

Introduction

In the middle of the 1850s, the Belgian physician Édouard Lesseliers faced an unpleasant monthly task. As the assistant-secretary of the Medical Society of Ghent, a club of physicians founded in 1834 with the aim of advancing the Belgian medical sciences, he was responsible for editing the society's meeting reports. In a letter to secretary Charles Poelman, he complained about the difficulties of the job:

Everyone was informed that those who had not sent in their notes by Sunday, would see their speech reproduced at their own risk and peril. [...] When I do it well, no one complains; but the moment a member acted improperly or awkwardly during discussion, they blame me for reproducing the blunders they committed.¹

The 'risk and peril' and 'blunders' mentioned in Lesseliers' letter in no way refer to actual failed medical treatments or medical misconduct. They refer, surprisingly, to the behavior of society members during meetings and the style of their speeches. To understand the potential risk of 'improper' conduct in medical societies, one needs to know that these reports were not stored away securely in the archives, where they would be rarely consulted. To the contrary, they were published in the society's monthly *Bulletin* and could potentially be read by colleagues from across the country. Hence came the need for careful editing. Speeches were often embellished for publication, to showcase one's knowledge and eloquence. Particularly in cases of more heated exchanges or controversies, the printed form of the discussion had to display mutual respect and gentlemanly behavior. Central to such editorial work was thus the matter of representing 'science' and of upholding one's reputation in the medical community – a matter

which, as Lesseliers' complaints reveal, was considered of utmost importance.

Lesseliers' editorial practices direct our attention to aspects of medical sociability that have hitherto been rarely studied. When physicians gathered in medical societies to present, share, discuss, evaluate, publish and even celebrate their medical studies, they engaged in a scientific community with specific practices, rules and manners. These customs and codes of conduct, and the ways in which they were set and imposed, lie at the heart of this book. By scrutinizing the scientific activities of medical societies, it treats, more broadly speaking, the function of sociability in the nineteenth-century medical sciences. And this function, it will be argued, was above all of a normative nature. As medical study evolved from an intellectual pursuit by learned men to an enterprise of professional (academic) scientists over the course of the nineteenth century – a project described as 'making medicine scientific' by both contemporaries and later historians² – the boundaries of what constituted 'science' or 'scientific' conduct were continuously redefined. Medical societies, I argue, were spaces where such arbitration took place. This book explores the different ways in which such norms were set and uncovers the rich scientific culture that emerged in and around these societies.

The current lack of attention to the scientific activities of nineteenth-century medical societies may be regarded, to an extent, as surprising. For scientific study formed an essential topic in the historiography of eighteenth-century learned societies, those institutions after which nineteenth-century medical societies were modelled.³ This lacuna seems mostly the product of our dominant framework for studying the nineteenth-century medical world: the 'professionalization' of medicine. Different from the professionalization of science – meaning science becoming a full-time paid activity rather than a voluntary one – this concept refers to the coordinated efforts of physicians to improve their social status.⁴ Medical societies have been represented as agents of such professionalization, as spaces of professional union, which lobbied the government for more autonomy. Within such a framework, science was mostly studied as a form of professional discourse, a means to strengthen professional claims through a narrative of scientific progress. The literature on medical societies therefore illustrates a tendency that holds true for the historiography of nineteenth-century medicine

more generally, that is that attention to professionalization has generated an all too limited, rhetorical understanding of 'science' in medicine. As John Warner has advanced, inquiries into the 'rhetoric' of science might have critically assessed older stories of scientific progress, they have also reinforced 'unhelpful dichotomies between medical science as ideology and medical science as a body of knowledge and technique; between science as discourse and science as social practice; [...] between science and society.'⁵

