



Expansion through Separation

The Linguistic Conflicts at the University of Leuven in the 1960s from a Medical History Perspective

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This article rereads a well-known chapter in Belgium's political history – the linguistic struggles that led to the splitting of the University of Leuven in 1968 – as a chapter in medical history. We argue that the particular circumstances in the medical field, such as the struggle for patients' rights and the ideological competition over the implementation of new academic hospitals, accelerated ongoing disputes over language. We show that the logic of tying academic expansion to linguistic separation, which later underpinned the splitting of the university as a whole, was put into practice first in the Leuven Faculty of Medicine. Our analysis reveals that the matter of linguistic separation was linked to different social, professional and ideological ambitions, and was sometimes regarded as an *instrument* of medical expansion, rather than as a goal in itself.

Expansie door splitsing. Een medisch-historisch perspectief op de taalkwestie aan de Leuvense universiteit in de jaren 1960

Dit artikel herbekijkt een bekend hoofdstuk uit de politieke geschiedenis van België – de taalkwestie en de splitsing van de Leuvense universiteit in 1968 – vanuit een medisch-historisch perspectief. Het stelt dat specifieke omstandigheden in het medische veld, zoals de strijd voor de rechten van de patiënt en de ideologische strijd rond de inplanting van nieuwe academische ziekenhuizen, als een katalysator hebben gewerkt voor taalspanningen. De logica om academische expansie en taalkundige splitsing met elkaar te verbinden, die later werd toegepast op de hele universiteit, werd in eerste instantie ontwikkeld aan de Faculteit Geneeskunde. Onze analyse maakt duidelijk dat de taalkwestie verweven was met diverse sociale, professionele en ideologische ambities, en in sommige gevallen werd beschouwd als een *instrument* voor medische expansie, veeleer dan als een doel op zich.

Universities were relatively new players in twentieth-century health care. Of course, they had a history of cooperating with a wide range of medical institutions to enable bedside teaching for their medical students. Nevertheless, the urban hospitals, hospices and asylums where students received their clinical education were not ‘academic hospitals’ strictly speaking, in the sense that they were neither owned nor governed by universities, but by private players (e.g. religious orders) or the state (e.g. local social services). This changed in the years after the First World War. Universities now established their own medical institutes, which would further expand and evolve after the Second World War into the academic health centres of today.² While the driving forces behind universities’ increased role in health care were numerous, two factors were essential: the need for clinical training and internships for a growing number of medical students and the development of highly specialised medical care and research, which could not be realised in every hospital.

These developments occurred all across Europe. They were part of the post-war welfare state, which aimed to provide its citizens with access to (specialised) medical care; but they also depended on local and national political circumstances. The decision to establish a new Faculty of Medicine and academic hospital in Maastricht in the early 1970s, as part of a new state university, was motivated by regional economic and cultural arguments. The disappearance of the mining industry in the 1960s created the need for economic reconversion, to which a university could contribute. At the same time, the Dutch government tried to counter the German and French influences of the universities of Aachen and Liège in the region.³ Such political influence on the growth of academic medicine should not be surprising, for it was a field in which two of the most sensitive social issues of the post-war era met: health and education. For political historians, the addition of more

1 Special thanks to Kaat Wils, Frank Huisman, the anonymous reviewers and the BMGN – Low Countries Historical Review editorial board for their helpful remarks.

2 For the Netherlands, see: A. Klijn, *Verlangen naar verbetering: 375 jaar academische geneeskunde in Utrecht* (Amsterdam 2010); M.J. van Lieburg, *Vijf eeuwen medisch onderwijs, onderzoek en patiëntenzorg in Rotterdam: het Erasmus MC in historisch perspectief* (Rotterdam 2003). Rob Wolf has also published several Dutch hospital histories, including: R. Wolf and C. Noordegraaf, *Beter worden: het ziekenhuis in de stad van Jeroen Bosch* (’s-Hertogenbosch 2011). For Belgium, the

authors are involved in two related projects on the history of Leuven academic medicine: one on the history of the Leuven academic hospitals (Joris Vandendriessche) and another on the Dutch-speaking Faculty of Medicine (Liesbet Nys). The latter research has recently resulted in a monograph: L. Nys, *Van mensen en muizen. Vijftig jaar Nederlandstalige Faculteit Geneeskunde aan de Leuvense universiteit* (Leuven 2016).

3 P.J. Knechtmans, *De medische faculteit Maastricht: een nieuwe universiteit in een herstructureringsgebied, 1969-1984* (Assen 1992) 6-26.



Figure 1:
The St. Rafaël Hospital in the 1950s.
University Archive, University of Leuven.
Photo Robert Martin.

(academic) medical context to their analyses – a point this article wants to make – might therefore result in a better understanding of post-war political compromises.

To illustrate the potential benefits of a medical history perspective for political history, this article develops one case study: academic medicine at the University of Leuven in the 1960s. Our choice for this particular case study is based on the fact that the university's turbulent history in this period has typically been discussed as part of the linguistic conflict between the Dutch-speaking and French-speaking communities in Belgium. The splitting of the – until then – bilingual university in 1968 has been regarded as an exponent of linguistic tensions and an iconic turning point in Belgian politics.⁴ 'Leuven Vlaams' caused the downfall of the national government. The succeeding government included the move of the French-speaking academics from Leuven to Wallonia in its coalition agreement. In the newly built city of Louvain-la-Neuve, an exclusively French-speaking university would arise over the next decade. Leuven itself remained the home of a now solely Dutch-speaking university.⁵

What are the gains that result from rereading such a well-known episode from Belgium's political history as a chapter in medical history? Above all, it allows us to pay more attention to the contemporary quest for academic medical expansion, of which the influence on the linguistic separation of the university, and more generally on the restructuring of the Belgian academic landscape in the 1960s, reached further than has hitherto been acknowledged. Of course, academic expansion was not limited to the medical field. The overall growth of the university, financed by the Law on Academic Expansion of 1965, facilitated the linguistic separation of all faculties.⁶ This logic of expanding and simultaneously splitting up academic institutions, we argue, was reinforced in no small way by particular developments in the medical field. As early as 1963, an agreement was made to move the French-speaking Leuven physicians to a new academic hospital in Sint-Lambrechts-Woluwe, where French-speaking patients could be recruited more easily, allowing their Dutch-speaking colleagues to expand in Leuven. In addition to the mentioned expansion of higher education, two other factors influenced this agreement:

4 V. Dujardin et al., *Nieuwe geschiedenis van België. III: 1950-heden* (Tiel 2009) 1443-1472.

5 L. Gevers, 'Neither Prince nor Church. The Battle for Independence', in: J. Tollebeek and L. Nys, *The City on the Hill. A History of Leuven University 1968-2005* (Leuven 2006) 32-49. For a detailed account of the events: H. Todts and W. Jonckheere, *Leuven Vlaams. Splitsingsgeschiedenis van de Katholieke Universiteit Leuven* (Leuven 1979); Chr. Laporte,

L'affaire de Louvain 1960-1968 (Brussels 1999).

For a discussion of the Leuven conflict in light of broader community difficulties in the 1960s: E. Witte, *Politieke geschiedenis van België* (Antwerp 2005) 434-436.

