived in the same beguinage advised each other on all sorts of things, including medical issues. Therefore, it is not surprising that, occasionally, they consulted Van den Berghe together.56

This analysis of the social background of Van den Berghe’s patients reveals that his practice underwent a ‘popularisation’. Initially, those who visited him often belonged to the higher social rankings in society. Their interest in Van den Berghe’s homoeopathic treatment eventually declined and the clientele increasingly came to consist of sufferers from the lower middle and working classes. Moreover, the number of poor patients who were treated free of charge increased. The preference for homoeopathy, which was fashionable and expensive, among the British social elites has been explained as a statement regarding their exclusive social position and a symbol of social status as well as about their particular therapeutic decisions from the perspective of status group exclusiveness.57 However, these conclusions are based on what is known from the homoeopathic press (the upper class patients) from the hospitals (obligatory entry) and from homoeopathic guides. Van den Berghe’s casebooks, on the other hand, telling the stories of all sorts of patients, are more representative. Moreover, many homoeopaths claimed that homoeopathic medicines were cheaper than allopathic drugs. Nevertheless, Van den Berghe’s dispensary for gratis treatment became busier over time, thus, making homoeopathy available to the poor and diminishing the exclusiveness, which may have restricted sufferers from the high social classes.58

Patients’ Residential Districts

The districts where the patients lived, besides professions, might be helpful in reconstructing their social background. Ghent was divided into various districts all of which had their own peculiarities and specific characteristics. The abolition of the patent law (1861) marked the start of a new ‘make-up’ of the city. Factories were moved beyond the former city boundaries and the workers followed from sheer necessity. They left the old city centre to settle down in new districts in the north, east and west. The middle classes, in turn, demanded the renovation of the old heart of the town and started to build a

56 E.g. Casebook 2 (1869-1870).
58 The option for receiving free treatment with Van den Berghe will be discussed in paragraph 4.3.
In Search of a Cure

new residential district in the south. The Ghent administration created new police districts in 1848 (the year of revolutions and upheavals throughout Europe) to improve control. Initially, this system started with five districts, but over time the continuing growth of the population and the development of new neighbourhoods led to an extension of the number of districts and auxiliary-districts (Figure 1).

Van den Berghe began his practice in 1869 on the Muinkkaai in the fifth district and, a year later, moved to the fourth district where he bought a house in the Statiestraat (Station street). Most patients lived in the same district as Van den Berghe did, 95 or 22 per cent of the sample of 441 Ghent patients (Graph 4). Some of them even lived in the same street. The auxiliary districts created over time have been counted as part of the original district to which they belonged.

![Graph 4. Districts where Van den Berghe's Ghent Patients lived, 1869-1902 (based on the sample of 441 Ghent patients)](image)

The fourth district was the smallest in Ghent and adjoined the first (city centre) and third district (labourers' area). The Zuid-quarter (fourth district), together with the third, had been notorious for its bad living conditions and its public and secret houses of ill repute in the middle of the nineteenth century. The second highest death rate was recorded in the fourth district during the cholera epidemic of 1848. However, it would undergo more alterations than any other area; in addition to the construction of the railway station in the 1830s numerous sanitary measures were undertaken which improved considerably the living conditions. Public works, according to the Zollikofer-DeVigne plan,

59 Devolder, Gij die door 't volk gekozen zijt, 462-465.
Citizens Suffering during the 1880s completely changed the face of the neighbourhood where Van den Berghe was living. The area was one huge construction site for nearly eight years and broad roads such as Vlaanderenstraat replaced the dirty working class streets. This district with its middle-class houses and spacious streets became the pride of the town.\textsuperscript{60} The relatively large number of patients from this particular district will have been prompted by the convenience of having a doctor nearby.

A number of patients lived in the first district, renowned for its beauty and status. Although, this was the area where the ‘rich and famous’ lived, several patients living here did not meet these criteria. Most of the new wealthy patients residing in the first district consulted Van den Berghe in the first years of his practice. However, the percentage of new well-off sufferers from this district had declined considerably by the end of the century. A number of people registered in the first district were working as servants, living in with their well-to-do employers. Furthermore, the first district had its \textit{beluiken} and ‘lesser’ streets. Three people living in this district were treated free of charge, indicating that, although they lived among the upper classes, their personal situation could not stand the test of comparison.