Much of the recent literature on science in medicine has aimed to transcend these dichotomies and widen our understanding of the practices and social contexts that have shaped medical knowledge.⁶ This book contributes to this effort and builds on the work of Warner and others on the changing meanings of 'scientific medicine' in the past.⁷ Of particular inspiration was Michael Brown's work on the performance of medicine in York at the turn of the nineteenth century. The York physicians, as Brown shows, constructed their professional identity before different audiences. When engaging in philanthropic or scientific activities (e.g. publishing), they tailored their efforts to the expectations of audiences in different settings, including the setting of the medical society with its audience of fellow-physicians.⁸ This study too pays attention to the performative dimension of medical sociability. Participating in medical societies always meant engaging with one's peers. Whether presenting a study, reviewing a manuscript, or responding to an opponent in a debate, the presence of an audience of colleagues always impacted the form and content of one's interventions. While Brown studied performances to achieve new insights in physicians' shifting professional identity, I use them to uncover the codes of conduct that underpinned nineteenth-century scientific culture. The history of medical societies becomes in this way a history of written and unwritten procedures, and of succeeding generations bending these to their advantage.

Some of these procedures were very formal. When (young) physicians founded the first societies in the early nineteenth century they aspired to the prestige of learned institutions with their strict rules for membership and publishing. Whether one became a member or not, or whether one's manuscript was published or not, was determined by a system of voting. Yet, at the same time, this founding generation also relaxed the rules to allow more medical colleagues to participate in

scientific work, in line with their reformatory agenda. Other mechanisms, which were no less important for setting standards, operated in more subtle ways. The praise for an eloquent speech, or the applause given to those doctors who committed themselves socially – compliments typically made during jubilees and celebrations, or during memorial and funeral eulogies – reinforced shared scientific codes. Each of these formal speeches – as George Weisz has shown for the French Academy of Medicine – created an ideal image for colleagues to follow.⁹ By participating in medical societies, physicians thus underwent a process of socialization during which they familiarized themselves with the rules and manners of the scientific community.

Throughout the century, a shift took place on the level of these more subtle, unwritten rules as well. From the 1860s onwards, professional scientists who worked in academic laboratories or in the new research institutes of the state started replacing the founders of medical societies. To them, the original customs no longer seemed suited to manage professionalized science. The changing style of society debates forms a telling example. In the second half of the nineteenth century, a preference for stating facts replaced a tradition of oratory. In the field of epidemiology, the accumulation of experimental results in the laboratory was considered a far more valid and trustworthy approach than the eloquent debating of medical theories and observations – a scholarly tradition that had flourished in the mid-nineteenth century, when society members discussed the major cholera outbreaks. The downfall of this tradition, however, did not signal the end of societies' scientific activities. Professional scientists rather reshaped their form and function to meet new needs, such as assisting promising students with their first steps in research or bridging the gap between different medical specialisms.

Uncovering these shifts requires a specific methodology. Throughout this book, I have paid particular attention to those moments when established norms were debated and transgressed. Outsiders such as the rural physician Jean Fierens, whose dispute with the members of the Medical Society of Ghent on a treatment for ophthalmia I discuss in the second chapter, contested the procedures on which society members based their authority. Attention to disputes alone, however, does not suffice to trace shifts in societies' functioning. Scientific sociability was often marked by a longing for tradition and a sense of

continuity. Reforms occurred at a slow pace. To draw general lines I have adopted a wide chronological perspective that covers the entire nineteenth century. The fourth chapter on anatomical networks and collections, for example, reveals that a tradition of rural private practitioners donating a 'rare' anatomical specimens to medical societies continued throughout the century. Yet, from a long-term perspective, it is clear that the heyday of this practice is to be situated in the early and mid-nineteenth century.

The context in which I study the scientific activities of medical societies is a developing civil society in nineteenth-century Belgium. The profound confidence in the potential of societies to turn medicine into a 'science,' it will be shown, cannot be understood without acknowledging the shared civil values that underpinned physicians' scientific beliefs. Societies' ambitions of advancing the sciences consisted of organizing debates, publishing journals, providing medical advice to the state and celebrating historical events – efforts that corresponded well to the values of social engagement, polite debate, a free press and a national historical awareness of the urban bourgeoisie. The history of medical societies therefore offers a new perspective on the relation between science, sociability and citizenship.¹⁰ One of the claims of this book is that the urban medical society formed the most-suited institutional model for early and mid-nineteenth-century physicians – more than the university or national academy – to establish a scientific community that reflected their shared civil values. The scientific culture that emerged through the efforts of medical societies was, to a large extent, a 'civil' culture.

