

DEADLY VULNERABILITIES

The provisioning of psychiatric asylums in occupied Belgium (1914-1918)

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For those curious about the situation in Belgian psychiatric institutions during World War I (WW I), a book on the provincial institute of Lierneux indicated that its director Dr. Massault “could not help but observe the decline in the number of patients over the course of these tragic years: shortly after the armistice of 1918, only 288 of the mentally ill placed in care remain (out of 376 patients): difficult times, inadequate food allowances, the Spanish [influenza] epidemic hunted a significant share of boarders”¹.

One harsh observation is made in most monographs devoted to the history of Belgium's asylums: WW I caused abnormally high death rates in a great many psychiatric institutions of occupied Belgium². Harsh, indeed, not to mention laconic. Publications on the topic often content themselves with noting the decline in asylum populations, providing statistics for the war years, and generally explaining this excessive death rate as nearly unavoidable collateral damage as a consequence of the occupation. Three historiographies will be examined in this analysis of the situation in Belgium. We think that it is firstly important to shift the historical lens from soldiers to civilian populations³.

Turning attention to the institutionalized women and men allows us to return to the questions that have structured the history of psychiatry, namely, the inclusion or exclusion of psychiatric patients in their respective societies⁴. The article will review their experience of the Great War in Belgium under the German occupation. Given the current context of memorialization focused on moments of unity among local, regional, and national communities, this article provides an opportunity to highlight the breadth of experiences of solidarity from 1914 to 1918⁵. Lastly, it will explore WW I's demographic consequences for civilian populations. At the European scale, histo-

1. "Il n'a pu que constater le tassement des effectifs au fil de ces années tragiques : peu après l'armistice de 1918, il ne reste que 288 aliénés placés (sur 376 patients): les temps inclements, l'insuffisance des pensions alimentaires, l'épidémie espagnole ont chassé [sic] une fraction considérable des pensionnaires". *Liemeux 1884-1984 : psychiatrie d'hier et d'aujourd'hui*, Herstal, 1985, p. 23-24. 2. See especially C. DHAENE and L. DHAENE, *Sint-Jozef Kortenbergh van "Maison de Santé" tot Universitair Centrum : 145 jaar zorg voor geesteszieken, 1850-1995*, Kortenbergh, 1995, p. 155; F. AUMANN et alii, *150 jaar Zusters van Liefde te Sint-Truiden*, Sint-Truiden, 1991, p. 207-208; A. ROEKENS (ed.), *Des murs et des femmes : Cent ans de psychiatrie et d'espoir au Beau-Vallon*, Namur, 2014, p. 55-56; R. MOENS, *De geschiedenis van het Psychiatrisch Ziekenhuis Duffel : Van gesloten gesticht naar open centrum*, Duffel, 2017, p. 88-89. 3. The bibliography on the subject is too extensive to aim for an exhaustive list, so we will cite only some key works: HBINNEVELD, *From Shell Shock to Combat Stress : A Comparative History of Military Psychiatry*, Amsterdam, 1997; T. LOUGHRAN, "Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories", in *Journal of the History of Medicine and Allied Sciences*, no. 1, 2010 (67), p. 126; G. THOMAS, *Treating the Trauma of the Great War : Soldiers, Civilians, and Psychiatry in France, 1914-1940*, Baton Rouge, 2009; F. RED, *Broken Men : Shell Shock, Treatment and Recovery in Britain 1914-1930*, London, 2010; M. HERMES, *Krankheit : Krieg : Psychiatrische Deutungen des Ersten Weltkrieges*, Essen, 2012; P. VERSTRAETE and C. VAN EVERBROECK, *Verminkte stilte : De Belgische invalide soldaten van de Grote Oorlog*, Namur, 2014. In summaries of the history of psychiatry it is moreover the only subject mentioned in relation to WW I. One of many examples is A. SCULL, *Madness in Civilization : A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine*, 2015, p. 295-296. 4. For Germany : H. FAULSTICH, *Hungersterben in der Psychiatrie 1914-1949 : mit einer Topographie der NS-Psychiatrie*, Freiburg im Breisgau, 1998, p. 1868. For France : VON BUELZINGSLOEWEN, "Entre désorganisation et adaptation : L'asile d'aliénés du Rhône pendant le premier conflit mondial", in L. GUIGNARD, H. GUILLEMAIN and S. TISON (eds), *Expériences de la folie : Criminels, soldats, patients en psychiatrie (XIX^e-XX^e siècles)*, Rennes, 2013, p. 129-137. For Austria : P. SCHWARZ, "Die Wiener Psychiatrie im Ersten Weltkrieg : Eine Geschichte im Spannungsfeld von Faradisationen, Humanversuchen und Hungersterben", *Wiener Geschichtsblätter*, no. 2, 2014 (69), p. 93-111. For Sweden : K. ENGWALL, "Starved to death ? Nutrition in asylums during the world wars", in *Scandinavian journal of disability research*, no. 1, 2005 (7), p. 2-22. 5. N. WOUTERS, "The Centenary Commemorations of the Great War in Belgium : History and the Politics of Memory", in *Low Countries Historical Review*, no. 3, 2016 (131), p. 76-86.