6 For a discussion of the (run-up to) the Law on Medical Expansion of 1965: S. vanden Borre, *Toga's voor 't Hoge: geschiedenis van de Leuvense universiteit in Kortrijk* (Leuven 2015) 9-38.

the struggle for patients' rights (including the right to be medically treated in one's own language) and competition between universities over the implantation of new academic hospitals, in which ideological conflicts also surfaced. These circumstances accelerated disputes over language in the Leuven Faculty of Medicine and facilitated an early and pragmatic solution, which foreshadowed the splitting up of the university in its entirety. Put even more strongly, we argue that linguistic separation was sometimes used as an *instrument* of medical expansion, rather than as a goal in itself. As such, the article adds to our understanding of the political power of the linguistic conflict and its intertwining with the social and ideological tensions of the post-war period.

This intertwining could take different forms. In the following sections, we will discuss the variety of views on medical expansion that the Leuven physicians expressed, each tying political ideologies and linguistic motives to matters of hospital infrastructure in different ways. For some, academic tradition and Catholic identity marked their view on matters of language. For others, the longing for Flemish emancipation was mixed with social and democratic ambitions. And still others gave priority to modernisation and specialisation above emancipation. Only a few of these visionary plans of the turbulent mid-1960s were ever realised and even fewer of those have impacted on the later memory of these events. To uncover them, we use retrospective texts and oral histories in addition to contemporary archival and published sources.⁷ Taken together, these sources reveal some of the generational divides that have coloured the linguistic conflicts within Leuven academic medicine.

Modernising Health Care

In 1959 a booklet was published about the Medical Centre of the University of Leuven.⁸ Its author was Gerard van der Schueren, Professor of Anatomy, director of the St. Rafaël Hospital (Figure 1) and, since 1958, secretary-general of the aforementioned Medical Centre – an umbrella organisation designed to coordinate the expanding medical services of the university. The booklet, distributed for promotional reasons, emphasised this expansion. During the rectorate of Honoré van Waeyenbergh, from 1940 to 1962, the University of Leuven had grown considerably in student numbers and infrastructure in all

7 On the potential of oral histories for the history of medicine: K. Fisher, 'Oral Testimony and the History of Medicine', in: M. Jackson (ed.), *The Oxford Handbook of the History of*

Medicine (Oxford 2011) 598-616 DOI 10.1093/oxfordhb/9780199546497.001.0001.

8 G. van der Schueren, *De groei van het Medisch Centrum van de Katholieke Universiteit Leuven* (Leuven 1959).

areas. However, on the medical campus in the city centre, the transformation had been most remarkable. Alongside the St. Pieters Hospital, owned by the Social Service of Leuven [Commissie van Openbare Onderstand] but run by the Faculty of Medicine, new buildings such as that for neurology had been constructed, and new floors had been added to the existing buildings of the university's own St. Rafaël Hospital.

Van der Schueren's brochure documented this expansion in the city centre with pictures of hospital buildings and medical equipment. It also paid a great deal of attention to a series of institutes in Leuven's periphery that had become affiliated to the university. In Pellenberg, amidst the healthy forests and grasslands, a sanatorium for tuberculosis patients had been constructed shortly after the Second World War. When it opened, the number of such patients was already on the decline, which led to the plan of transforming the institute's 'cure galleries' into academic hospital beds for the chronically ill. In Lovenjoel, Bierbeek and Kortenberg, three impressive psychiatric institutes made agreements with the university on trainee posts for students and the appointments of academic personnel.⁹

Each of these Catholic institutes in the area surrounding Leuven was run by religious personnel. They were among the many Belgian hospitals – still 40 percent by 1960 – that were managed by religious orders. Many of them struggled with contemporary trends in health care, in which larger and more professionalised institutions were becoming the norm. In Belgium, the number of hospital beds rose from roughly 32,000 to 46,000 between 1951 and 1971. At the same time the average capacity of hospitals rose from 66 beds to 136 beds.¹⁰ For the smaller institutions run by religious orders, the introduction of trained nurses proved particularly challenging. In the interwar years, schools for nurses had been created across Belgium, including in Leuven.¹¹ Certainly after the Second World War, lay nurses were gradually replacing religious sisters as the main care providers in Catholic hospitals, a shift that also caused financial problems as expenses for personnel rose rapidly. As a member of the Medical Centre recalled, '[these institutes] used to be self-supporting [...] due to the low wages of nurses (nuns) and the exclusion

9 On the institutes in Kortenberg and Bierbeek: J. Dewinter et al., *75 Jaar Sint-Kamillus Bierbeek – Een Baken in het Zorglandschap* (Bierbeek 2008); C. Dhaene and L. Dhaene, *Sint-Jozef Kortenberg. Van 'Maison de Santé' tot Universitair Centrum. 145 jaar zorg voor geesteszieken, 1850-1995* (Kortenberg 1995).

10 G. Gourdin, *De evolutie van de verhouding tussen ziekenhuisartsen en ziekenhuis-management in België sinds de Besluitwet van 28 december 1944*

(PhD KU Leuven 2013). For more figures and an overview of hospital legislation: L. Dhaene and R. Timmermans, 'De privé-ziekenhuizen', in: J. de Maeyer et al. (eds.), *Er is leven voor de dood. Tweehonderd jaar gezondheidszorg in Vlaanderen* (Kapellen 1998) 331-343; J. Peers, 'Vijftig jaar ziekenhuiswezen in België', *Tijdschrift voor Geneeskunde* 50 (1994) 17-24.

