

# Homoeopathy in Nineteenth-Century Flanders: the Patients of the Ghent Homoeopath Gustave van den Berghe (1869–1902)<sup>1</sup>

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## Introduction

Courrières le 17 Mai 1899

Monsieur, Je continue de tousser beaucoup et d'avoir des crachats jaunes. Mon appetit ne va pas du tout et j'ai souvent un point au coeur. Voila dans quel etat je me trouve. Recevez Monsieur l'assurance de mon plus profond respect.

Carpentier Hippolyte, Rue de l'eglise, Courrières<sup>2</sup>

THE ABOVE LETTER MUST BE ONE OF MANY that the Belgian doctor of medicine Gustave Adolphe van den Berghe (1837–1902) received during his life as a homoeopathic practitioner. The letter is of much interest, because it reveals some features of a homoeopathic patient. The history of Belgian homoeopathy is largely unexplored and this is even more true with respect to the history of the clientele of Belgian homoeopaths. So far, studies into Belgian homoeopathy have largely concentrated on the professional representation of its practitioners.<sup>3</sup> The history of Belgian homoeopathy is written from the perspective of homoeopathic practitioners and their struggle for official recognition of their therapy. Therefore, it is primarily concerned with the relationship between allopaths and homoeopaths. This

essay will start to uncover what Roy Porter once called the 'patients' view'.<sup>4</sup> Of course, unravelling people's desires, expectations and attitudes towards health and illness depends heavily on the availability of source material. Van den Berghe carefully wrote down the contents of his consultations for a period of over 30 years. Covering the years between 1865 and 1902, his casebooks have all been preserved and leave us with a tremendous opportunity to write a history of Belgian homoeopathy 'from below'. The inventory of Van den Berghe's practice is based on a division into three periods, corresponding with Casebook One (July 1865–October 1869), Eight (May 1881–August 1882) and Seventeen (November 1898–February 1901). The notes give an insight into the lives of 3,224 sufferers and the analysis is based on information drawn directly from the casebooks. Thus, it can be established who were Van den Berghe's patients, what were the length and results of the treatment, why the patients decided to consult Van den Berghe and whether they were so-called shoppers on the medical market or regular visitors.

### **Gustave van den Berghe: his Life and Works**

**G**USTAVE VAN DEN BERGHE was born at Zwevegem, in the southeast of the province of West Flanders, on 9 May 1837. His parents earned a living as merchants and were not at all involved in medicine. Van den Berghe studied medicine successively in Louvain, Ghent and Brussels from where he graduated in 1863.<sup>5</sup> Immediately after his graduation he set up an allopathic practice in his home town. He would not perform allopathy for very long for, influenced by his close friend Dr D.L.E. Gailliard (1838–98), Van den Berghe started experimenting with homoeopathy in 1864. The first patient he treated homoeopathically was a labourer suffering from a severe inflammation of the mouth. He could not speak nor swallow, he respired heavily and had a high fever. Van den Berghe considered an incision of the tongue, but found it an uncertain procedure. He then prescribed mercury and the patient's recovery was obtained within days.<sup>6</sup> Van den Berghe's definite change to homoeopathy dates from 1865 when patients he had treated earlier in an allopathic manner now received a homoeopathic therapy.<sup>7</sup> At this point Van den Berghe had not had any theoretical education in homoeopathy. His conversion to homoeopathy was based solely on personal experience, including Gailliard's advice, and study of homoeopathic publications. This changed with the arrival of Dr G.H.G. Jahr (1801–75) at the Hahnemann dispensarium in Brussels in 1870. The German Dr Jahr was forced to leave Paris at the outbreak of

the French–German war.<sup>8</sup> In March 1871 Van den Berghe went to Brussels to attend Dr Jahr's classes. He recorded the contents of this course in a notebook called 'Leçons sur l'homoeopathie par le Dr Jahr'.<sup>9</sup>

On 29 February 1866 Gustave married Angela Rosalie Vanhoutte. They would have eight children of whom two died. In 1869 the family moved to Ghent and eventually settled down in the Stationsstraat where Van den Berghe practised and lived until his death in 1902. By that time his two sons, Samuel and Ferdinand, had become homoeopathic practitioners and also practised in Ghent. The latter would eventually take over his father's practice. Van den Berghe kept in touch frequently with his colleagues. He was a member of several homoeopathic societies and also contributed to periodicals. In 1874 Van den Berghe became a corresponding member of the *Société du dispensaire Hahnemann*.<sup>10</sup> His first active membership was of the *Société belge de médecine homoeopathique* (Société Belge) (1877–82). He was a member as long as this society existed and he was almost always present at the monthly gatherings. For the first two years its minutes were published in *L'Homoeopathie Militante* (Brussels, 1878–82), for which Van den Berghe was an author.<sup>11</sup> Through these minutes and his writings Van den Berghe's commitment to the 'homoeopathic cause' can be deduced. He emphasised, for instance, the importance of the publication of Hahnemann's correspondence for the dispersion and understanding of homoeopathy.<sup>12</sup> Van den Berghe's involvement in the homoeopathic movement is probably best underlined by his membership and, later, on the presidium of the *Cercle médical homoeopathique des Flandres* (Cercle) in Ghent. This society had been founded in 1872 and Van den Berghe's absence at that time was, although not explained, sincerely regretted.<sup>13</sup> Possibly, Van den Berghe's growing practice and his membership of the Société Belge did not leave him time. In April 1882 Van den Berghe finally joined the Cercle and he would become president from 1887 until 1896. Furthermore, Van den Berghe was actively involved in homoeopathic periodicals. Besides his contributions to *L'Homoeopathie Militante*, he published in *l'Union Homoeopathique* (Antwerp, 1886–92) and the *Journal Belge d'Homoeopathie* (Brussels, 1894–1914). In these periodicals Van den Berghe published articles on case studies regarding, for instance, inflammation of the hip joint (coxarthrocace), chronic hydrocephalus, asthma, cholera, pneumonia and the treatment of shingles. During the 1880s Van den Berghe twice petitioned the Belgian parliament on behalf of the Cercle. The first petition aimed at the prohibition of the usage of lead pipes for beer production to prevent lead intoxication. The second fulminated against the laws on the sale of