rians have been exploring these questions for the last thirty years, working on the treatments reserved for early childhood⁶, the impact of food scarcity on mortality of the elderly⁷, or the fate of the mentally ill⁸.

The question of mortality in psychiatric institutions during World War I can be approached in much greater complexity by applying the notion of “vulnerability”, recently adopted in the discipline of history⁹. Unlike the definitive term “exclusion”, which it has replaced in the field of sociology since the early 2000s, the concept of “vulnerability” has the advantage of comprehending the phenomenon of social ostracism as an often cumulative process connected to contextual, relational, and individual factors rather than an irreversible condition¹⁰. This dynamic

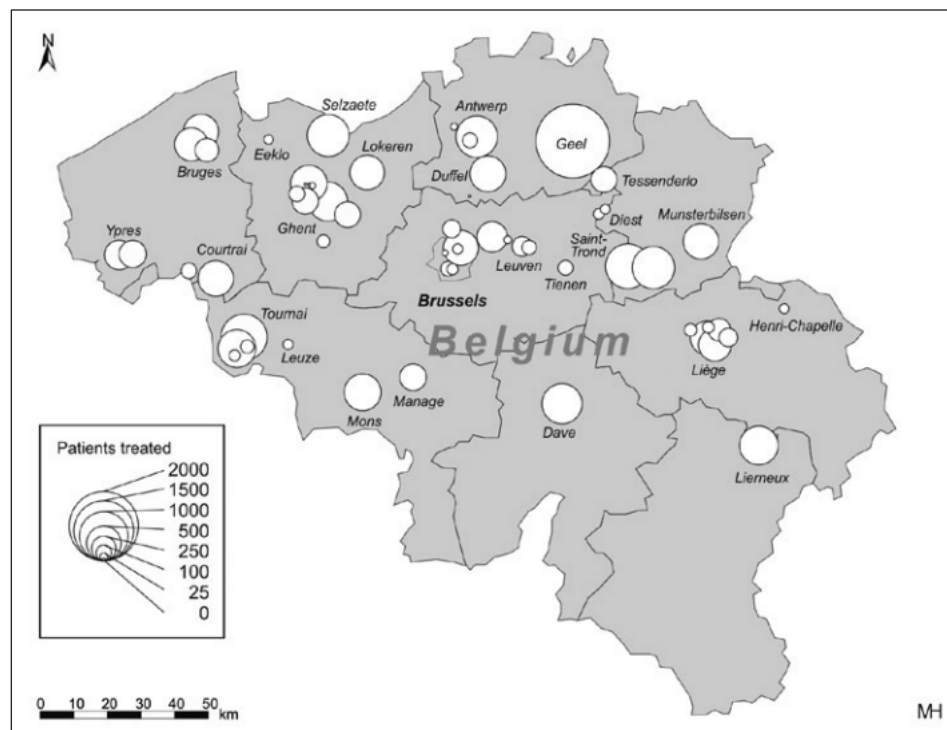
and multifactorial perspective will inform our analysis of the excessive death rate in Belgian asylums. By conceptualizing this death rate as the result of acts and omissions, we seek to reveal the entangling of social and health-related vulnerabilities. In a time of conflict, what fate is reserved for a population that was already marginalized before the war? Can (excessive) mortality in Belgian psychiatric institutions during WW I be quantified, compared, and distinguished into periods? How were these institutions provisioned? Were the directors and governmental ministries in charge of these institutions, as well as the German authorities, aware of the slow death of a significant proportion of their residents? How did they react when the problem became manifest? How did patients experience the situation? What survival