11 A. Cousserier, *In goede handen: 75 jaar onderwijs verpleeg- en vroedkunde Leuven* (Leuven 2004).

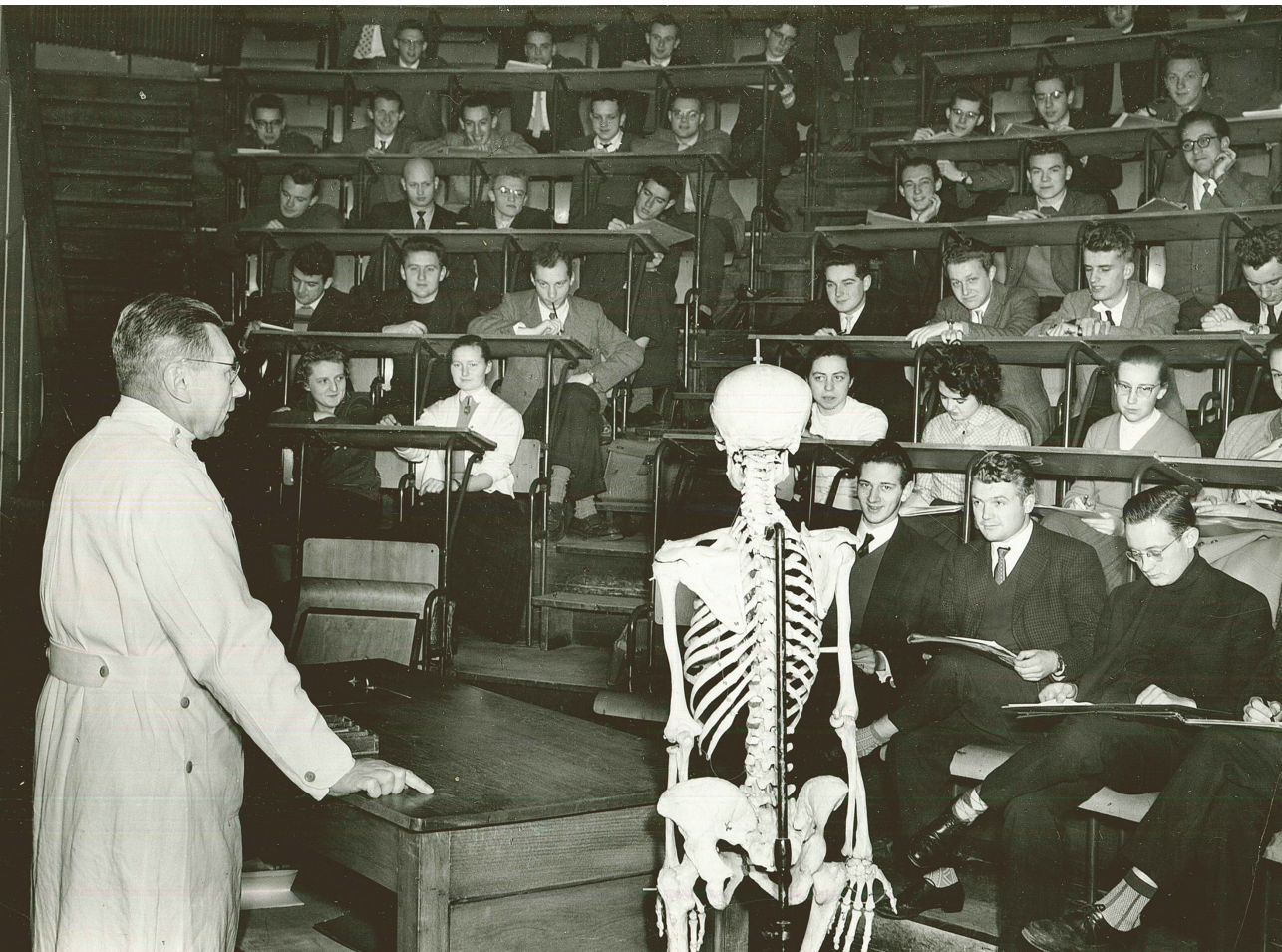


Figure 2:
Gerard van der Schueren teaching an anatomy course in the 1950s.
University Archive, University of Leuven.
Photo Robert Martin.

of any up-to-date equipment'.¹² In both areas – infrastructure and personnel – costs were now rising. Cooperation with the university proved helpful in this regard: while the university increased its opportunities for clinical education, the institutes could realise a modernisation that was otherwise difficult to finance. As an academic hospital, subsidies would increase and at least some staff would be paid by the university. Van der Schueren, himself a devout Catholic, conducted the negotiations with religious orders on these institutes' academic affiliation. In his vision, such cooperation allowed the Catholic University of Leuven to play a leading role in Catholic health care. Since the interwar years, Leuven professors had taken up such leadership in Catholic professional medical organisations such as the Society of Saint-Luc (°1922), Caritas Catholica (°1928) and the Association of Health Care Institutions (Verbond der Verzorgingsinstellingen) (°1938).¹³

Linguistic divisions pervaded these transformations in Leuven medicine. Van der Schueren's own appointment as Professor of Anatomy in 1935 was the result of an ongoing process, started in the 1910s, of creating parallel medical courses in Dutch to meet the demands of the Flemish Movement. He became the first teacher of anatomy in what became known as the 'Dutch-speaking section' of the Faculty of Medicine (Figure 2). In particular after 1930, when the University of Ghent had decided to offer all its courses exclusively in Dutch, the number of academic courses in Dutch rose steadily, even if academic staff meetings were still exclusively conducted in French.¹⁴ The increase of the use of Dutch also had an impact on the organisation of the hospitals. The expansion of the St. Rafaël Hospital in these years enabled the linguistic separation of the services of surgery, radiotherapy and internal medicine. Other services, such as neurology and ophthalmology, remained bilingual, but in practice were run by French-speaking physicians. While a certain degree of autonomy had thus been obtained by Dutch-speaking physicians, their French-speaking colleagues still had access to the majority of hospital beds, even though the majority of patients treated in the University's own and affiliated hospitals (with the exception of the smaller St. Jozef clinic in Herent) were Dutch-speaking.

Growing student numbers in the 1950s further complicated the organisation of academic hospitals. They made bedside teaching more difficult and increased the need for internships, which had been integrated

12 University Archives KU Leuven (hereafter: UAL), Archive Van der Schueren (hereafter: Avds), N. 266, Meeting of the Medical Centre (Hospital Management) (hereafter: MC), 4 July 1967.
13 J. Depuydt et al., *Het Verbond der Verzorgingsinstellingen 1938-1988: 50 jaar ten dienste*

van de Caritas-Verzorgingsinstellingen (Brussel, Leuven 1988).
14 R. Mantels and H. Vandevoorde, "Maar wat een wespennest!": *Het rectoraat van August Vermeylen en de vernederlandsing van de Gentse universiteit* (Gent 2010); s.n., *De universiteit te Leuven 1425-1985* (Leuven 1986) 193-196.

into the medical curriculum since 1929.¹⁵ By 1960, the Faculty of Medicine counted 3900 students. In 1955, a network of regional hospitals where medical students could receive practical training had been set up. This allowed more internships, but also had its own problems, for example the uneven quality of these training posts was criticised. An internal report on clinical education stated that ‘outside of Leuven no real *teaching hospital* exists’.¹⁶ Or as it was later expressed, there was a need for ‘regrouping [internships] within a major institution of academic standing’.¹⁷ The creation of more trainee posts, or in contemporary terminology the ‘valorisation’ of hospitals for medical education, proved an important impetus for academic medical expansion outside Leuven. Of course, the problem of too few places for internships was not limited to medical education in Leuven, or even to Belgium. Medical faculties in the Netherlands also struggled with lack of capacity in hospitals to train the rising number of medical students. The potential of regional hospitals to assist in medical education, for example, had proved an important argument in choosing Maastricht as the seat of a new Faculty of Medicine.¹⁸ What was particular to the University of Leuven was that the need for internships coincided with efforts to modernise Catholic health care and developed against a background of linguistic tensions.

To realise such expansion, contacts were made within the Catholic pillar to put the question of the hospitals on the political agenda. Van der Schueren, together with the university’s clerical leadership, was determined to engage the Catholic hospitals in the university’s educational programme. What had happened on a local scale in Leuven’s periphery was thus also to be achieved on the national level. With the support of the rector, the bishop of Antwerp was contacted to put pressure on the religious orders who governed three hospitals in Antwerp to provide trainee posts. The Christian Health Fund (Christelijke Mutualiteit) was brought into the negotiations, as well as Caritas Catholica, a relief organisation closely involved in welfare. In 1963, when the bishop of Bruges, Mgr. Emiel-Jozef de Smedt, had received news from the Prime Minister that the matter of medical expansion would soon be decided on the political level, he even asked Van der Schueren to negotiate for a Medical House in Bruges for the training of Leuven students. He also promised to ‘awaken the attention of Catholic opinion to the seriousness of the problem and to the dangers that threaten academic education in the Christian tradition’.¹⁹ The Catholic world, in other words, became mobilised for the matter of medical education in Leuven.

15 *s.n.*, *De universiteit te Leuven*, 272.

16 UAL, AVds, N. 262, Report ‘Praktische mogelijkheden voor klinische vorming’, 15 March 1963.

17 *Ibidem*, Meeting report of the MC, 17 September 1964.

18 Knechtmans, *De medische faculteit Maastricht*, 6-26. On the educational needs of the Faculty of Medicine in Utrecht: Klijn, *Verlangen naar verbetering*, 203-207 and 234-239.

