How do you write a country’s medical history in the twenty-first century? This is the underlying question that the editors, Joris Vandendriessche and Benoît Majerus, set out to explore in their anthology *Medical Histories of Belgium: New Narratives on Health, Care and Citizenship in the Nineteenth and Twentieth Centuries (Social Histories of Medicine, 41)*. Manchester: Manchester University Press, 2021. 400 pp. $44.95, cloth, ISBN 978-1-5261-5108-7.

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Medical Histories of Belgium is an ambitious and laudable attempt in this direction. By offering a “broad view of medical history both of Belgium and in Belgium,” the anthology aims to provide impulses for a new historiography that foregrounds a “multiplicity of actors, places and media”—an ardent call for “decentralizing” European history of medicine (pp. 1-2).

The timeline in the back of the book aptly illustrates this. Listing dates of central importance for the respective studies, it creates a broad panorama of actors, ideological currents, and legal developments over the span of two centuries, from the establishment of the Catholic Foundation of the Sisters of Charity of Jesus and Mary in Ghent in 1803, over the first clinical films by Arthur van Gehuchten at the Catholic University of Leuven in 1905, to government-led experiments with personal assistance budgets in 1995. This plurality is also indicative for the nine chapters, each of which has set itself the task of providing insights “beyond” the nation-state, hospitals, and physicians as traditional objects of inquiry. As Vandendriessche and Majerus explain in their introduction, a systematic
The contributors furthermore had to face a number of challenges, such as the availability of sources, the need to reconcile the significance of Catholic care provision with narratives about the Belgian medical field, or the role of transnational actors and contacts vis-à-vis a weak Belgian state. Identifying existing blind spots for future research was therefore another task to be tackled.

In part 1, “Beyond the Nation-State,” the authors explore developments in the field of medicine “that transcended Belgian borders, yet impacted Belgium in a particular way” (p. 16). In their opening chapter, Jolien Gijbels and Kaat Wils discuss women’s participation in medical practice and the dissemination of medical knowledge, explaining how innovations in obstetrics, nursing, and gynecology; demands for bodily self-determination; and religious ideals of gender and sexuality have made gender hierarchies negotiable. Joris Vandendriessche and Tine Van Osselaer look at the entanglements between medicine and religion: understood as a form of missionary work, healthcare provided by religious congregations had a long tradition in Belgium that not only outlasted secularization during French rule but also benefited from the liberal constitution of the newly established Belgian state in the mid-nineteenth century. The authors dispel the misconception that conflicts of religious congregations with state institutions, medical practitioners, or changing sexual morality inevitably contributed to their loss of importance, instead emphasizing their adaptability and diverse interactions in politics and other areas. Sokhieng Au and Anne Cornet shed new light on medicine in the Belgian colonial projects in Congo and Ruanda-Urundi by convincingly laying out the interactions of a pluralism of military, economic, and missionary colonial medicine. Particularly interesting is their observation that the situation in Congo Free State, a private property of King Leopold II, anticipated later developments in humanitarian aid as “the colonial bloc would forcibly partner with private industries and charitable groups to achieve wider health action, bypassing the lack of political will. This is currently how international humanitarian organisations often approach provision of care in unstable regions” (p. 124). Concluding the first part, Thomas D’haeninck, Jan Vandersmissen, Gita Deneckere, and Christophe Verbruggen then analyze transnational impacts on Belgian medical history with regard to public health and the medicalization of society as “circulatory regimes” of physician, philanthropic, and reformist networks.

Part 2, “Institutions and Beyond,” shifts the focus to ideological negotiations in educational institutions, mutual societies, hospitals, and asylums. Renaud Bardez and Pieter Dhondt exemplify this by studying the transmission of medical knowledge between general, scientific, and vocational schooling and its regulation through medical education policies. The financing of healthcare and hospitals through local welfare, state intervention, and private institutions such as mutual aid societies is the focus of the chapter by Dirk Luyten and David Guilardian, while Valérie Leclercq and Veronique Deblon comment on material aspects of medical institutions. Vividly depicting how architecture, spatiality, and interior furnishing have influenced experiences and perceptions of hospitals over time, their chapter underlines the innovative potential of a material history of medicine that challenges “the two important narratives that have defined the way historians think about hospitals and asylums: the narrative of teleological medical progress and that of social control” (p. 271).