6. B. MAJERUS, “War Losses (Belgium)”, in U. DANIEL et alii (eds), *International Encyclopedia of the First World War*, Berlin, 2016 (<https://encyclopedia.1914-1918-online.net>, consulted October 2016). There is currently no detailed demographic work on the development of the mortality rate in occupied Belgium during WW I. For Brussels, see : B. MAJERUS, “La mort à Bruxelles, 1914 - 1918”, in *Cahiers d’Histoire du Temps Présent*, no. 15, 2005, p. 65-81 ; J. BAUDINE, *Le mouvement de la protection de l’enfance en Belgique occupée pendant la Première Guerre mondiale*, master thesis, UCL, 2011. 7. J.-L. ROBERT and J. WINTER, “Un aspect ignoré de la démographie urbaine de la Grande Guerre : le drame des vieux à Berlin, Londres et Paris”, in *Annales de la démographie historique*, 1993, p. 3-28. 8. There has already been some work on the topic at the European level, notably the pioneering research of Heinrich Faulstich for Germany : H. FAULSTICH, *Hungersterben in der Psychiatrie 1914-1949 : Mit einer Topographie der NS-Psychiatrie*, Freiburg im Breisgau, 1998, p. 1868. For France : I. VON BUELTZINGSLOEWEN, “Entre désorganisation et adaptation : L’asile d’aliénés du Rhône pendant le premier conflit mondial”, in L. GUIGNARD, H. GUILLEMAIN, and S. TISON (eds), *Expériences de la folie : Criminels, soldats, patients en psychiatrie (XIXe-XXe siècles)*, Rennes, 2013, p. 129-137 ; H. GUILLEMAIN, *Chronique de la psychiatrie ordinaire : Patients, soignants et institutions en Sarthe du XIXe au XXIe siècle*, Le Mans, p. 53-62 ; G. THOMAS, *Treating the Trauma of the Great War : Soldiers, Civilians and Psychiatry in France 1914-1940*, Bâton-Rouge, 2009 ; S. TISON, “Loin du front, la folie ? Les civils internés à l’asile durant la Grande Guerre”, in *Guerres mondiales et conflits contemporains*, no. 257, 2015 (1), p. 13-36. For Austria : P. SCHWARZ, “Die Wiener Psychiatrie im Ersten Weltkrieg : Eine Geschichte im Spannungsfeld von Faradisationen, Humanversuchen und Hungersterben”, *Wiener Geschichtsblätter*, no. 2, 2014 (69), p. 93111. For Sweden : K. ENGWALL, “Starved to death?...”, p. 2–22. 9. See A. BRODIEZ-DOLINO et alii (eds), *Vulnérabilités sociales et sanitaires*, Rennes, 2014. 10. Axelle Brodiez-Dolino provides a relevant contextualization of the simultaneous emergence of the term “vulnerability” in the social sciences and humanities and in the field of public intervention in the early twenty-first century. She reveals the concept’s dynamism and richness, but also its limitations, in that it tends to euphemize logics of vertical domination and horizontal relegation. See : A. BRODIEZ-DOLINO, *Le concept de vulnérabilité*, 2016, <http://www.laviesdesidees.fr/Le-concept-de-vulnerabilite.html> (consulted October 2016).

strategies were put into place at the institutional and individual levels?

To study the situation of Belgian asylums between 1914 and 1918, the concerned institutions must first be inventoried. On the eve of WW I, Belgium had a well-developed asylum infrastructure that was mainly in the hands of religious orders. These were generally located in the outskirts of big cities or in the countryside; overall, they were more common in the

northern part of the country. One third of the asylums were very large (accommodating over 500 patients) and accounted for 70 % of the Belgian asylum population; one third of the asylums were mid-sized (100-500 patients) and held 25 % of the population; and one third were small (fewer than 100 patients) and represented only 5% of the hospitalized mentally ill¹¹. National statistics counted 19,177 “interned mentally ill” in 1914, but five years later, in 1919, this number had fallen to 15,243¹².