The third and sixth (auxiliary) districts were reputed to be the old and new working-class areas. The third district in the north of the city originated from the beginning of the century when the textile industry was expanding. Ghent underwent a considerable territorial growth around 1860; the north-west attracted new factories and the area was filled with working-class houses. The old third district was expanded with two auxiliary areas: Dock and Muide. The living conditions in the new (sixth) workers’ district presumably were better, as the houses received more light and fresh air and the streets were widened. The sixth auxiliary district with the \textit{Rabot}-area was developed in the 1860s under the guidance of several cotton barons, amongst whom De Hemptinne and Desmet, patients of Van den Berghe. The area had been always virgin swamp territory, but now gained its own channel, railway station, boulevards, streets and housing. These new quarters were almost solely the creation of private initiative.\textsuperscript{61} The sixth district demonstrated, therefore, better living-conditions, yet nothing was done to improve the circumstances of the people in the old labourers’ district.\textsuperscript{62} The third auxiliary district Dock nearly bordered the

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\textsuperscript{62} Scholliers, \textit{De Gentse textielarbeiders in de 19e en 20e eeuw}, 118-138.
\end{flushright}
fourth, while patients coming from the district Muide had to travel nearly three kilometres to reach Van den Berghe.

The fifth district was situated in the south-east of the city and rather respectable but the notorious Batavia-quarter besmirched its reputation for a long time. The slum clearance in this quarter forms a striking example of the city implementing prestigious urbanisation projects. The expropriation of the Batavia-quarter by the urban administration was done without regard for the fate of the hundreds of people who lived there, the demolition starting in 1881. Where once three hundred beluiken were situated the new faculty of sciences of the University of Ghent was built. The fifth auxiliary district was an exception to the rule that workers mainly lived in these auxiliary areas. The Citadelpark was created, on the initiative of local administrators, with beautiful gardens and promenade walks where the Ghent bourgeoisie could saunter. This part of the city pervaded an explicitly higher middle class character and because of the exquisite villas became known as the 'Millions-quarter'.

The second auxiliary district bordered nearly all other districts, except for the fourth and seventh, and was situated in the south-west of the city. It was surrounded mainly by the Leie River. The second district was never known specifically as unsanitary, although it housed also people in beluiken. The distance to Van den Berghe's practice was a minimum of one kilometre. The civil hospital Het Byloke was situated in the second auxiliary district. The seventh district was situated between St. Amandsberg and the fourth district (of which it used to be a part) in the east of Ghent. The distance to Van den Berghe's practice was not great.

Thus, patients came from the farthest corners of the town and, moreover, every district housed patients that he treated gratis. Yet, the fourth district, where Van den Berghe had his practice, produced the most patients in the Ghent sample, and most of the poorest sufferers came from this area. This analysis of the districts in which a sample of Ghent patients lived strongly and, not surprisingly, suggests that the distance to a physician's practice influenced the decision to use that practice.

4.3 Too Poor to Pay: Patients Treated for Free

From the start of his settlement in Ghent, Gustave van den Berghe has had the good fortune of seeing the privileged classes of society flocking in his practice; in his dispensary he did not withhold his

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63 Nowadays, the central library is established here.
64 Roose and DeVuijst, De kranten van Gent, deel 3, 9-12; De Rycke, Van Renterghem and De Buck, De beluiken binnen de stad Gent, 55.
65 De Rycke, Van Renterghem and De Buck, De beluiken binnen de stad Gent.
care and his advice from the working class. He dedicated his entire life to both the poor and the rich.\textsuperscript{66}

Indeed, the poor regularly attended Van den Berghe's practice and then found kindness when they received treatment without ever having to pay. Approximately one in twelve patients did not pay. Most of these patients did have a job, however badly paid, though none of them had to deal with the consequences of unemployment. This is rather remarkable, as the economy stagnated between 1873 and 1895. Agriculture was in crisis and cottage industry disappeared, thereby creating an 'army' of unemployed.\textsuperscript{67} The free treatment needed and received resulted primarily from low incomes and family circumstances, such as the number of family-members, matrimonial problems, or people becoming widowed.