medications.<sup>14</sup> In 1881 Van den Berghe's only book *De homoeopathie en hare teegenstreevers* (*Homoeopathy and its Opponents*) was published by Gailliard. It is the only work on homoeopathy in Dutch published in nineteenth-century Belgium. Van den Berghe thereby enhanced the accessibility of knowledge about homoeopathy amongst the Flemish and the neighbouring Dutch population. At the end of his life this Ghent homoeopath was still very productive. In 1900 he wrote a work on influenza based on practical observations, which was published in the *Journal Belge* and independently in Brussels.<sup>15</sup> During that same period Van den Berghe worked on another book named *Médecine des régions* or *Thérapeutique des régions*. He was not able to finish it, but the manuscript has been preserved.<sup>16</sup> His colleagues knew Van den Berghe had been working on it and at his grave the wish was expressed that one of his sons would finish and publish the work posthumously.<sup>17</sup> The wish has never been fulfilled.

### The Belgian Medical Market: People's Choices

THE LIFE AND WORK of a homoeopathic practitioner at Ghent has been described but what about his patients? It is necessary to examine the general situation of the nineteenth-century Belgian medical market to explain people's attitudes and choices. What possibilities for medical aid did sick people have? Although it is not relevant to provide a list of all the healing methods available, some comments can be helpful in establishing people's motivations.

Nineteenth-century Belgian homoeopaths competed, as elsewhere, with their allopathic counterparts. This competition was not based on the presumption of practising medicine illegally on the part of homoeopaths. According to Dutch legislation of 1818, Belgium would become independent of the Netherlands in 1830/31; only those who had had a scientific and, therefore, academic education were allowed to practice medicine. Such a monopoly also existed with regard to the sale of medications; this right was reserved for apothecaries. The combination of both medical treatment and the selling of medicines was forbidden, and some homoeopaths were convicted for illegal medical practice because they were selling medication personally.<sup>18</sup> However, most of the medical discourse between homoeopaths and allopaths was based on the latter's refusal to acknowledge the curative powers of homoeopathic therapy. The Belgian homoeopaths contended for homoeopathic education at university level, for setting up homoeopathic hospitals where the poor could be treated and for the admittance of homoeopathic medication into the pharmacopoeia. These requests were

never rewarded because, as Van den Berghe said, the allopathic judges at the Royal Medical Academy declined all justifiable demands.<sup>19</sup>

Existing research does not reveal any unlicensed healers practising homoeopathy. What is even more surprising is the lack of lay support for the homoeopathic movement. Between 1874 and 1914 no less than six homoeopathic societies were founded, eight periodicals were published and at least 20 dispensaries (including private ones) were set up. Some of these institutions disappeared as fast as they had emerged. Remarkably all the above initiatives came from homoeopathic practitioners. The only known pledge on behalf of homoeopathy expressed by lay people dates from 1874, when several inhabitants of the municipalities of Durby, Waver and Tubize petitioned parliament.<sup>20</sup> In contrast with developments in Germany and the Netherlands no lay societies have ever been founded in Belgium.<sup>21</sup> Notwithstanding, the growth of homoeopathy could not have taken place without any lay interest, namely that of sufferers. Moreover, some dispensaries were set up with the financial aid of charity committees.

During the period of Van den Berghe's Ghent practice the homoeopathic movement faced both its flourishing era and its decline. In 1875, 55–59 medical doctors practised as homoeopaths in Belgium. In 1894 the number of homoeopaths had declined to 47–51. The lowest point was reached in 1904 when there were 34–36 practitioners. Most of them resided in the province of Brabant followed by, respectively, the provinces of East Flanders, Antwerp and West Flanders. Within these provinces homoeopaths apparently preferred the city to the countryside.<sup>22</sup>

Besides allopaths, midwives, surgeons and homoeopaths (professional, licensed practitioners) other types of (unlicensed) healers existed. Unlicensed medicine and the struggle against the illegal practice of medicine was a major phenomenon in the nineteenth century.<sup>23</sup> Only a little is known but some indications have been found. A contemporary of Gustave van den Berghe, A. de Cock, a teacher at Denderleeuw, provides an impression of Belgian unlicensed healers.<sup>24</sup> According to De Cock many rural inhabitants mistrusted the medical doctor and, therefore, sought quack remedies that could be found anywhere. He writes of the existence of wonder doctors, cancer healers, rebouters who were able to cure dislocated limbs through rubbing, 'readers' and exorcists. Furthermore, there was a belief in the healing powers of pilgrimages: disorders were believed to be cured by different saints connected with the diseases, and 'pilgrim healers' were paid for going to the place of pilgrimage that was supposedly connected with the ailment.