This intertwinement of science and civil society will be traced on the level of scientific practices and ideals. For the better part of the century, the scientific customs and values reinforced in medical societies corresponded to contemporary ideals of citizenship. The praise for an eloquent and polite speech in mid-nineteenth-century society debates, for example, can be considered part of a cultural tradition of public speaking among the urban bourgeoisie. Put in more general terms, the socially and culturally-engaged 'gentleman physician' embodied the medical sciences in this period. Paying attention to (changing) scientific codes of conduct, as explained above, becomes in this way a means to uncover the relation between science and civil society.

This relation offers a better suited framework than the professionalization of medicine to understand the scientific practices that took place during society meetings. It not only allows these practices to be contextualized, but explains the changes that occurred in the course of the century. The correspondence between the medical sciences and a wider civil culture was indeed far from stable. As medical study evolved into a form of professionalized science – performed in laboratories and structured around a rising number of (academic) specialties – new scientific values and codes of conduct began to mirror the customs of civil society less. The scientific field now acquired a far greater autonomy vis-à-vis the civil world. As a result, the faith in the established practices of scientific sociability, as the example of polite debates versus experiments has shown, was greatly reduced. Through the lens of medical societies, the rise of ‘scientific medicine’ therefore becomes both a process of construction, of using the tools and customs of civil culture to build a new science, and one of erosion, as the successes of the sciences also stimulated an evolution towards a professional community, which increasingly questioned these early civil codes of conduct. These two interconnected narratives of the construction and erosion of a ‘civil’ scientific culture form the connecting threads throughout this book.

The movement to make medicine ‘scientific’ was, of course, not limited to Belgium. The search for the right methods, standards and codes of conduct was part of a much wider shift in the European sciences. On a methodological level, it involved an evolution from more descriptive, cataloguing methods to more experimental research in the course of the nineteenth century. More than a clear movement originating in French clinical medicine, this process had many different intellectual origins.¹¹ In early nineteenth-century Germany, natural history offered models for physicians to describe, compare and classify medical observations.¹² In late nineteenth-century Britain, new experimentally oriented views on scientific medicine were not based exclusively on physiology, but encompassed a variety of practices from the physical and chemical sciences.¹³ The adoption of experimental methods was thus as diverse as the ‘rise’ of the clinic and differed according to national contexts and to existing scientific traditions.

With regard to nineteenth-century scientific sociability as well, both general trends and differences between the European nations may be

identified. As an urban bourgeoisie rose to power in the wake of the political upheaval of the first decades of the century, new forms of sociability developed in many European cities. Society members from Belgian cities such as Ghent and Antwerp exchanged their journals and publications with colleagues in Paris, Amsterdam, London and Berlin, effectively maintaining an international network. To an extent, this was a continuation of an older, eighteenth-century network of learned societies. Yet the foundation of national academies in this period illustrates the increased importance of national identity and prestige. And more importantly, the liberal ideology that was the product of the revolutionary era allowed physicians to reinvent the model of the learned society to better fit in with their ambitions. To many young physicians, the newly acquired political freedoms (e.g. to meet without surveillance, to publish without censorship) held great potential to improve their profession, which also meant turning this profession into a 'science'. This applies to medicine, but also holds true for other developing disciplines such as biology or chemistry.¹⁴ The faith in the power of all sorts of scientific societies to contribute to the progress of their respective fields was thus rooted in these liberal ideals of the early nineteenth century, which were widely shared across Europe.¹⁵

The organization and scientific production of these societies differed considerably. The degree of state intervention in the sciences in each European nation proved an important factor in this. Contemporary Belgian physicians often juxtaposed the 'centralized' model of France with the more 'decentralized' German model. In France, the Parisian medical faculty, which dominated the French Academy of Medicine, attracted most government support; its prestige made it difficult for provincial medical centers to develop.¹⁶ In Germany, the more fragmented academic landscape was said to promote a much more 'spontaneous' scientific practice.¹⁷ The limited historiography of medical sociability in this period, however, does not allow clear conclusions to be drawn on national traditions and emerging science policies.¹⁸ But it does suggest that state intervention was not the only factor. Local – mostly urban – circumstances, such as the presence of universities, hospitals, publishers and libraries, were essential to the success of scientific societies. Moreover, cultural traditions of debate had a profound influence on the meetings and publications of societies. In the literature, a British tradition of 'gentlemanly debate,' conducted behind

closed doors and rarely published in minutes, has been contrasted to a French tradition, in which a more confrontational style was adopted both during debates and in the (scientific) press.¹⁹