Melanie Martin-Finjaer (42), for example, a married woman, worked as a day-labourer and had one daughter Rachel (13) who was employed as a flax worker.\textsuperscript{68} The father, Isidorus, a peddler, had left his wife and child just one month before Madame Martin consulted Van den Berghe for the first time in 1891. After one year of separation Isidorus returned to his family but he could not earn an income as he had become lame. They lived in a beluik in the Kerkstraat, in the vernacular called 'Nieuwe Koer' (New Court).\textsuperscript{69} When Felix Leijman called on Van den Berghe's assistance in January 1882 he was immediately registered as a 'pro deo' patient.\textsuperscript{70} He was a bookbinder's assistant, had four children and was the sole provider as his wife did not work. Three more children were born between June 1882 and 1888 and all family-members consulted Van den Berghe. Three children died, but the other family members remained patients. The death of those children was not considered apparently to be a failure of Van den Berghe, but an inevitable disaster of nature. His free treatment, on the other hand, might have been the reason to stay as patients as the financial situation left them no choice.

Not all patients Van den Berghe treated for free belonged to the working class but the majority did (Graph 5). Madame Manesse received \textit{gratis}...
treatment, although she could be classified as lower middle class. She visited Van den Berghe, as a widow of a tailor, at the age of seventy-three in July 1899. She had six children, but no-one officially supported her. Perhaps, her widowhood made Van den Berghe show mercy, yet being widowed did not result automatically in free treatment. Madame Manesse consulted Van den Berghe on 111 occasions in less than three years.  

![Graph 5. Percentage of Patients per Social Class and Patients Treated for Free, 1869-1902 (based on the sample of 441 Ghent patients)](image)

Van den Berghe’s philanthropic mentality was not the only component of poor peoples’ choices about consulting him. They had other therapeutic options, treatments that also were offered for free. If people did not have the financial means to seek medical care they could approach municipal institutions for public poor relief or forms of privately initiated charity. Ghent, from 1797, had two municipal organisations responsible for poor relief, the Bureel van Weldadigheid (Bureau of Well-doing) and the Commissie van de Burgerlijke Godshuizen (Committee of the Public God-houses). The Bureel appointed physicians (‘poor-doctors’), surgeons and midwives and it arranged for price agreements with apothecaries. The Bureel had inspectors or armenmeesters  

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72 This graph displays the patients’ occupations divided into social class. The division into higher and lower middle class negates the differences that may have existed within occupational groups and brings together people with (more or less) the same social and financial position. Bankers, merchants, intelligentsia, barristers, judges etc. represent the higher middle class that refers to people of independent means. People belonging to the lower middle class did not depend on waged work, as they earned a living as craftsmen and small shopkeepers, but their income will have been substantially lower.
('poor-masters') who reviewed the situation of those applying for support, who monitored the poor and others who needed aid, and who verified whether the ill were visited regularly by a doctor. These *armenmeesters* were responsible for ascertaining if the claim for poor-relief was justified and, therefore, reported on behaviour, attitude and income of the applicant. The *Commissie* co-ordinated the administration of the existing charitable institutions that took care of the sick and insane and of orphans and the elderly. Other charitable initiatives also received a subsidy from the city. Several ecclesiastical societies assisted poor citizens, charity workhouses (*ateliers de charité*) for the temporarily unemployed and private organisations doing good works with the help of the municipal administration and private donations.73

The possibilities of protection from poverty, moreover, had increased by the end of the century. The 1850s witnessed the rise of the first trade unions. The cotton spinners organised themselves in the *Broederlijke Maatschappij van Wevers* (Brotherly Association of Weavers) and the *Maatschappij der Noodlijdende Broeders* (Association of Needy Brothers). Members were supported financially in case of illness, accident or unemployment.74 Thereafter, a variety of mutual aid societies (sick funds) followed, providing social security when members were overtaken by misfortune (illness or disability) and even death (funeral, pension for the widow). Membership was voluntary. A few societies were recognised officially and, thus, eligible for government subsidy. As the perception of poverty altered, from an individual's fault to a social problem, the authorities' contributions increased towards the turn of the century.