Although all sorts of licensed and unlicensed medical practitioners were available to people suffering ill health, a large part of the population

dealt with it personally. Self-treatment (via 'remedy books') or seeking health advice within one's own family were methods for individually dealing with illness. Some studies suggest that this family or home medicine has similarities with homoeopathic principles.<sup>25</sup> For instance, it was common knowledge that a dog's bite could be cured by putting its hair on the wound. If one was suffering from a reddish skin eruption a red towel was wrapped around the body. Although the difference with homoeopathy (no medicines prescribed and no ill effects on healthy people) is profound, examining self-treating behaviour might be helpful in determining people's interest in homoeopathic therapy.

The low grade of medical consumption in nineteenth-century Belgium was primarily due to cultural factors.<sup>26</sup> Velle states that people's attitudes towards health, illness or death were strongly connected with religious presumptions. Most misfortune was considered to be part of divine providence and, therefore, could not be altered. Moreover, many people held prejudiced ideas regarding health and illness, were afraid of hospitals, rejected new medical concepts and mistrusted representatives of the medical profession. To determine why people finally chose to consult a doctor or a homoeopathic physician after all (or refused to do so), further research is needed. Perhaps it could be argued, for example, that homoeopaths were not associated with the orthodox medical profession and, therefore, were less distrusted. However, it remains open for discussion to what extent sufferers were aware of having consulted a homoeopath in the first place. Family or home medicine and unlicensed healers were available to many. Self-treatment was common and often applied, especially in those areas where doctors were not nearby. Self-treatment was easy and, more importantly, cheaper than visiting a doctor.<sup>27</sup> However, licensed practitioners were consulted for health issues. Amongst them were homoeopaths, who had been present in Belgium since the late 1820s.

### **The Practitioner and his Patients**

VAN DEN BERGHE'S CASEBOOKS yield information on a broad variety of subjects including the name, age, gender, residency and, occasionally, the marital status of his patients. Their social status is difficult to deduce from the journals, because Van den Berghe hardly ever mentioned occupations. However, Van den Berghe treated many people for free who, therefore, are most likely to have been poor. Not surprisingly, he also noted his patients' physical features. This, however, apparently depended heavily on Van den Berghe's time. The more patients that consulted him, the less effort he made

to write down remarks on appearances. Moreover, the archive provides substantial information on the ailments people suffered, on the duration of their illnesses and on the sorts of treatment provided. He was very accurate in describing the consultations he had with his patients, as well as the various symptoms they showed and the medicines prescribed. In this respect Van den Berghe carefully followed the instructions of Hahnemann as to how the cases should be noted.<sup>28</sup> During one of the meetings of the Société Belge Van den Berghe emphasised the recommendations made by Hahnemann in the matter of individual diagnostics. Not only the origins of the disorder should be taken into account, it was even more relevant to consider age, personal circumstances, profession and constitution.<sup>29</sup>

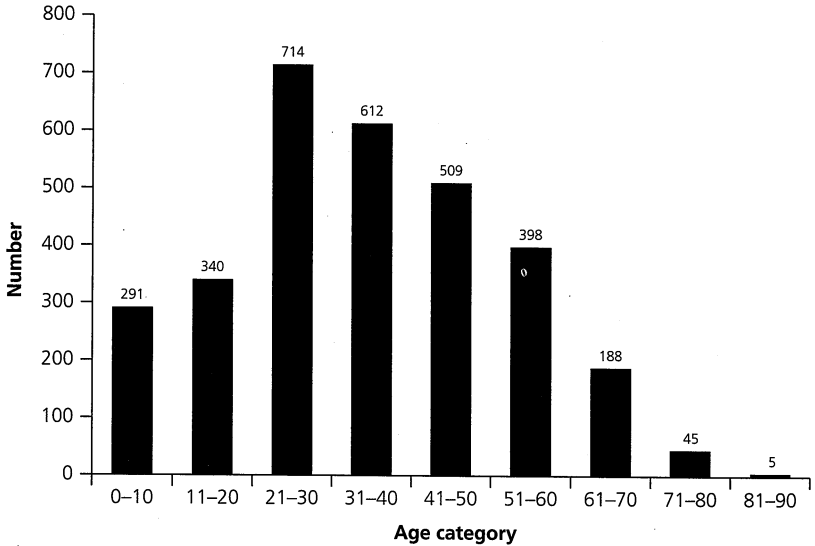
Every patient was recorded on his or her own page. This means that if a patient consulted Van den Berghe for the first time in December 1865 and continued to do so for 15 years, he or she could only be found in Casebook One. This leaves the near impossibility of establishing exactly how many patients visited Van den Berghe during one year of practice. All 18 books would have to be studied and every single consultation of a patient within a year counted. Nevertheless, establishing how many new patients visited Van den Berghe each year is possible. The first casebook covers the largest number of years, 1865–69. Within those four years 1,019 patients consulted Van den Berghe, an average of nearly 254 each year. Casebook Eight contains 1,065 new patients during one-and-a-half years (1881–82), an average of 710 new patients a year. The last casebook, 1898–1901 (2.2 years of practice) shows that 1,093 patients consulted Van den Berghe for the first time, an average of nearly 497 per year. If the three casebooks are put together the average of new patients per year comes to 487. The number of new patients, thus, grew substantially during the first 10 years of practice, a development that would slow down at the end of the century.