Medical histories “from below” inform the two chapters of part 3, “Beyond Physicians.” Both contributions make clear that impulses coming from patients or local communities, journalists, “alternative” physicians, or filmmakers were most successful when either cooperating with professional medicine or state institutions, or making their voices heard through open confrontation with them. Benoît Majerus and Pieter Verstraete’s
chapter on mental illness and disability instructively demonstrates this by considering the “importance attributed to boundaries” in the medical field, societal perceptions, and institutional aspects, as well as in the historiography of these two—often separated—research fields themselves (p. 285). The colony of Geel, an early example of community psychiatry, functions here as an insightful window into the possibilities of alternative models of care that arose from the lack of state regulation. Finally, the concluding contribution, by Tinne Claes and Katrin Pilz, deals with the communication and circulation of medical knowledge through health exhibitions and medical films, focusing on their reception—and influence—by patients and consumers. The Belgian example highlights particularities indicative of other “small” countries, such as the adaptation of international exhibition and film productions for the limited domestic market and the permeability of boundaries between science and the public. That the book lives up to its claim to challenge established medico-historical narratives with new perspectives is underlined by the rather ingeniously conceived epilogue written by Dutch historian Frank Huisman. Placing Belgium in a broader European and methodological perspective, he succinctly summarizes the book’s strengths: the contributions’ “multiplicity, diversity and dynamism,” the consistent continuation of “new narratives” and historiographical “turns” of recent decades, and the discussions on the usefulness of a national medical history of Belgium and other peripheral regions in Europe and beyond (p. 359).

Summing up, the many vignettes provided in this volume provide some fascinating insights into the trajectories of Belgian medical history. While linguistic tensions between the Flemish and Walloon communities surprisingly seemed to have played little role, Catholicism had a decisive influence on the development of health practices, especially regarding poorer sections of the population, colonial settings, and moralistic debates, as did the relative absence of state regulation. But these points also raise questions that the anthology answers only in part: How, for instance, did Catholic healthcare provision relate to the other “pillars” of the Belgian sociopolitical system, namely socialism and liberalism? What role did (and do) Belgium’s administrative structures play at the linguistic, regional and cultural levels, especially when considering increased European integration, immigration, and cultural diversification since the second half of the twentieth century?

At times, a stronger comparative angle would have been desirable. Although the transnational interactions and influences, especially regarding France and Germany, are exemplarily illuminated in their complexity, it remains open to what extent the Belgian particularities mentioned were truly unique. In Norway, for example, there have been attempts to integrate people with mental illness into the community, reminiscent of the Geel colony described by Majerus and Verstraete, such as placement in ordinary households in exchange for financial support from local authorities. Likewise, the insights gained by looking behind established narratives of straightforward Belgian nation-building and a corresponding health system may also be found in other countries with similarly late independence and experiences of political and cultural marginalization—Norway and Finland at the beginning of the twentieth century come to mind, or the Baltic states in the interwar period.[1] Regarding Catholic influence, it may also be worth looking at Spain or Italy, where religious congregations provided important infrastructures for hospital and psychiatric care well into the postwar period.[2]

While each chapter has its own temporal focus, they all place their analyses in a long-term perspective spanning the nineteenth and twentieth centuries. This is highly commendable as it allows for contributing to current debates, offering thought-provoking impulses for future research on (not only) Belgian medical history. It is to be hoped that this anthology, with its effective decon-
struction of traditional narratives and myths often underlying national medical history through “idealistic exhortations to produce new histories,” will find many readers both inside and outside academia (p. 16).

Notes


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