Map 1: Distribution of psychiatric hospitals in Belgium in 1911¹³.

11. *Quatorzième rapport sur la situation des asiles d'aliénés du Royaume: Années 1892 à 1911*, Bruxelles, 1913, p. 64-65. 12. A. LEROY, “Un péril social: Le nombre des malades mentaux augmente d’une façon continue en Belgique”, in *Acta Neurologica et Psychiatrica Belgica*, no. 4, 1949, p. 207-221. The author moreover stresses that the drop is greater during WW I (21 %) than during WW II (15 %), without lingering on the reasons for this decline or explaining the difference. 13. *Quatorzième rapport...*, p. 64-65.

Over the course of the war, asylum topography was reconfigured through many inter-institutional transfers due to military operations and infrastructure requisitions. In the first months of the war, at least four institutions¹⁴ had to relocate, either temporarily or permanently. In November 1914, the Ypres asylum (housing 850 people, of which 600 were patients) was evacuated to an asylum at Vaucluse (France)¹⁵. The same month, the newly built Beau-Vallon asylum took in 126 patients from the Mons asylum, which had burned after being bombed some days earlier¹⁶. Paradoxically, the institution which would accommodate a constant flow of mentally ill Belgian and French people throughout the war was not a psychiatric institution: the Merxplas Colony was a sort of “general hospital”¹⁷ founded in 1825, initially intended to house beggars and vagabonds. Although it offered a great amount of space, the former beggar’s home was poorly

equipped for medical use. Regardless, thousands of mentally ill were transferred there, often hurriedly, from the asylums of Prémontré, Sedan, Dave, Maubeuge, Bruges, Tournai, and elsewhere.

We consulted as many archives as possible from these sites accommodating the mentally ill in occupied Belgium, within the limits of their condition and accessibility. This included research in the archives of the *Frères et Sœurs de la Charité* housed in Ghent, the *Onze-Lieve-Vrouw* of Bruges asylum, and the *Hospices Civils* of Liège’s administrative commission. For the responsible authorities, we explored the (very incomplete) archives of the administration of the Ministry of Justice (at the time responsible for managing asylums), documents from the *Comité National de Secours d’Alimentation* and its local committees for Liège and Antwerp. No archives of the German authori-

	12/1914	5/1916	4/1917	10/1917	10/1918
“Regular” Population ¹⁸	2188	242	1709	1569	828
Population evacuated from asylums	733	798	2923	2385	1771
Total	2921	3222	4632	3954	2599

Table 1: The population of Merxplas (source: State Archives of Belgium, Beveren, Archief van rijkswelddadigheidskolonie Hoogstraeten-Merxplas-Rekem-Wortel, box 2358).

14. These were the Saint-Julien asylum in Bruges, the asylum in Dave, the *Institut Saint-Norbert* in Duffel, and the *Frères de la Charité* in Duffel. **15.** Y. VAN HONACKER, *L’internement des aliénés d’Ypres à Vaucluse durant la Première Guerre Mondiale*, seminar paper, UCL, 2010. During this time in France, 128 patients would die. **16.** SCJM, Ghent, Boîte Fonds Saint-Servais, Discours de Sœur Calixte pour le jubilé d’or du Beau-Vallon, 1961. **17.** We thank Jean-Michel Chaumont for this formulation. Other than a few very particular moments in time, like its role in the persecution of Jews between the two wars, the site has drawn very little attention from historians. See R. VAN DOORSLAER et alii, *La Belgique docile: Les autorités belges et la persécution des Juifs en Belgique après la Seconde Guerre mondiale*, vol. 1, Bruxelles, 2007, p. 105-107. **18.** The so-called “regular” population of the beggars’ home is diverse by definition, because it is composed of beggars and vagabonds in varying states of fitness. “Regular” here indicates non-asylum populations. Their figures tend to decline over the war because the institution’s management pressured for their return to their permanent residences of assistance to reduce the colony’s operating expenses.