The Belgian Parliament enacted in 1894 a law on mutual benefit funds which, amongst others, exempted them from taxes and created a system of subsidies. The funds, such as political parties, were organised on denominational lines. More workers, who also were enjoying an improvement in their standard of living, were able to afford health insurance, but the majority could not. Health insurance was not made compulsory for people in employment; it was not until the Second World War that a general health-assurance scheme for workers was established.75 Notwithstanding, if

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In Search of a Cure

Protection for the worker and his family from sheer poverty and misery in times of illness was required to trade union providing health insurance could be found. In Ghent, for example, the Free Union of Sickness funds (Vrije Bond der Ziekenbeurzen) gave cover for 5 centimes per week. The members were entitled to free medication, physicians' consultations, surgery and medicinal baths. Various physicians, specialists and apothecaries were affiliated to the Free Union. However, none of them practised homeopathy.\(^{76}\)

The Labour Exchange (Arbeidsbeurs) helped with finding jobs or workers.\(^{77}\) However, it evolved from poor relief and its charitable image hindered good relations with industry. Positions offered were mostly for 'odd-jobbers' and those in need of a proper job knew that the Labour Exchange could not offer what did not exist in times of unemployment. There was no job security for nineteenth-century Ghent workers; a new job one morning could be gone the next. Thus, the Labour Exchange could be a near-perfect institution. The Ghent Exchange began in 1891 and was used primarily in finding employment for household servants, metalwork, clothing, building and woodcraft. As the working class were integrated gradually into the democratic order and its progressive organisation, the Labour Exchange transformed into monitoring unemployment insurance.\(^{78}\)

Why did some destitute appeal to Van den Berghe for medical treatment instead of turning to one of the many charitable institutions available in Ghent? Some plausible suggestions, rather than clear-cut explanations, can be made. First of all, to be accepted for poor relief a rather humiliating procedure had to be endured. First, an application form had to be obtained from the Bureel van Weldadigheid. Then, the form had to be filled in by the police commissioner of the police station in the district where the applicant was registered. The commissioner had to judge the eligibility for help. Next, the poor-master had to sign the form and approve or reject the request. The final decision lay in the hands of the Bureel itself. The Bureel was open on Tuesdays for the sick applicants. They waited for hours in an unheated hall and were expected to explain their circumstances in front of the other poor.\(^{79}\)

\(^{76}\) Anonymous, *Samenwerkende maatschappij Vrije Bond der Ziekenbeurzen van Gent & voorgestichte* (Ghent, 1899).


\(^{79}\) Van Conkelberge, *Het Bureel van Weldadigheid*, 82.
Secondly, some of Van den Berghe's 'gratis' patients may not have complied with the criteria for public poor-relief.80 Rachel (19) and Marguerite Van Fleteren (12) lived in the 'best' area of Ghent (the first district), but their father (a businessman and shopkeeper) had left his wife and eight children in the winter of 1896. Rachel and her mother were active as day labourers in 1898. One brother worked as a guard in the library of the Palace of Justice. Both girls visited Van den Berghe in 1898 and were treated free of charge. Why would they have gone there? None of the other siblings consulted Van den Berghe, nor did their mother. The request for poor relief could easily have been dismissed given their father's profession and, thus, income, and the employment of several family-members. The Bureel may have ignored the fact that the married couple had separated and that the deserted family possibly did not receive any financial support. Therefore, it is possible that Van den Berghe's willingness to treat gratis formed part of their decision to consult him.

Finally, although the various institutions provided for medical care, therapeutic choices were not available as all treatment and medicines provided free were of an 'allopathic' nature. Therefore, some of Van den Berghe's gratis treated patients may have made a conscious choice in favour of homoeopathy. However, in only one 'pro deo' case in the Ghent sample is it known that, prior to consulting Van den Berghe, the patient had visited another homoeopath.81

Those treated for free by Van den Berghe mostly earned a living as day-labourers and factory workers, presumably in the city's main industry: textiles. It was specified, in some cases, whether people worked as weavers or in a specific textile area such as cotton or flax. The women registered as seamstresses or ironers are counted also amongst this type of labourers. Strikingly, the new patients with this predominantly working-class background treated gratis did not live in the particular labourers' districts. Most of them resided in the fourth district, indicating that Van den Berghe's proximity might have contributed to their choice. Yet, the circumstances of those belonging to the lowest strata, where conditions of living and working inevitably made them more susceptible to ill health and forced them to rely on charity, often determined the wish to consult this homoeopath and/or to make use of homoeopathic medicine which usually was readily accessible.