Belgium forms a well-suited case study to scrutinize the impact of liberal freedoms on the development of the medical sciences in nineteenth-century Europe. Its origins as a nation-state lay in the 1830 revolt of the southern parts of the United Kingdom of the Netherlands against the policies of King William I. The new state was built upon a political compromise between an upcoming industrial bourgeoisie and the Catholic Church. Both shared a profound distrust of state intervention. To prevent the state (or the monarch) from interfering in their respective economic and religious programs, profound liberal freedoms were included in the new and highly progressive constitution of 1831. This spirit of liberalism also helped secure the political viability of the new state, together with the country's strategic value as a buffer against French aggression, as it was shared by international decision-makers.²⁰ Belgium became a state where capitalism could blossom. While physicians did not belong to the upper ranks of the industrial bourgeoisie, who profited most economically and politically, they did belong to an upcoming middle class and petty bourgeoisie that had supported the revolution of 1830 and gradually profited from the nation's economic success. They were part of a social stratum with upward social mobility, which as political liberalism triumphed in the mid-nineteenth century, actively sought social engagement, contributing to the ambitions of the Belgian state to take its place among the European nations.²¹

These political and social circumstances also determined the organization of the scientific landscape in Belgium. Here as well, state intervention remained limited and much was left to the private initiative, resulting in strong regional centers. In higher education, the creation of four universities in 1835 – two state universities in Ghent and Liège, one Catholic university in Leuven and one explicitly liberal one in Brussels – testified to the balances between public and private, between Catholics and liberals, and between the capital city of Brussels and the expanding provincial cities.²² Societies followed a similar geographical pattern, but ideological tensions seemed to have played a less prominent role. Only in the state-funded Belgian Academy of Medicine, founded in 1841, a good balance between professors from the Catholic University of Leuven and the Free University of Brussels was closely

monitored. At the same time, several (private) medical societies were founded in Ghent, Brussels, Antwerp and many smaller cities – products of an upcoming middle class making use of the acquired freedom of association. It were these organizations, as I will show in Chapter 1, that sought to augment Belgium's status and affirm its *raison d'être* as a 'scientific' nation among its European neighbours.²³

As the century progressed, however, these balances became disturbed. As elsewhere in Europe, ideological struggles between Catholics and liberals intensified over matters such as education and public health.²⁴ And also within liberal circles, the gradual development of national health policies generated tensions on the scope of state intervention – tensions which were echoed in societies' debates on the public role of the physician.²⁵ Financial investments in the modernization of the Belgian universities further indicated the end of the state's hesitance to invest in science. Nevertheless, these investments were made slowly in Belgium and came into full effect only in the final decades of the century.²⁶ Taken together, these circumstances – a strong urban, liberally oriented bourgeoisie, a hesitant development of state infrastructure, and a slow modernization of the universities – meant that much space was left for 'civil' engagement in the medical sciences, turning Belgium into an interesting case to study the relation between science, sociability and citizenship.

To uncover this function, particular cases and source materials were selected. If histories of professionalization have studied nation-wide medical organizations, such as the Belgian Medical Federation (1863),²⁷ research into societies' scientific function requires attention to those societies with an explicitly scientific aim, which had fewer members but a far greater scientific production. This study therefore focuses on the medical societies in Belgium's major cities, of which the most important ones were the Society of Medical and Natural Sciences of Brussels (1822), the Medical Society of Ghent (1834) and the Medical Society of Antwerp (1834). The Belgian Academy of Medicine (1841) is considered to a lesser extent; its financial dependence on the state and its advisory role to the government made it less suited to study science in relation to civil society. All the societies have produced a wealth of published records in the form of monthly journals, which form a stable corpus from the 1830s until the end of the century.