19 UAL, AVds, N. 14, Letter of A. Descamps to G. van der Schueren, 9 September 1963.

Van der Schueren's Catholic background, however, ensured that, for him, linguistic struggles were always secondary to the interests of the university as part of the Catholic 'pillar' in Belgian society. That said, he had just reasons to demand a more equal division of means and spaces between both linguistic groups. As head of the Dutch-speaking service of radiotherapy, he was confronted with the majority of the annual five million Belgian francs of the National Cancer Fund being allocated to the French-speaking section led by Joseph Maisin, who had built the prestigious Cancer Institute in Leuven in 1928.²⁰ The latter also possessed the majority of hospital beds: 125 against 32 – an inequality that Van der Schueren continuously raised with the rector, and particularly at the time of Maisin being succeeded by his son Henri in 1964.²¹ Yet, at the same time, his experience as hospital director of St. Rafaël and its Catholic network guaranteed that the expansion of the whole prevailed over the interests of the separate divisions. With such viewpoints, he aligned closely with the university's clerical leadership.

This convergence of interests was also apparent in Van der Schueren's views on the management of the Medical Centre. As he wrote to rector Albert Descamps, who had succeeded Van Waeyenbergh in 1962, 'a vertical split-up of the Medical Centre would jeopardise the highly desirable, if not necessary cooperation between certain services of both linguistic divisions and bring the danger of an uneven development of the two sections'.²² To ensure smooth decision-making, Van der Schueren cautiously sounded out his French-speaking colleague Pierre de Visscher about becoming its second secretary-general, since he 'best united the capacities required for the job: integrity, devotion and sense of cooperation'.²³ In the new structure, the rector was also the Centre's president, a demanding job given the technicalities of medical matters. Therefore Van der Schueren and De Visscher usually met with Descamps in advance of the official meeting of the Medical Centre in order to prepare for it. When linguistic tensions in the cardiac surgery service reached a peak, Van der Schueren met with Descamps beforehand 'to explain the subtle, technical and psychological aspects [of the conflict] so that Your authority could be bound to a workable and controllable solution'.²⁴ The figure of the rector, in Van der Schueren's view, guaranteed the unity of the Medical Centre.

Van der Schueren can therefore be regarded as the complement of the rector for the Leuven hospitals: an old school administrator, tried and tested in the customs of the Catholic world in Belgium; someone used to negotiating with religious orders and advising the bishops in matters of health care. But

20 For a brief overview of the history of this institute: H. Maisin, 'La Cancérologie', in: J.-J. Haxhe (ed.), *50 ans de médecine à l'UCL, 1950-2000* (Bruxelles 2002) 91-115.

21 UAL, AVds, N. 14, Letter of G. van der Schueren to A. Descamps, 2 May 1963.

22 Ibidem, 14 November 1962.

23 Ibidem.

24 UAL, AVds, N. 14, Letter of G. van der Schueren to A. Descamps, 5 December 1962.

he was also someone who perhaps did not feel the urgency of the events in the 1960s to the same degree as his younger colleagues. To Van der Schueren, linguistic struggles and medical expansion were old matters that would be solved in the long run within a unitary academic institution. In recollections of Van der Schueren by those who knew him in the 1960s, an image of a somewhat old-fashioned, hierarchical figure has survived. In 1978, at the time of his death, he was nevertheless identified by the microbiologist Pieter de Somer, who had become the first rector of the Dutch-speaking university in 1968 – as a central figure in the development of the Dutch-speaking medical faculty. Indeed, it was his close ties with the university's clerical leadership that had been crucial to the academic appointment of young Flemish doctors such as De Somer and the internist Jozuë Vandenbroucke.²⁵

Patients' Rights and Flemish Emancipation

Struggles over language were much higher on the agenda of a younger generation of Dutch-speaking academics. Around 1960, Vandenbroucke, who had become director of the clinic of internal medicine in 1954, had dared to speak Dutch in the Council of the Faculty of Medicine for the first time. It was a bold move that evoked consternation among French-speaking physicians and stayed in the memory of his Dutch-speaking colleagues.²⁶ In 1963, he and De Somer – at that time already a successful researcher in virology and director of the University's Rega Institute²⁷ – denounced the unequal division of hospital beds. Only twenty-five percent of these beds were used for the clinical education of Dutch-speaking students, even though this group comprised half of all medical students.²⁸ Moreover, the courses for these latter students were sometimes taught in poor Dutch by younger, native French-speaking academics – often with family ties to appointed professors – who aspired to a future appointment in the French-speaking division.²⁹ In the field of scientific research, the difference was even greater: nearly all laboratories and research institutes were run by French-speaking physicians. To raise awareness about these injustices De Somer and Vandenbroucke were involved in the foundation

25 'In Memoriam Professor Dr. G. van der Schueren', *Academische Tijdingen* 12:11 (1978) 12.

26 Interview by Liesbet Nys with Clara van den Bosch, widow of Jozuë Vandenbroucke, 17 March 2014; Interview by Liesbet Nys and Joris Vandendriessche with Herman van den Berghe, 13 March 2015. Jan Roegiers recalled that Gerard van der Schueren identified Vandenbroucke's intervention as a breaking point in the history of

the University of Leuven: Interview by Liesbet Nys and Jo Tollebeek with Jan Roegiers, 29 July 2004.

27 J. Tollebeek, 'Homo novus. Een portret van Pieter de Somer', in: Tollebeek and Nys, *De stad op de berg*, 26-31.

28 UAL, AVds, N. 347, Letter of P. de Somer and J. Vandenbroucke to A. Descamps, 12 April 1963.

29 Todts and Jonckheere, *Leuven Vlaams*, 81-86.

of the Society of Leuven Academics (VLP) in 1962, which was meant to defend the interests of the Dutch-speaking academics at the university.³⁰ A first major result was the creation of an independent Dutch-speaking Faculty of Medicine in 1963, the medical faculty being among the first four faculties that were entirely split. Vandenbroucke became its first dean.³¹

The scope of Flemish emancipation proposed by De Somer, Vandenbroucke and others, however, was broader than matters of language. They had wider social and democratic ambitions. For Vandenbroucke, the Faculty of Medicine was to be reformed in several areas: more medical students were to be recruited among the lower social classes, more female professors were to be appointed, more bedside teaching and more specialisation were needed et cetera. In many ways, Vandenbroucke's vision of a more socially-engaged medicine coincided with the demands of Flemish emancipation vis-à-vis the French-speaking medical bourgeoisie. The latter group was accused of nepotism in the appointments of academic staff, which was seen as a typical example of an older, more elitist style of governance. Yet, such tensions were not felt exclusively in regard to the French-speaking academics: within the Dutch-speaking section, Vandenbroucke clashed with older colleagues such as Albert Laquet, who defended professorial prerogatives in academic appointments and opposed further specialisation.³² It shows that the disputes of the 1960s were not only of a linguistic nature but also grounded in generational divides.

The discord among the Leuven doctors was aggravated from outside. The particularity of the linguistic troubles at the Faculty of Medicine within the University of Leuven was that these troubles affected not only students and professors, but also the patients in the academic hospitals. Flemish medical students of the time recall feeling offended by French-speaking professors who communicated with Dutch-speaking patients in a form of Leuven dialect, gibberish that they regarded disrespectful.³³ As the political debates over the linguistic border in Belgium – which was fixed in 1962 – swelled, the excrescences of these linguistic issues in the Leuven hospitals were picked up by the press and became known to the general public. Headlines such as 'French hegemony in the clinics' or 'No facilities for the dying Flemish' now appeared.³⁴ The latter article brought attention to

30 UAL, Avds, N. 20, Letter of the VLP to the archbishop, the bishops of Belgium and the rector of the University of Leuven, 2 July 1962.