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80 In Ghent several categories of poor people were registered: the elderly who could not provide for themselves because of their age, families who had insufficient income and suffered the burden of children and families of which the bread-winner was ill and therefore unable to provide for livelihood. Cf. Van Conkelberge, Het Bureel van Weldadigheid, 80-81.
4.4 Recapitulation

All types and circumstances of Ghent inhabitants were familiar with the existence of Van den Berghe’s homoeopathic practice. The interest in this homoeopathic practitioner was not solely a matter of the well-to-do and the route to the practice on Statieistraat was open to everyone. Ghent patients, in general, were of all ages, of both genders and from all social strata, just as the overall clientele. The majority of his patients were adult men and women over the age of sixteen, eighteen per cent of all patients were younger. Moreover, those between seventeen and fifty years of age were present overwhelmingly in Van den Berghe’s Ghent clientele. The average age of the Ghent patients differed from that of the city’s population as the clientele, on average, was older. Perhaps, there had been other health-improving attempts already made prior to consulting Van den Berghe, or the fact that old age often is accompanied by more instances of ill health for which medical care is needed. The Ghent clientele gradually changed in several respects over time, demonstrating that the choice to use homoeopathy, besides personal preferences and medical considerations, was determined partly by social components.

The composition of Van den Berghe’s patients altered in terms of gender and social class. Women dominated the clientele as well as people with lower status from the middle and, especially, working classes. He treated more women than men from the very outset of his Ghent homoeopathic practice, but the extent of this female predominance increased. The sex ratio (number of men per one hundred women) dropped from 80 to 58. Thus, Van den Berghe’s practice became more and more a female one.

The social background of the clientele, besides the growing number of women in the clientele, also shifted gradually. Although professional and daily life circumstances were varied, the interest in Van den Berghe and/or homoeopathy from the upper classes declined considerably and more from the middle and lower classes applied for treatment over time. Thus, the practice underwent a clear popularisation. The number of people treated free of charge also increased. However, the growing number of working-class patients was not reflected in the districts in which they lived. Although some of them resided in the specific workers’ areas, most of his patients lived in the same district where he had his practice. Therefore, Van den Berghe’s proximity must have influenced the wish to consult him.

The unfortunate situation of the poor, probably, not only created a larger propensity for ill health, but also a dependency on cheap or free medical services offered by charity. Van den Berghe offered such an opportunity for free treatment alongside the official charities supported by city administrations. He announced publicly his readiness to treat people for free and, thus, created a
strong source of appeal for homoeopathy. In many cases, patients' decisions to consult Van den Berghe were determined by the *gratis* treatment Van den Berghe offered rather than by clear medical considerations, such as a preference for homoeopathy. Although no direct testimonies of this kind have been discovered, the behaviour of Van den Berghe's wealthy patients suggests that rich homoeopathy users and supporters may have employed homoeopathy initially as a status symbol expressing and accentuating their exclusive social ranking.\(^2\) The decline in upper class clientele coincided with growing numbers of working class patients and patients treated free of charge. The expansion of the availability and accessibility of Hahnemann's doctrine by means of free dispensaries (and in other countries: hospitals) diminished the elitist outlook of its users and therefore could have tempered the enthusiasm of the upper classes. Another option may well have been that these wealthy patients turned to 'allopathy' as orthodox medical science had made considerable advances by then. However, the near disappearance of wealthy and noble patients from Van den Berghe's clientele does not exclude the possibility that they continued privately to use homoeopathic medication, nor that they consulted another homoeopathic practitioner.

Each individual will have had their own personal reasons or justification for consulting Van den Berghe and using homoeopathy. It is not completely clear on what the decision was based: Van den Berghe as a fine physician, Van den Berghe as a representative of a specific healing method called homoeopathy, or Van den Berghe as a provider of free medical care.\(^3\) It has been established for now that choice and decision were processes influenced by economic considerations and social circumstances. The decision to consult a homoeopathic doctor was more than a medical decision, it was 'exercised within, and patterned by, the constraints of social structure.\(^4\)

\(^2\) This is in accordance with the findings of Nicholls.
\(^3\) The search for these personal motivations will be continued in the next chapters.
\(^4\) Nicholls, 'Class, Status and Gender', in: Dinges (ed.), *Patients*, 154.