Of particular interest are the meeting reports included in these journals. Rather than verbatim accounts of society members' speeches and debates, these reports – as Lesseliers' editorial work has illustrated – were carefully crafted with an audience of colleagues in mind. I have analyzed them almost as the scripts of plays, in which science was 'staged'. In addition to the systematic analysis of the meeting reports of the mentioned societies, I also looked, when developing a particular case in one of the chapters, at other medical journals and at some of the monographs published by society members. In this way, I was able to follow debates as they left societies' meeting rooms, include views from the outside and occasionally expand the framework of the study. A number of archival collections equally allowed me to put the printed discussions into perspective. Some correspondence between medical societies and the Belgian authorities has been preserved in the state archives (e.g. subsidy requests). The archive of the Medical Society of Ghent, however, was a far more useful and richer collection. These archival materials provide a welcome look behind the scenes, revealing for example, as Lesseliers' letter has done, the 'staged' nature of societies' publications.

This study consists of seven chapters. The first chapter sets the scene by situating the growing faith in societies as a means to reform the medical field against the background of changing political regimes in Southern Netherlands since the late eighteenth century. It shows how the model of the eighteenth-century learned society was refashioned by the middle of the nineteenth century into a 'civil' institution that corresponded to contemporary liberal ideals. This was not a one-way process. Physicians struggled to 'democratize' these institutions and determine their relation to the state. The next two chapters lay bare the inner scientific functioning of medical societies, focusing respectively on traditions of medical debate and publishing over the course of the nineteenth century. They present the urban medical society as a specific setting where physicians' success in constructing authority depended on their skills in navigating societies' customs and procedures. The second chapter, on medical debates, reveals the importance of oratorical skills and scientific demonstrations during meetings as means to establish the validity of one's scientific claims. Controversies over who had come up first with a new innovation – so-called 'priority disputes' – reveal mechanisms of professional recognition and accreditation.

Societies' publishing efforts, discussed in the third chapter, highlight authors' motivations for submitting articles, reviewers' ways of criticizing, editors' decisions to reach new audiences and publishers' role in the spreading of scientific journals. The chapter situates society journals within the wider, changing and highly competitive landscape of the nineteenth-century medical press.

The fourth and fifth chapters each discuss the function of societies in one particular medical subfield, respectively anatomy and public health. By scrutinizing societies' role in the networks through which anatomical specimens circulated, we get a look into societies' networks of correspondents and their relation to universities. Rural practitioners, for example, could acquire a form of scientific recognition by sending a rare specimen to a medical society. Such specimens often travelled further, from medical societies to the universities, which were the primary actors – much more than medical societies – in building anatomical collections. Chapter 5, on public health, focuses on the changing profile of 'experts' in this field – from elite practitioners to paid professionals working in state service – and the way they used the forums provided by medical societies to claim an expert status. Their presence and initiatives during society meetings reveal the difficult relation between medical societies and the Belgian state, and more generally the tensions between science and politics. Public health was indeed a field in which the upholding of scientific standards and the showing of medicine's social usefulness proved difficult to reconcile.

The sixth chapter focuses on practices that are rarely considered as an integral part of scientific culture, but were nevertheless essential to building a scientific community. It discusses a set of 'commemorative practices' in medical societies – practices that established a shared, collective memory. By celebrating historical predecessors (e.g. Vesalius) or mourning the deaths of one's colleagues, society members confirmed shared scientific beliefs. The changes in these ideals reveal how societies sought closer affiliation to the expanding universities in the late nineteenth century. The seventh chapter scrutinizes the shifting position of urban societies in the scientific landscape of the late nineteenth century, which was increasingly dominated by universities. It measures the effects of the specialization and professionalization of (academic) medical research by showing how medical societies repositioned

themselves as ‘local’ and ‘general’ institutions, taking up new functions of vulgarization and postgraduate education, but also losing much of their central role as ‘arbiters’. It meant the downfall of an institutional model for scientific practice that had determined the course of the medical sciences for the better part of the century.