### Age and Gender

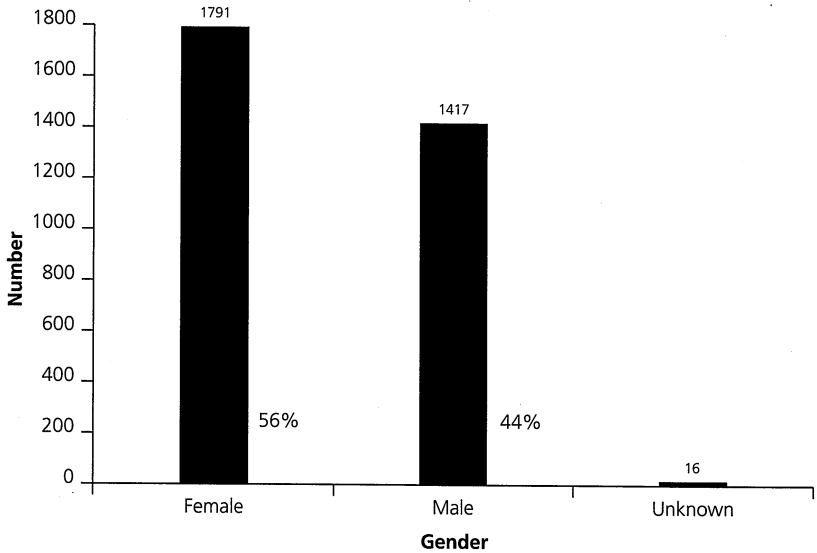
GRAPH 1 SHOWS THAT THE DECISION to visit a homoeopath for the first time did not depend on age. It was possible to establish the age of 96 per cent of Van den Berghe's patients. The age of those treated varied between 0 and 87 years, the youngest one being only three weeks old. Most of his patients were between 21 and 30 (23 per cent), closely followed by those aged between 31 and 40 (nearly 20 per cent). Only five patients above the age of 80 chose to consult Van den Berghe for the first time.

The average age of both males and females (including children) changed slightly over the years and according to the same pattern. It was

**Graph 1. Number of Van den Berghe's new patients per age category (1865-69; 1881-82; 1898-1901)**



**Graph 2. Gender of Van den Berghe's new patients (1865-69; 1881-82; 1898-1901)**





the highest during the period 1865–69: 39 males and 37 females. The average age of both men and women was the lowest during 1881–82, at 33. And in 1898–1901 female patients were on average one year older than male patients: 35 against 34. The changing average age is connected directly with the number of children, younger than 19, visiting Van den Berghe (12 per cent in 1865–69; 19 per cent in 1881–82; 17 per cent in 1898–1901). It is uncertain whether this shift was due to a change in medical practice or that parents were more ready to make use of homoeopathy for their children.

As becomes clear in Graph 2, Van den Berghe attracted both men and women to his practice, even though a slight female predominance existed. If children are excluded from this gender analysis the percentage of female visitors rises slightly to 58 per cent against 42 per cent male patients. The sex ratio (the number of males per 100 females) did change remarkably over the years.<sup>30</sup> The sex ratio was 92.4 in 1865–69, 76.6 in 1881–82 and 70.5 in 1898–1901. Women were only a minority in age categories 61–70 and 71–80.

Why did the number of male visitors decrease and that of women increase to this extent? During his early years, Van den Berghe practised in Zvevegem, a rural community in West Flanders. The medical behaviour of seventeenth-century English sufferers suggests that a female predominance was more overt in the cities. Women could easily find work as domestic servants, whereas men worked as agricultural labourers.<sup>31</sup> If Van den Berghe mentioned women with an occupation, they mostly worked as servants. Perhaps a female predominance occurred also in nineteenth-century Ghent and is reflected in the increase of female patients in Van den Berghe's practice. It is known, for example, that the Ghent textile industry made massive use of a female labour force.<sup>32</sup> Another reason for the predominance of women may be that they were more ready to consult a doctor or that they simply suffered from illnesses more often than men did. An indication could be the 'typical' female disorders which are mentioned in the casebooks. Many women who consulted Van den Berghe suffered from menstrual disorders, post-birth ailments, pregnancy difficulties or diseases of the womb.

### Children and Youngsters as Patients

**W**ORRIED PARENTS AND THEIR SICK CHILDREN frequently visited Van den Berghe. He sometimes treated whole families, especially during the period 1880–81. One Ghent family, for instance, was represented by five members, all women.<sup>33</sup> Together they visited Van den Berghe 24 times

between 1881 and 1886. Three daughters suffered from menstrual disorders, the youngest (age 5) complained about abdominal pain. The mother of the family was five months pregnant when she first visited Van den Berghe in 1881. The largest family Van den Berghe counted amongst his patients also came from Ghent. No less than 11 family members consulted Van den Berghe during a period of over 30 years. His son Ferdinand treated them for the last 16 years.<sup>34</sup> Both families were treated for free, which might be an explanation for the large number of patients from one family and the long period of treatment.

The distress of parents regarding their children's health is not surprising given the high child mortality rate in nineteenth-century Belgium. Until the end of the nineteenth century an average of 18 per cent died before the age of one, 29 per cent before the age of five, and 33 per cent before the age of 10.<sup>35</sup> Most children died of enteritis, diarrhoea, chronic bronchitis, pneumonia, pleurisy, measles, small pocks, scarlet fever, whooping cough and diphtheria. Nearly 16 per cent (514) of Van den Berghe's patients were aged under 19; 292 children were between 0 and 10, the youngest being only three weeks old. Some of these young patients just disappeared from his practice after only one consultation. Some of them may have died without Van den Berghe knowing, or one visit relieved their ailments to an extent which made returning unnecessary.