31 For a detailed account of the splitting of the Faculty of Medicine: L. Nys, *Gescheiden bedden. Het ontstaan van de Nederlandstalige Faculteit Geneeskunde aan de Leuvense universiteit* (Leuven 2014).

32 Interview by Liesbet Nys with Jacques Gruwez, 16 March 2014. His student Paul Broos also

characterises Laquet in this way: 'De eerste dag van Paul Broos', *Palfijn* 66 (2003) 36.

33 Interview by Joris Vandendriessche with Albert Baert, 16 June 2015.

34 'Taaltoestanden aan de Leuvense universiteit. Franse hegemonie in de klinieken', *De Standaard*, 5 October 1960; 'Geen faciliteiten voor stervende Vlamingen', clipping without reference in UAL, Avds, N. 347.

the case of patients in deadly peril for whom an interpreter had to be found to communicate with the medical staff. Other articles reported of misuses of medication due to misinterpreted guidelines and of missed remunerations for working accidents due to wrong information. Such telling examples became powerful ammunition in the press of the 1960s as they merged patients' rights with Flemish demands. For that matter, Leuven was not the only place where problems of language rendered medical care more difficult. In the Brussels St.-Jean, Brugmann and Bordet hospitals, Dutch-speaking patients formed nearly half of the total number of patients but were rarely addressed in their native language – an element that reinforced an ongoing movement for Flemish emancipation, within the Free University of Brussels, which cooperated with these hospitals, as well as within the University of Leuven.³⁵

The new legislation on Belgium's official languages of 1962 had rendered such communication between French-speaking doctors and Dutch-speaking patients even more problematic. The law forbade the use of French in public institutions on Flemish territory. Since the St. Pieters Hospital – owned by the Leuven Social Service – was such a public institution, the Service demanded that the Dutch-speaking medical faculty run the hospital instead of its French-speaking counterpart.³⁶ In 1964, it terminated its contract with the university. In a new provisional contract between the university and the Social Service, the board of directors of the university committed itself to realise the replacement of French-speaking by Dutch-speaking doctors within a reasonable term. A strict condition – agreed upon by all Leuven physicians – was that new beds would first be found elsewhere for the French-speaking medical services. Medical expansion into French-speaking territory, in other words, was needed.

The conflict between the Social Service and the university shows how patients' rights became a major factor in the division of the Faculty of

35 N. Beerten, L. Vanhelden and G. Vanthemsche, 'Historiek en betekenis van het Academisch Ziekenhuis van de vub', in: E. Witte and J. Tyssens (eds.), *De tuin van Akademos: studies naar aanleiding van de vijftiengstigste verjaardag van de Vrije Universiteit Brussel* (Brussels 1995). On linguistic tensions at the Free University of Brussels: J. Tyssens, 'Zaaien in de tuin van Akademos. Over het ontstaan van de Vrije Universiteit Brussel op het einde van de jaren zestig', in: Witte and Tyssens, *De tuin van Akademos*, 23-133.

36 For a detailed account of the tensions between the Leuven Social Service and the French-

speaking Faculty of Medicine: Todts and Jonckheere, *Leuven Vlaams*, 86-91. The physicians' strike of 1964 against the 'Leburton Law', which reformed Belgian health insurance and medical fees, deepened the conflict. The Dutch-speaking physicians of St. Rafaël did not participate in the strike, while their French-speaking colleagues did. On the 1964 Belgian physicians' strike: K. Schrijvers, 'De artsenstaking van 1964. Of hoe de artsen een machtig eenheidsfront wisten te vormen in hun strijd tegen de overheid', *Bijdragen tot de Eigentijdse Geschiedenis/Cahiers d'Histoire du Temps Présent* 16 (2005) 57-89.

Medicine. In addition, another argument regarding patients' well-being was advanced that was particular to academic hospitals: the members of the Medical Centre argued that more hospital beds were needed 'to ensure the coverage of the complete spectrum of pathologies, but also to spread out the students out of respect for the ill and to guarantee their rest.'³⁷ An American norm of 3 beds per medical student was not even nearly met for the 645 Dutch-speaking students who had access to 354 beds in St. Rafaël.³⁸ These arguments led De Somer to conclude relatively early on that the only solution to the matter was moving the French-speaking physicians to a new hospital complex, preferably in Brussels.

The idea of moving to a new hospital complex outside of Leuven gradually matured among the French-speaking medical professors. Of course, the 'painful character of the insinuations' by the Social Service, as De Visscher put it during a meeting of the Medical Centre, left a deep impression. More radical voices had also been heard in the French-speaking press, including the accusation of deliberately delaying the construction works in St. Pieter to attract more patients to the Dutch-speaking services of St. Rafaël.³⁹ On the Dutch-speaking side as well, some professors considered 'forcing' their colleagues out of Leuven a brutal act, particularly regarding those who were bilingual and considered themselves *louvainistes*.⁴⁰ But pragmatism overcame sentimental arguments. The potential of the Brussels metropolitan area to furnish patients exerted considerable attraction for the Leuven doctors. In their shared plan for expansion of 1963, they stated – not without a certain envy – that the Free University of Brussels had access to 1300 beds in the St.-Jean, Brugmann and Bordet hospital. Brussels, the professors argued, was not far from Leuven, and it would be much easier to recruit French-speaking patients there. In St.-Lambrechts-Woluwe, on Brussels' east side, fruitful negotiations were soon conducted between the Leuven physicians and the local Social Service. In 1965 the university bought a plot of forty hectares. Its location in legally recognised bilingual territory, its hinterland of 1.400.000 possible patients, and a planned new highway all worked in favour of the new

37 UAL, AVds, N. 262, Report 'Spreiding van de Medische Faculteit', 1963.

38 Medical education in Leuven consisted of three years of what can be best described as bachelor-level education (*kandidaturen*) and four years of master's-level education (*doctoraatsjaren*). The 645 aforementioned Dutch-speaking students were those in the last four years of their medical education. UAL, Archive Albert Descamps, N. 65: 'Memorandum Spreiding der kandidaturen. Overheveling van het franstalige doktoraat

geneeskunde. Het studentenstandpunt in deze zaak, gezien vanuit het universitair leven en vanuit de evolutie van het universitair onderwijs', 12 December 1963.

39 'Flamandisation des cliniques', *L'ergot. Organe Officiel de la Fédération Wallonne des Étudiants de Louvain* 29:8 (1960).