Notes

- 1 ULG, Cor. R., Letter of October 21, 1854 of Edouard J. Lesseliers to Charles Poelman.
- 2 For a general introduction to this evolution: W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge University Press, 1994).
- 3 J.E. III McClellan, ‘Scientific Institutions and the Organization of Science,’ in R. Porter (ed.), *The Cambridge History of Science. Volume 4: Eighteenth-Century Science* (Cambridge: Cambridge University Press, 2003), pp. 87–106.
- 4 J.C. Burnham, ‘How the Concept of Profession Changed the Writing of Medical History,’ *Medical History Supplement* 18 (1998), 1–195, 5–8.
- 5 J.H. Warner, ‘The History of Science and the Sciences of Medicine,’ in A. Thackray (ed.), *Constructing Knowledge in the History of Science*, special issue of *Osiris*, 10 (1995), pp. 164–93, on p. 174.
- 6 For an overview of this literature: S. Müller-Wille, ‘History of Science and Medicine,’ in M. Jackson (ed.), *The Oxford Handbook of the History of Medicine* (Oxford: Oxford University Press, 2011), pp. 469–83.
- 7 See also: T.M. Romano, *Making Medicine Scientific: John Burdon Sanderson and the Culture of Victorian Science* (Baltimore: Johns Hopkins University Press, 2002).
- 8 M. Brown, *Performing Medicine: Medical Culture and Identity in Provincial England, c. 1760–1850* (Manchester: Manchester University Press, 2011).
- 9 G. Weisz, ‘The Self-Made Mandarin: The “Éloges” of the French Academy of Medicine, 1824–47,’ *History of Science*, 26:1 (1988), 13–40.
- 10 T.H. Broman, ‘Introduction: Some Preliminary Considerations on Science and Civil Society,’ *Osiris*, 17 (2002), 1–21.
- 11 For a revision of the development of clinical medicine and the pioneering role of Parisian clinics: O. Keel, *L’avènement de la médecine clinique moderne en Europe, 1750–1815: Politiques, institutions et savoirs* (Montréal: Les Presses de l’Université de Montréal, 2001).
- 12 J. Bleker, *Die naturhistorische Schule 1825–1845: Ein Beitrag zur Geschichte des klinischen Medizin in Deutschland* (Stuttgart: Fischer, 1981); V. Hess,

- Von der semiotischen zur diagnostischen Medizin: Die Entstehung des klinischen Methode zwischen 1750 und 1850* (Husum: Matthiesen, 1993).
- 13 See for example: Romano, *Making Medicine Scientific*.
 - 14 On natural history societies: D.A. Finnegan, *Natural History Societies and Civic Culture in Victorian Scotland* (London: Pickering & Chatto, 2009). For a study of a society of chemists (the *Association belge des chimistes*): G. Vanpaemel and B. Van Tiggelen, 'The profession of chemistry in nineteenth-century Belgium,' in D. Knight and H. Kragh (eds), *The Making of the Chemist: The Social History of Chemistry in Europe 1789–1914* (Cambridge: Cambridge University Press, 1998), pp. 191–206.
 - 15 On the expansion of learned societies in France, see: J.-P. Chalaine, *Sociabilité et erudition: Les sociétés savantes en France, XIXe–XXe siècles* (Paris: CTHS, 1998).
 - 16 G. Weisz, *The Medical Mandarins: The French Academy of Medicine in the Nineteenth and Early Twentieth Centuries* (Oxford: Oxford University Press, 1995). On the particularities of provincial science in France: J.M. Nye, *Science in the Provinces: Scientific Communities and Provincial Leadership in France, 1860–1930* (Berkeley: University of California Press, 1986). For a discussion of the French scientific landscape, in comparison to Britain, see also: M.P. Crosland, *Scientific Institutions and Practice in France and Britain, c. 1700–c. 1870* (Aldershot: Ashgate, 2007).
 - 17 For a useful discussion on the German medical landscape: A. Tuchman, *Science, Medicine, and the State in Germany: The Case of Baden, 1815–1871* (New York: Oxford University Press, 1993). For an introduction to the relation between medical science and the state in (south) eastern Europe: T. Buklijas and E. Lafferton, 'Science, Medicine and Nationalism in the Habsburg Empire from the 1840s to 1918,' *Studies in History and Philosophy of Biol. & Biomed. Sci.*, 38:4 (2007), 679–86.
 - 18 Some examples of the fragmented research into nineteenth-century medical societies: on the Swedish Society of Medicine: E. Åhrén, *Death, Modernity and the Body: Sweden, 1870–1940* (Rochester: University of Rochester Press, 2009), pp. 52–3; on the Medical Society of Geneva: P. Rieder and M. Louis-Courvoisier, 'Enlightened Physicians: Setting Out on an Elite Academic Career in the Second Half of the Eighteenth Century,' *Bulletin of the History of Medicine*, 84:4 (2010), 578–606; on late eighteenth- and early nineteenth-century French medical societies: P. Rieder, 'La médecine pratique: une activité heuristique à la fin du 18e siècle?,' *Dix-huitième siècle*, 47 (2015), 135–48; on British medical societies: S.C. Lawrence, "'Desirous of Improvements in Medicine". Pupils and Practitioners in the Medical Societies at Guy's and St. Bartholomew's Hospitals, 1795–1815,' *Bulletin of the History of Medicine*, 59 (1985), 89–104. On