But what did they suffer from? Did the regular children's diseases strike them, or did they suffer from all kinds of different ailments? And what were the results of Van den Berghe's treatment? Table 1 indicates that almost a quarter of Van den Berghe's youngest patients (65 or 22 per cent) suffered the typical children's diseases. Remarkably none of the children consulting Van den Berghe suffered from enteritis, pleurisy or diphtheria. One patient was recovering from smallpox and was left with a cough.<sup>36</sup> The complaints varied from a bad cough, diarrhoea, constipation and vomiting, to substantial emaciation. At least 45 children were noted to have diarrhoea and were often facing weight loss, nausea and lack of appetite.

**Table 1. Number of new patients younger than 11 years old suffering from children's diseases (1865–69; 1881–82; 1898–1901)**

Measles	8
Diarrhoea	45
Whooping cough	11
Scarlet fever	1
Total	65

It is not surprising that parents took their children to a doctor with only a cough or diarrhoea, given the possibility of having caught whooping cough with its mortal implications. Besides, if one child fell ill with a particular disease, the others could easily become infected. Perhaps this was the case with the Mortier sisters. The first, Cordula, was diagnosed with whooping cough on 29 May 1881. Three days later her sister came to visit Van den Berghe with a severe cough. Their parents may well have been worried about contamination.<sup>37</sup> Of course it did occur quite often that siblings were suffering from the same illnesses. The Herbauw sisters were diagnosed with whooping cough and the Van Koebosch children had ringworm.<sup>38</sup> Many children suffered skin eruptions like eczema, rashes and itch, or endured ringworm. Another illness mentioned is a very contagious eye infection ('*ophthalmie*'). However, this was not a typical children's disease, for many of Van den Berghe's adult patients also suffered from it.

In 1878 Van den Berghe published his findings on affections of the hip joint.<sup>39</sup> Of the eight cases described seven concerned children between 20 months and 14 years old. Some of them had previously visited allopaths, but they had been unable to improve their situation. One father faced a very bad allopathic diagnosis for his three-year-old son who refused to walk. A Dutch boy, age 11, had been treated by several Dutch doctors in vain. Thereupon his parents decided to go to the Byloke hospital in Ghent hoping to find surgical relief for their child. At the hospital they were told that new treatment would be useless and that their son would never be able to use that part of his body again. On their way back to the Dutch province of Zeeland, the family met one of Van den Berghe's clients who told them about the successes of homoeopathy and were advised to consult a homoeopathic practitioner. They went to Van den Berghe and the child was cured within three months. Van den Berghe used these cases to exemplify the ignorance of allopathy. He stated that both the allopathic inability to cure affections of the hip joint and the success of homoeopathy in this area proved the superiority of Hahnemann's therapy.<sup>40</sup>

In 197 out of the 292 cases the results of Van den Berghe's treatment remain unknown. The majority of the unknown results refer to Casebook Eight, the period during which Van den Berghe's practice was at its busiest. Only 12 patients were certainly cured. Others (21 children in total) are known to have visited Van den Berghe without attaining any result whatsoever. The majority of the results known refer to patients being relieved, but whether or not these positive effects of treatment were due to Van den Berghe's medical skills is impossible to establish. After all, many children may have recovered themselves.

### Country and Province of Residence

AS TABLE 2 INDICATES, a Frenchman travelling to Ghent was not an exception. Out of the 3,224 patients 62 lived in France. However, this does not automatically mean that they were French nationals. They could have been Belgian seasonal labourers. Most of Van den Berghe's Dutch patients came from the province of Zeeland, directly bordering East Flanders. Remarkable is the presence of one Austrian male in Van den Berghe's casebooks. This patient had been ill for 10 days and visited Van den Berghe only once on 15 April 1882. The presence of this Austrian is most probably based on sheer coincidence. Perhaps he was in Ghent for business or just travelling through.

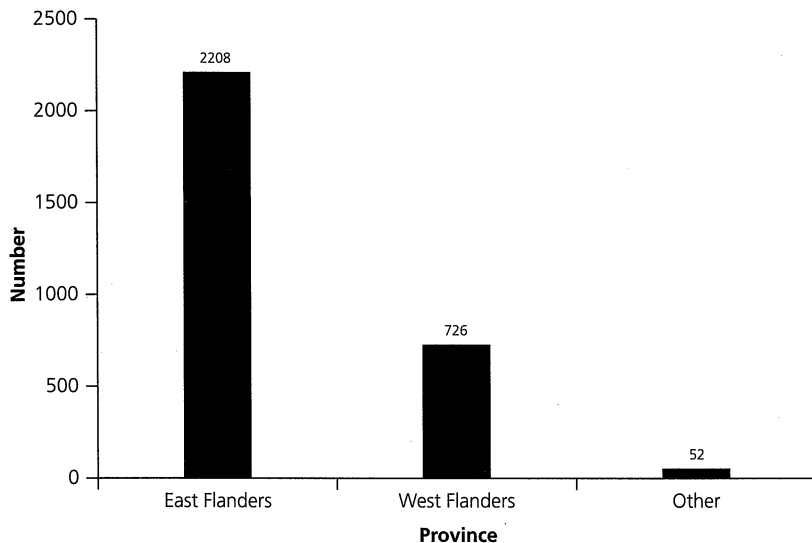
Of 141 patients the country of residence is unknown, mostly because their place of residence was illegible. Of course, the majority of Van den Berghe's patients were Belgian. But what was their province of residence? Were most patients residing near Van den Berghe's practice or were they willing to travel for hours to consult him?