40 Interviews by Joris Vandendriessche with Albert Baert, 16 June 2015 and with Michel de Roo, 1 July 2015.

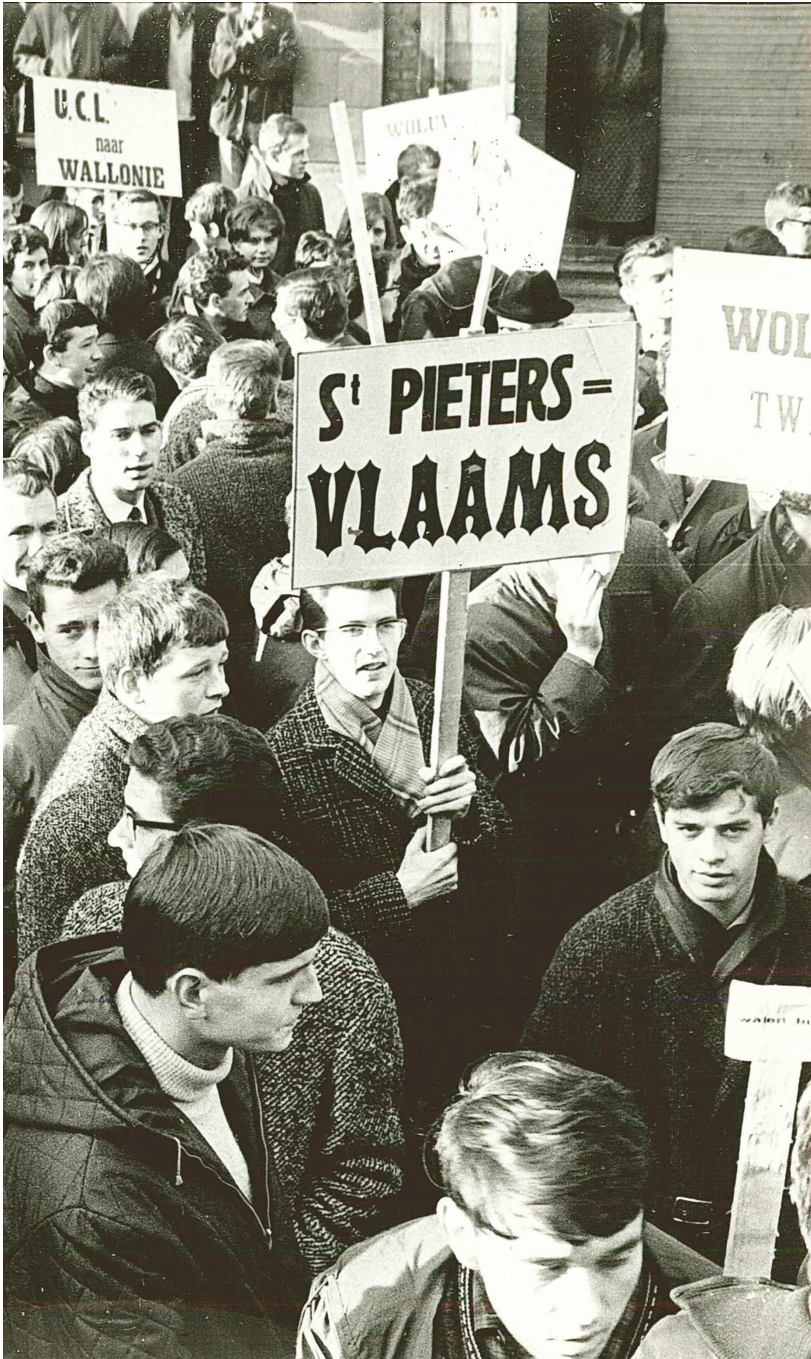


Figure 3:

On 15 December 1965, the students in Leuven demonstrated for the transfer of the French section of the University of Leuven to Wallonia, for the use of Dutch in the St. Pieters Hospital and for the secularisation of the university board.

University Archive, University of Leuven.

location.⁴¹ In 1964, rector Descamps had already sketched the move of the French-speaking medical services of St. Pieter to Woluwe and the repartition of the existing spaces in Leuven – a statement designed to calm people’s feelings.⁴² As a result, a general solution for the problems in the Faculty of Medicine was already reached around 1963. The particularities of the medical sector had acted as a catalyst (Figure 3).

‘In Leuven, there’s no clear line’

The decision on the move to Woluwe, however, did not remove all concerns among the Dutch-speaking medical academics. In the long run, the fear of being incorporated into an expanding French-speaking *grand Bruxelles* lived on.⁴³ A different fear was that of the degradation of the Dutch-speaking university into a regional university without international standing. Among physicians, in particular, the picture of a future in which the French-speaking doctors ran an entirely new, state-of-the-art hospital complex, and their Dutch-speaking colleagues stayed behind in the outdated buildings of St. Rafaël and St. Pieters caused worries. Against such a background, plans were drawn up for a further expansion of the Dutch-speaking Faculty of Medicine outside of Leuven. These plans have hitherto been little studied. Most of them failed to materialise, but they nevertheless provide insight into the scope of academic ambitions in Belgian health care. They also testify to the merging of the Catholic and Flemish views on the linguistic conflict.

The Leuven Medical Centre became the locus of such planning. The split of the Faculty of Medicine in 1963 had not been immediately extended into the management of the academic hospitals. Until 1966, the Medical Centre continued to function as a unitary institution. Both deans of the new Dutch-speaking and French-speaking faculties and both secretary-generals of the hospitals participated in the monthly board meetings, which were presided over by rector Descamps. Such mutual consultation was needed to master the complexities of separated and bilingual medical services in the St. Pieters and St. Rafaël Hospitals.⁴⁴ Consensus, moreover, was no luxury given the political negotiations that were being conducted at the same time. In the run-up to the Law on Academic Expansion of 1965, a single point of view had to be determined, in order to defend the university’s interests against those of the state universities in Ghent and Liège and that of the Free University of

41 UAL, AVds, N. 263, Meeting report of the Medical Centre, 26 June 1965.

42 A. Descamps, ‘De universitaire expansie. Uit de rectorale rede bij de opening van het

academiejaar 1965-1966 te Leuven’, *Onze Alma Mater* 19 (1965) 199-201.

43 s.n., *De universiteit te Leuven*, 202.

44 UAL, AVds, N. 262, Meeting report of the MC, 6 August 1963.

Brussels, the secular counterpart to Leuven. In these debates, which centred in particular on the organisation of higher education in Antwerp and other provinces where no academic institutions yet existed, the question of where to establish new academic hospitals proved an important element. The move of the French-speaking Leuven physicians to Sint-Lambrechts-Woluwe, in fact, had already been part of the political compromise of 1965.⁴⁵ After that year, the question of medical expansion – this time for the Dutch-speaking physicians – remained a politically contested issue.

In his opening speech of 1965, Descamps had advised the Dutch-speaking Faculty of Medicine to consider expanding into Antwerp, because it recruited a considerable number of students from this city.⁴⁶ In the middle of the 1960s, the Dutch-speaking physicians had high hopes for realising such an expansion. The acquisition of medical responsibility over the public Middelheim Hospital, which was soon to be built in the south of Antwerp and would comprise 600 beds, seemed a great chance. Fear was voiced that this hospital would develop into an academic health centre of an entirely new state university in Antwerp – a scenario the Christian Democrats successfully avoided in the 1960s – or that it, even as a non-academic institution, would offer considerable competition to the Leuven hospitals. Descamps therefore strongly supported such expansion into Antwerp. Opening a house for Leuven trainees in that city, in his view, was not an aggressive move but a ‘normal expression of our firm determination to play our role in Antwerp’.⁴⁷ At the same time, a certain realism was present. Leuven obtaining full medical control over the new institution was considered ‘unlikely to be granted’ by the government.⁴⁸ Hence, the Leuven doctors tried to prepare an alternative solution by merging three Catholic hospitals in Antwerp, run by religious orders, as a bargaining chip during negotiations. Nevertheless, they agreed that such private institutions could never come near the modern infrastructure of an entirely new hospital.⁴⁹

Antwerp was not the only option. In an internal report of 1966, different ideas on the future of the Dutch-speaking Faculty of Medicine were presented. A Catholic faculty that served the whole of Flanders seemed a possibility, as did one that focused on a particular region (Leuven and the province of Limburg) without major cities such as Antwerp. At one point, Vandenbroucke started negotiations with the Social Service of Hasselt for far-reaching collaboration. Others suggested that the faculty should focus more on research and ‘seek [national] attraction through academic standing like Harvard.’⁵⁰ But a more concrete plan, which was given a lot of thought,

45 Vanden Borre, *Toga's voor 't Hoge*, 9-38.

46 Descamps, ‘De universitaire expansie’, 199-201.

47 UAL, AVds, N. 14, Letter of A. Descamps to G. van der Schueren, 2 September 1965.

48 *Ibidem*, N. 262, Meeting report of the MC, 9 January 1964.