- the literature on medical societies in the Low Countries: J. Vandendriesche, 'Wetenschapsbeoefening en belangenbehartiging: naar een nieuwe geschiedschrijving van negentiende-eeuwse medische genootschappen in de Lage Landen,' *Studium*, 7:1 (2014), 36–49.
- 19 See: R. De Bont, "Writing in Letters of Blood": Manners in Scientific Dispute in Nineteenth-Century Britain and the German Lands,' *History of Science*, 51 (2013), 309–35. On a tradition of British gentleman science: M.J.S. Rudwick, *The Great Devonian Controversy: The Shaping of Scientific Knowledge among Gentlemanly Specialists* (Chicago: Chicago University Press, 1985), pp. 25–6, 29; J. Endersby, *Imperial Nature: Joseph Hooker and the Practices of Victorian Science* (Chicago: The University of Chicago Press, 2008).
 - 20 E. Witte, J. Craeybeckx and A. Meynen, *Political History of Belgium: From 1830 onwards* (Brussels: ASP, 2009), pp. 19–28.
 - 21 *Ibid.*, pp. 61–4.
 - 22 P. Dhondt, *Un double compromis: Enjeux et débats relatifs à l'enseignement universitaire en Belgique au XIXe siècle* (Ghent: Academia Press, 2006).
 - 23 The foundation of the Belgian Academy of Medicine, and its relation to urban medical societies is discussed in more detail in Chapter 1, pp. 38–43.
 - 24 E. Witte, 'The Battle for Monasteries, Cemeteries and Schools: Belgium,' in C. Clark and W. Kaiser (eds), *Culture Wars: Secular-Catholic Conflict in Nineteenth-Century Europe* (Cambridge: Cambridge University Press, 2003), pp. 102–28.
 - 25 Even though politics were banned from society meetings, ideologically delicate questions, such as the public health benefits of cremation, a practice that was opposed by Catholics, were treated in medical societies. Such matters generated discussion over the extent to which societies should become engaged in the public debate. This public role of societies is discussed in Chapter 5.
 - 26 K. Bertrams, *Universités et entreprises: milieux académiques et industriels en Belgique, 1880–1970* (Bruxelles: Le Cri Éd, 2006). For a brief overview, see: R. Halleux, *Tant qu'il y aura des chercheurs. Science et politique en Belgique de 1772 à 2015* (Bruxelles: Luc Pire, 2015), pp. 29–47.
 - 27 This medical association has been well researched: K. Velle, *De nieuwe biechtvaders. De sociale geschiedenis van de arts in België* (Leuven: Kritak, 1991); R. Schepers, *De opkomst van het medisch beroep in België. De evolutie van de wetgeving en de beroepsorganisaties in de 19de eeuw* (Amsterdam: Rodopi, 1989); C. Havelange, *Les figures de la guérison (XVIIIe–XIXe siècles): une histoire sociale et culturelle des professions médicales au pays de Liège* (Paris: Belles Lettres, 1990).