During the whole period of Van den Berghe's homoeopathic practice the provinces of East and West Flanders were best represented (Graph 3). Of 2,988 Belgian patients 2,936 resided in these provinces. The number of patients travelling from other provinces is small; Antwerp 26, Brabant 12 and Hainaut 13. No patients from Belgian Luxembourg and only one patient from the province of Liège have been found. The fact that there were many homoeopaths practising in Brabant and Antwerp might be an explanation for the small number of patients from these areas. Nearly 64 per cent of the patients travelling from provinces other than the ones in which Van den Berghe practised were male. This might be due to ideas regarding proper female behaviour; a middle-class woman was probably not supposed to travel by herself. It did happen that female patients stopped the treatment when their husbands, or other male family members, were no longer able to accompany them.<sup>41</sup> Logically there is a strong connection

**Table 2. Country of residence of new patients (1865–69; 1880–81; 1898–1901)**

Belgium	2,988
France	62
The Netherlands	32
Austria	1
Unknown	141
<b>Total</b>	<b>3,224</b>

**Graph 3. Province of residence of Van den Berghe's new Belgian patients (1865–69; 1880–81; 1898–1901)**



between the residence of Van den Berghe's practice and the residency of his patients: most of the West Flemish patients who visited him during his Zwevegem years are noted in Casebook One. The majority resided in Zwevegem itself or nearby. The same can be said for the years Van den Berghe practised in Ghent. More than a third of all patients resided in this East Flemish city. Although West Flemish patients continued consulting Van den Berghe in Ghent (the nearest West Flemish border being 23 kilometres away), the total number of patients from East Flanders increased. If they did not live in Ghent they mostly came from the direct vicinity. Other East Flemish patients, however, had to travel long distances considering the size of this province and the relatively poor travelling conditions. A patient from Renaix, in the southwest, had to travel 35 kilometres to consult Van den Berghe.

### Consulting Van den Berghe

**T**HREE THOUSAND TWO HUNDRED AND TWENTY-FOUR PATIENTS consulted Gustave van den Berghe on 22,752 occasions, an average of seven consultations per patient. This number represents both male and female

patients. The frequency of visitation, however, differed markedly. As can be seen from Table 3, some sought medical aid on only one occasion, whereas others continued to do so for many more. One lady consulted Van den Berghe 654 times over 15 years.<sup>42</sup> More than a quarter of Van den Berghe's patients (833) consulted him only once. It could be argued that they were just trying to find the therapy or doctor that would suit them most. In addition, many patients were cured after only one consultation.

Comparing the three casebooks with each other (Table 4) there is one remarkable conclusion. Even though the number of male patients decreased over the years, their average number of visits increased, especially

**Table 3. Frequency of consultations to Van den Berghe (1865–69; 1880–81; 1898–1901)**

<b>Number of consultations</b>	<b>Patients</b>
1	833
2	577
3	394
4	235
5	212
6–10	459
11–20	285
21–30	104
31–50	74
51–100	36
> 100	11
> 200	1
> 600	1
Unknown	2
<b>Total</b>	<b>3,224</b>

**Table 4. Average number of consultations based on gender (1865–69; 1880–81; 1898–1901)**

<b>CB</b>	<b>Number of males</b>	<b>Number of females</b>	<b>Total consultation males</b>	<b>Total consultation females</b>	<b>Average consultation males</b>	<b>Average consultation females</b>
1	489	528	2,749	4,367	5.62	8.32
8	477	623	3,929	3,622	8.25	5.81
17	451	640	3,332	4,722	7.39	7.38
	1,417	1,791	10,010	12,711	7.09	7.17

during the years 1880–81. More women consulted Van den Berghe, but they visited him less often, again particularly during this same period. Although a possible reason could be that more men than women were treated for free during the period this was not the case. The men who did receive free treatment consulted Van den Berghe 12 times on average, compared with seven female visits.

What happened to these people during consultations and what were the results? Although Van den Berghe always allowed the patients to report on their ailments first, he also wrote down his own findings. These were probably based on his physical examination of the patient but, unfortunately, nothing is known of his methods. Apparently, Van den Berghe asked questions about their personal circumstances and mental state. He occasionally inquired if the patient had any ideas about the origin of their complaints. Remarkably, patients did not always seek the reasons for their ailments outside their own control but, on the contrary, blamed themselves. One gentleman, for instance, thought he had caught his aches during urinating after 'seeing a woman'.<sup>43</sup> After the investigation was completed Van den Berghe decided on the proper medication. According to the law, he ought to hand over a prescription but, sometimes, he delivered the medicines himself. He would then write down 'donné moi-même' (given myself). This may well have happened during evening consultations when the apothecaries were closed.<sup>44</sup>

Of those patients who continued the treatment, 2,124 (63 per cent) returned for their second consultation within 14 days. Thus, Van den Berghe's practice differed from that of Hahnemann as the latter made more of his patients (85 per cent) return within two weeks.<sup>45</sup> These follow-up visits did not take as long as the first one. Usually, Van den Berghe wrote down only the current state of his patients (worse, same, or improved) and their new complaints if present. The patients, on average, remained under treatment for nearly five months (men 4.2 months against women 5.4 months). In the majority of the cases of patients aged over 10 (2,932 patients) the results are, again, unknown. However, 198 patients were cured by Van den Berghe and 602 (21 per cent) felt relieved. Only 16 patients are known to have died, three of them as a result of tuberculosis, one patient had stomach cancer. It is not quite clear whether these patients all died whilst being under Van den Berghe's care. He just wrote down 'mort' (dead), without mentioning the date or the cause. Some people will have been disappointed with Van den Berghe's medical skills as nearly 10 per cent of all patients displayed unchanged physical conditions.