49 *Ibidem*, 17 September 1964.

50 UAL, AVds, N. 265, Meeting report of the MC, 3 October 1966.

was medical expansion into Brussels. Vandenbroucke had originally hoped to organise bilingual postgraduate education in St.-Lambrechts-Woluwe, as it was located in bilingual territory.⁵¹ As in Antwerp, merging three private Catholic hospitals, which would together form a considerable ‘teaching unit’, was considered. Others aimed for an entirely new Dutch-speaking academic hospital in the capital and made contacts with ‘Flemish personalities from the Brussels region’ to assist in their mission, such as the president of Davidsfonds, a Catholic organisation that strove for the cultural emancipation of Flanders.⁵² In January 1967, the Medical Centre recommended that the university’s Academic Council should buy a terrain in Zellik, in Brussels’ northwest periphery. A hospital there would ‘meet real academic needs (the education of sixth-year trainees and the candidates for specialization) and Flemish socio-cultural concerns.’⁵³ In Strombeek-Bever and Meise as well – both just north of Brussels – terrains were examined for possible expansion.

Why were these plans never carried out? Competition with the Free University of Brussels proved an important factor. As already mentioned, linguistic tensions were present in the Brussels hospitals as well and they lent strength to the plea for a new academic hospital for Dutch-speaking patients in the capital. When the decision was made to split the Free University of Brussels, shortly after splitting the University of Leuven, the compromise also included a new academic hospital in Jette.⁵⁴ The rights of Dutch-speaking patients in Brussels, in other words, were safeguarded by the Brussels freethinking academics instead of their Catholic counterparts in Leuven. A second new Dutch-speaking hospital, of a Catholic nature, was uncalled for; Brussels already possessed the greatest density of hospitals in the country.⁵⁵ Lack of consensus in Catholic circles formed a second factor. The strategy for the Dutch-speaking Faculty of Medicine was indeed much less clear than the plan for a new hospital in Sint-Lambrechts-Woluwe had been earlier. As was noted during a meeting of the Leuven Medical Centre: ‘In government circles there prevails much confusion over the initiatives. In Leuven, there’s no clear line’.⁵⁶ In 1964, the Christian Democrats expressed the fear of ‘parallel negotiations’ that would thwart their talks with the Socialist Party. Indeed, the bishops were pushing the Christian Health Fund and the religious orders at the same time, while the Flemish movement became equally mobilised. In 1967, the members of the Medical Centre still declared it necessary to ‘urgently examine’ whether further expansion should be sought in Brussels,

51 Ibidem, N. 263, Meeting report of the MC, 21 September 1964.

52 Ibidem, N. 265, Meeting report of the MC, 16 November 1966.

53 Ibidem, Letter of the board of the Medical Centre to Pro-rector Pieter de Somer, 11 January 1967.

54 Beerten, Vanhelden and Vanthemsche, ‘Het Academisch Ziekenhuis van de VUB’, 326-328.

55 Peers, ‘Vijftig jaar’, 21.

56 UAL, AVds, N. 262, Note ‘Spreiding van de Medische Faculteit’, November 1963.

Antwerp or Hasselt. Around the same time, it was rumoured that the Secretary of Public Health, Raphael Hulpiau, preferred the status quo regarding academic hospitals.⁵⁷

Against such a background, further expansion in Leuven seemed much more realistic. During the meeting of the Medical Centre on 2 November 1966, Jan Blanpain – who had succeeded Van der Schueren as director of the St. Rafaël Hospital – held a long presentation in which he laid out his plans for a ‘double implanting’ in Leuven.⁵⁸ In the city centre, the planned second wing of the St. Pieters Hospital had to be built, providing three hundred additional beds within the next five years. At the same time, a terrain of 48 hectares called ‘Gasthuisberg’, on a hill just outside of the city, was to be purchased as a site for a second, Dutch-speaking medical campus.⁵⁹ In the following years Blanpain, by order of De Somer, devoted himself to the construction of the new hospital complex. He had a special interest in all organisational problems regarding academic hospitals, not only as the director of St. Rafaël, but also as the secretary and, later on, as the director of the Centre for Hospital Science.

Hospital Management

The first plans for Gasthuisberg and the realization of the move of the French-speaking doctors from Leuven to Woluwe in 1966 marked the end of the ‘unitary’ Medical Centre. The Centre now became a unilingual Dutch institution, a transformation that was seized as an opportunity for reform. A more modern form of governance was now put into place in which high-placed administrators participated. Instead of the rector, the general director of the university, Guido Declercq, became the president of the board. Also, the administrative directors of the different hospitals and of the university’s administration were included as members.⁶⁰ In this way, the Medical Centre came to incorporate more technical and financial expertise. It became, we might say, more *professionalised* – an evolution that paralleled the shifts in the governance of the university as a whole.⁶¹ The Law on Hospitals of 1963, which had introduced the principle of the ‘patient-day’ (the cost of one day of hospitalisation) to divide subsidies between public and private hospitals, necessitated a different, more specialised form of hospital accounting. Jan

57 Ibidem, N. 265, Meeting report of the MC, 14 February 1967.

58 Ibidem, 2 November 1966.

59 Ibidem, 10 November 1966.

60 UAL, AVds, N. 266, Meeting report of the first meeting of the new ‘Medical Centre (Hospital Management)’, 12 June 1967.

61 J. Tollebeek, ‘Directing. The Bureaucratisation of Research and Teaching’, in: Tollebeek and Nys, *The City on the Hill*, 230-45.

Peers, who became the general coordinator of the Leuven hospitals in the late 1960s, later described that ‘in those years, hospital management comprised mostly the art of skilfully dealing with budgetary regulations’.⁶²

These shifts in hospital management had repercussions for the relations between the linguistic groups. After a period of enthusiastic planning in the middle of the 1960s, these shifts permitted a more pragmatic approach to the conflict. The logic of separate accounts and more transparency reinforced the process of separating the services that, even after 1968, were still bilingual. Once the ideological and political decisions had been made, a micro-management took over that followed the rules of modern hospital management. Of course, several disputes came up. What was called the ‘dossiers contentieux’ grouped all issues over which no agreement could be found such as the uneven allocation of subsidies from the National Cancer Funds, the division of spaces in general and the fact that the French-speaking services in St. Rafaël ran losses, while the most lucrative ones were located in the St. Pieters Hospital. For the latter problem, it was agreed upon that each linguistic group should include these services in its own budget. The conflicts of the mid-1960s were thus fought out more and more on a technical level, in terms of square meters, profits and losses.