### Why choose Homoeopathy, why choose Van den Berghe?

SINCE HARDLY ANY CORRESPONDENCE with personal information on patients has been preserved, it is very difficult to establish why people chose to consult Van den Berghe, let alone why they preferred homoeopathic treatment. There could be a connection between unlicensed medicine and a tradition of self-medication on the one side and the interest for homoeopathy on the other. Perhaps prevailing attitudes and ideas regarding health-related issues formed lower barriers for consulting homoeopathic practitioners than for visiting an orthodox physician. However, there are two important considerations. First, did the sufferers have any knowledge of homoeopathy and, if so, to what extent? Secondly, did these patients know that Van den Berghe was a homoeopathic practitioner? There are some indications that several patients were aware that they consulted a homoeopathic doctor. However, sufferers' awareness of having chosen homoeopathy should not be overestimated.

Nevertheless, the number of people visiting Van den Berghe on just a few occasions suggests that they were searching for a remedy for their ill health, rather than making a conscious, let alone a definite, choice in favour of homoeopathy. This behaviour of shopping on the medical market becomes clear in the medical histories of the patients. Previous treatment by allopaths had been unsuccessful and, in consulting Van den Berghe, they hoped to find relief. A servant from Ghent, for instance, felt very discouraged and longed to die. She had been treated in an allopathic manner for two years, which had only made her condition worse. Another woman had been treated for a permanent asthmatic condition by 10 different allopaths before she decided to consult Van den Berghe. The outcome of this treatment is unknown. A 39-year-old man with a heart condition, from Courtrai, consulted Van den Berghe after two years of allopathic treatment had not brought any improvement.<sup>46</sup> Moreover, people did not hesitate to go from homoeopathy to allopathy, even when under Van den Berghe's care. In 1867, a male patient of Van den Berghe went to see an allopath, probably because the homoeopathic treatment had not been successful. The allopathic therapy, however, made him feel even worse and he continued his consultations with Van den Berghe. One female patient went to hospital immediately after her first visit to Van den Berghe. She suffered from serious abdominal pains and had been given belladonna which, apparently, made her condition worse.<sup>47</sup> A male patient suffered severely from all sorts of vague aches. An allopath relieved his illness through morphine injections but by the time he consulted Van den Berghe the diagnosis was of chronic morphine poisoning.<sup>48</sup> Nevertheless, some



sufferers made a conscious choice in favour of homoeopathy. Some of Van den Berghe's patients had been treated previously by other homoeopaths. Perhaps these patients had moved to the area in which Van den Berghe was active and wanted a homoeopath nearby. The travel distance could have been the reason for a Dutch woman from Terneuzen to change from a Brussels homoeopath to Van den Berghe.<sup>49</sup> He was admired not only for his precise diagnostics, but also for his ability to comfort and encourage his patients.<sup>50</sup> This personal approach to patients and his interest in their mental state could have made them more at ease and, therefore, more willing to continue to consult him. Sufferers could be repelled or attracted by a physician's personality.<sup>51</sup> However, it seems that the choice of Van den Berghe was based, on many occasions, on the recommendation of friends, neighbours, colleagues or even passers-by as, for example, the previously mentioned Dutch boy suffering from a dysfunctional hip.

## Conclusion

THERE IS STILL MUCH WORK TO BE DONE in establishing people's ideas, attitudes and motivations towards health issues. Did Van den Berghe's patients consider themselves to be ill or did they simply experience their ailments as annoying and interfering with their daily activities? However, this initial analysis indicates that sufferers were actively seeking improvement. They tried every remedy they believed to be helpful and switched to the next if no result was obtained. Therefore, a tentative conclusion might be that many of Van den Berghe's patients were shoppers on the market, instead of regular visitors. Although there is a profile of Hahnemann's clientele, the issue of their behaviour on the medical market is hardly addressed.<sup>52</sup> The number of patients visiting Hahnemann only once is unknown nor is their previous experiences with allopathy or homoeopathy.

There were changes in Van den Berghe's practice over the years. In the beginning the number of patients was relatively low, which gave him the opportunity to improve his homoeopathic knowledge. As time went on, the number of new patients per year increased, as did the number of female patients. Although the number of new male patients decreased, their average consultation ratio increased as did the total number of visits. The majority of both male and female sufferers was between 21 and 40 years old. Male sufferers were only in the majority between the ages of 61 and 80. The age structure of Van den Berghe's patients does not differ from that of the clientele of other homoeopaths. However, a gender difference

seems to have existed as the majority of Van den Berghe's patients were female. Hahnemann and his pupil, Clemens von Bönninghausen during his practice in Rotterdam, counted more men amongst their clientele in the first half of the nineteenth century.<sup>53</sup> On the other hand, the homoeopathic hospital in London admitted more women than men in the 1890s.<sup>54</sup> Most of Van den Berghe's patients lived in the area in which he was practising. A minority were willing to travel, such as the patients from France and the Netherlands. Unfortunately, the results of Van den Berghe's treatment remain unknown in many cases. However, in relation to the ailments and treatment of children, Van den Berghe had, at least, an ability to bring relief to many of them.

## Notes

- 1 All primary sources mentioned belong to the archive of Van den Berghe owned by Dr J.-F. Vermeire, great-grandson of Gustave van den Berghe and homoeopathic practitioner at St Nicolas, Belgium. Unless specified differently this material will be referred to as AVB (Archive Van den Berghe). I would like to thank Dr Vermeire for lending me his great-grandfather's archive.
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- 4 R. Porter, 'The Patient's View. Doing Medical History from below', *Theory and society* 14 (1985), 175–98.
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- 6 G. van den Berghe, *De homoeopathie en hare teegenstrevers* (Bruges, 1881), 160.
- 7 AVB, Casebook 1 (1865–69), 206.
- 8 Van Praet, *De receptie van de homoeopathie*, 35–36; Gijswijt-Hofstra, 'Homöopathie in den Niederlanden und Belgien', 159; Velle, 'De homoeopathie in België', 24.
- 9 AVB, 'Leçons sur l'homoeopathie par le Dr Jahr au dispensaire Hahnemann a Bruxelles 1 mars 1871'; Docteur Gustave van den Berghe, 'Leçons sur l'homoeopathie données par le Docteur G.H.G. Jahr (1801–1875) au dispensaire Hahnemann de Bruxelles, les mercredis 1er, 8, 15, 22 et 29 mars 1871', *Revue belge d'homoeopathie (RBH)* 10 (1958), 381–86.
- 10 Van Praet, *De receptie van de homoeopathie*, 132.
- 11 Van Praet, *De receptie van de homoeopathie*, 132 and 137; Anon, 'Société belge de médecine homoeopathique. Séance du 2 Décembre 1877', *Homoeopathie militante (HM)* 1 (1878), 34–37.
- 12 G. van den Berghe, de Gand, 'La correspondance de S. Hahnemann. Sur l'utilité de sa publication', *HM* 1 (1878), 63–64.
- 13 AVB, E. de Keghel, *Notice historique du Cercle Médical homoeopathique des Flandres, 1872–97*, unpagged. Lue le 30 avril 1922.

- 14 Anon, 'Cercle médical homoeopathique des Flandres. Séance du 29 Avril 1887', *l'Union homoeopathique (Union)* 1 (1887), 136–38; Anon, 'Cercle médical homoeopathique des Flandres. Séance du 27 Janvier 1888', *Union* 2 (1888), 88–91.
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- 16 AVB, manuscript 'Médecine des Régions', not dated, 123 pages.
- 17 'A la Mémoire du Dr G.A. van den Berghe', private archive Dr Vermeire, 8.
- 18 Velle, 'De homoeopathie in België', 22–24.
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- 20 Van Praet, *De receptie van de homoeopathie*, 25–42, 97.
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- 27 For information on rates for medical treatment, see C. Vandenbroeke, 'De medische consumptie sinds de 16e eeuw', *Handelingen der maatschappij van geschiedenis en oudheidkunde te Gent* 34 (1980), 143–65; C. Vandenbroeke, 'De dokter heeft altijd veel gekost', *Knack* 10 (1980), 33–40.
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- 29 Anon, 'Société belge de médecine homoeopathique. Séance du 11 mars 1878', *HM* 1 (1878), 231.
- 30 This method is based on M. MacDonald, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England* (Cambridge, 1981), 36.
- 31 MacDonald, *Mystical Bedlam*, 36–38.
- 32 P. Penn Hilden, *Women, Work and Politics. Belgium 1830–1914* (Oxford, 1993); P. Scholliers, *De Gentse textielarbeiders in de 19e en 20e eeuw. Dossier 6: Herkomst, huisvesting, arbeids-en levensomstandigheden van de werkkrachten van het bedrijf A. Voortman-N.V. Texas* (Brussels, 1981).
- 33 AVB, Casebook 8 (1880–81), 453.
- 34 AVB, Casebook 8 (1880–81), 487.
- 35 K. Velle, *Hygiëne en preventieve gezondheidszorg in België in de 19de eeuw (c.1830–1914). Bewustwording, integratie en acceptatie* (unpublished licentiate thesis, University of Ghent, 1980–81), 82–83.
- 36 AVB, Casebook 17, 184.
- 37 AVB, Casebook 8, 32 and 39.
- 38 AVB, Casebook 1, 377; Casebook 8, 496.
- 39 Gustave van den Berghe de Gand, 'Le kali carbonicum dans le traitement interne de la coxarthrocace', *HM* 1 (1878), 257–60.
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- 41 AVB, Casebook 17, Letter of Mr Van Caemelbeke to Dr Van den Berghe, not dated, 44.
- 42 AVB, Casebook 1, 698.
- 43 AVB, Casebook 1, 71.
- 44 Kind remark of Dr J.-F. Vermeire.
- 45 R. Jütte, 'Samuel Hahnemanns Patientenschaft' in Dinges (ed.), *Homöopathie*, 23–44, see 30.
- 46 AVB, Casebook 1, 667 and 717; Casebook 8, 288.
- 47 AVB, Casebook 1, 631; Casebook 8, 286.
- 48 AVB, Casebook 8, 954.
- 49 AVB, Casebook 17, 396.
- 50 'A la Mémoire du Dr G.A. van den Berghe', private archive Dr Vermeire, 6.
- 51 MacDonald, *Mystical Bedlam*, 30.
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- 53 Jütte, 'Patientenschaft', 31; M. Gijswijt-Hofstra, 'Homeopathy's Early Dutch Conquests: The Rotterdam Clientele of Clemens von Bönninghausen in the 1840s and 1850s', *Journal of the History of Medicine and Allied Sciences* 51:2 (1996), esp. 174.
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