As a result of these agreements, new opportunities for research and clinical care gradually arose for many Dutch-speaking physicians. This latter group now caught up quickly, and in the process, reinforced an ongoing evolution towards further specialisation. In the course of the 1950s, a union of professional organisations of medical specialists had advocated better academic training and legal recognition of their status as specialists.⁶³ Medical specialisation also became better represented in the hospital. Several of Van der Schueren’s assistants in the service of Radiotherapy set up new medical services. In the basement of the Vesalius Institute of Anatomy, Herman van den Berghe started a service of genetic counselling that gradually took up the space that became available as the French-speaking physicians moved to Woluwe. This expansion resulted in the Centre of Human Genetics.⁶⁴ Michel de Roo was active in the field of nuclear medicine, which became an independent medical service in 1979.⁶⁵ For older specialisations, such as cardiac surgery, the splitting of the university ended the long debates over access to technology. At the time cardiac surgery was regarded as the

62 Peers, ‘Vijftig jaar’, 17-24.

63 I. Meul and R. Schepers, ‘De opkomst en consolidering van medische specialisten in België (1857-1957)’, *Belgisch Tijdschrift voor Nieuwste Geschiedenis* 43 (2013) 10-45.

64 Interview with Herman van den Berghe, 13 May 2015. On this centre: J. Vandendriessche, ‘Genetic

Counselling in Belgium: the Centre for Human Genetics at the University of Leuven, 1960-1990’, in: P. Harper, H. Petermann and S. Doetz (eds.), *History of Human Genetics* (Heidelberg 2017, forthcoming).

65 Interview with Michel de Roo, 1 July 2015.

most ‘prestigious surgery’.⁶⁶ Here, the service’s geographical and linguistic division had led to absurd scenes: because the university possessed only one heart-lung machine, this had to be transported time and again between the French-speaking St. Jozef clinic and the Dutch-speaking St. Rafaël Hospital.⁶⁷ Both now developed their own programme. Finally, also in Internal Medicine, Vandenbroucke favoured a more bifurcated hospital organisation that included the creation of new medical services such as gastroenterology.

The expansion of specialised services has coloured later recollections of the 1960s. For the younger heads of departments – who had followed the linguistic disputes of the 1960s as students and assistants – the move to Woluwe was remembered above all as a form of pragmatism, a logical outcome of the conflict. In these years the professional organisations of Dutch-speaking researchers and assistants, the Leuven Society for Flemish Assistants and Researchers (LOVAN) and the Flemish Society for Physician-Assistants (VVGA), had actively participated in the plans of the split. On May 10, 1966, LOVAN had reached an agreement with its French-speaking counterpart on the complete transfer of the French-speaking division. It was a generation that seemed less burdened by the Leuven academic traditions and the historical presence of the French language. They rarely recalled negative experiences as students with their French-speaking counterparts.⁶⁸ Some remembered the episode in more anticlerical terms, defending the autonomy of scientific research against the interference of the Belgian bishops.⁶⁹ They show that not all reminiscences of the conflicts of the 1960s incorporated historical narratives of Flemish emancipation.

On the side of the French-speaking doctors as well, the growing awareness of the gains of modern specialised medicine eased the painful memory of the conflicts of the 1960s. When the (French-speaking) Nobel Prize winner Christian de Duve received an honorary doctorate at the Dutch-speaking University of Leuven in 1984, he reflected on how hard it had been to leave Leuven, where he received his education, started his career and obtained his greatest results. But he also explained how the move to St.-Lambrechts-Woluwe had allowed him to found the International Institute of Cellular and Molecular Pathology, in which he had been able to assemble formerly scattered research groups in brand new laboratories.⁷⁰ One of the members of that Institute, the biochemist Henri-Géry Hers, who was himself given an

66 UAL, AVds, N. 263, Meeting report of the MC, 2 July 1963.

67 Ibidem, N. 262, Meeting report of the MC, 21 December 1962.

68 Interviews by Joris Vandendriessche with Albert Baert, 16 June 2015, and with Michel de Roo, 1 July 2015.

69 Interview by Liesbet Nys and Joris Vandendriessche with Herman van den Berghe, 13 May 2015.

70 J. Eggermont and P. Mombaerts, ‘L’homme qui aime résoudre les problèmes. Interview met prof. dr. Christian de Duve’, in: *Palfijn* 43 (1984-1985) 7.

honorary doctorate two years later, stated more explicitly: 'I feel that in the long run, it has been a just cause.'⁷¹ The success of the medical sciences, in both Leuven and Woluwe, eventually offered a stronger historical narrative than that of continuing ideological and linguistic struggles to look back on the expansion of academic medicine since the 1960s. This was the case in particular for a generation who was given chances in new, modern hospital complexes.

Conclusion

Medical expansion at the University of Leuven in the 1960s was achieved through the interplay between the local and national levels. It was the Leuven physicians who pushed the setting up of new infrastructure outside of the city centre, which was eventually realised on two separate locations: the St.-Luc hospital complex in Sint-Lambrechts-Woluwe treated French-speaking patients while its counterpart, Gasthuisberg, welcomed Dutch-speaking patients on a new campus. It was also they who developed the logic of tying academic expansion to linguistic separation, driven by the need for more hospital beds for medical education and by patients' demands to be treated in their native language – a logic that was put into practice in the medical world at first, but which would be employed on a larger scale in the division of the university as a whole. However, it should be equally acknowledged that the question of medical expansion was taken over at a certain moment by national politics and was decided through the typical system of Belgian compromises between the linguistic groups. Put differently, the solution to the problem was never fully within the hands of the Leuven physicians themselves.

The latter were well aware of their limited position in actual decision making. They understood the need for lobbying politicians, mostly Christian Democrats, and gathering support within the Catholic political pillar and the Flemish movement for their cause. A close look at their lobbying efforts and long-term plans has revealed how the matter of linguistic discord at the University of Leuven was closely tied to social, professional and ideological ambitions. The politically sensitive question of language politics in medicine, of the language in which patients and physicians interacted, was rarely treated separately from other concerns. It was nearly always connected to, and – by some more than others – *instrumentalised* to realise all sorts of future projects. For Van der Schueren, the linguistic conflict could best be solved through the incorporation

71 C. van Geet, P. van Eyken and H. Heidbüchel,

'Eredoctoraat voor prof. Hers', *Palfijn* 44 (1986) 12.

of Catholic medical institutions into the University's hospital network, creating more space for both linguistic communities and modernising Catholic health care in the process. For others, such as Vandembroucke, questions of language in medicine were tied to the much wider social and democratic programme of Flemish emancipation. Still others, who were less ideologically driven and came across the matter in their early careers, coupled the organisation of linguistically separated medical care to the expansion of their subdisciplines and to an agenda of efficient hospital management. In the rapidly secularising and democratising society of the 1960s, the various framings of the relation between medical expansion and linguistic struggles also corresponded to generational differences.

This medical history of the linguistic conflicts at the University of Leuven has also revealed the importance of another political context, besides the linguistic struggles between the Dutch- and French-speaking communities, that is essential to explain the national importance that was attributed to the university: the ideological struggle over the modernisation of health care. In the mid-1960s, as the plans and efforts of the Leuven physicians have shown, both issues became closely bound together. It seems justified to say that the political interest in the future of the University of Leuven, in particular on the part of the Christian Democrats, was not only the result of growing linguistic sensitivities among the general public, but also of the university's important role in the (Catholic) health care sector. Even if a Leuven-run academic hospital did not emerge in Brussels to safeguard the rights of Flemish patients, the University of Leuven did continue to expand its medical network – gradually putting Van der Schueren's vision of a Catholic conglomerate of academic hospitals with Leuven at its core into practice – and hence playing a central role into the modernisation of many Catholic hospitals. These interests were also at stake in the 1960s and they help explain the great influence of the Faculty of Medicine in the division of the University of Leuven.

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