ties were preserved on the matter, however. Either directly or indirectly, over the long or short term, the aforementioned archives thus made it possible to get a closer view of how the following institutions operated: the colonies of Geel and Merxplas, the asylums of Saint-Dominique and Saint-Julien in Bruges, the asylum of the Saint-Jean hospital, the Guislain Asylum in Ghent, the asylums of Lokeren, Melle, Tournai, Froidmont, Glain, Saint-Trond (men and women), Ypres, Grimbergen, Dave, Tienen, Diest and Henri-Chapelle. According to detailed statistics from 1911 (which do not include the Merxplas Colony, defined as a general hospital), these asylums provided care for a total of 10,235 mentally ill persons out of the 19,427 that had been counted (amounting to 52.7%). In addition to the biases that nuance the reliability of these figures (including the development of the population between 1911 and 1914 and the inclusion of people who were merely destitute in these figures), such quantified estimates lend this study a non-negligible representative strength.

The main trait of archives in the psychiatric sector is their near-perfect silence about the mortal-

ity of patients during the conflict. In the immediate post-war period, there were no statistical or demographic assessments made of the asylum-dwelling population. Unlike their German peers, not a single Belgian psychiatric journal published anything specifically devoted to the situation of asylums in the years 1914-1918¹⁹. During the first post-war meeting of the *Société de Médecine Mentale de Belgique*, on 31 May 1919, president Massaut only briefly mentioned the fate of patients: "The other asylums barely suffered; at least the walls remained intact. But, as one might think, their boarders have indeed been subjected to privation, as was the entire Belgian population, for that matter. Provisioning presented them with the greatest of difficulties; [...] the health of our wards felt its effects considerably. This, combined with the overcrowding due to the evacuations and all the miseries of this difficult situation, led to a notable increase of mortality"²⁰.

The Superior of the *Sœurs de la Charité*, Monseigneur Van Rechem, addressed a letter to the congregation on 1 December 1918 that is representative of this lack of interest in psychiatric patient mortality:

Dearest children,

After more than four years of forced silence, it is finally with great happiness that we are sending you our traditional wishes for a blessed and happy year in all freedom. [...] Our beloved congregation has indeed suffered during the terrible war, but it was also admirably

19. In this case, the *Revue neurologique* and the *Journal de Neurologie et de Psychiatrique* make no mention of the situation in asylums during the war, with the sole exception of a fleeting mention of the weight loss of patients in Geel in: J. DEMOOR and A. SLOSSE, "L'alimentation des Belges pendant la guerre et les conséquences", in *Bulletin de l'Académie Royale de Médecine de Belgique*, 1920 (30), p. 504. 20. "Les autres asiles n'ont guère souffert; du moins les murs sont restés intacts. Mais, comme il est à penser, leurs pensionnaires ont subi bien des privations, comme d'ailleurs toute la population belge. Le ravitaillement présenta pour eux les plus grandes difficultés [...] la santé de nos pupilles s'en ressentit fortement. Cela joint à l'encombrement dû aux évacuations et à toutes les misères de cette situation pénible, entraîna une augmentation notable de la mortalité". See: J. MASSAUT, "Allocution présidentielle", in *Bulletin de la société de médecine mentale de Belgique*, no. 175-177, 1919, p. 305-306.

preserved and protected. Nothing happened without God wanting or allowing it, everything was accomplished for the greatest good of the chosen ones, everything will continue to work out for the best for those who love God. [...] The Mons Asylum at the beginning, and the convents of Lovendegem and Saint-Genois at the end of the war, were almost entirely destroyed by bombing and fire. God nonetheless left enough of the roof to shelter their ill and their children; no-one perished and the Sisters are happy and joyous in their poverty and their destitution in the midst of these ruins and rubble. Thanks be to God! [...] A great many of our homes, [...] very exposed, have been admirably preserved [...]. Thank the Lord and [*sic*] for the afflictions and for the consolations that you have sent us during this terrible war. Very respectfully, we kiss the hand that strikes and that heals. [...] Before concluding this letter, we recommend to you the souls of our Dear Children who died in such great numbers during this war, and especially the worthy Superiors [...] we also recommend to you the martyrs for the fatherland, the fathers and brothers of the Sisters of Charity gloriously fallen on the field of honor, in service of the Fatherland²¹.

Imbued with a quintessentially Catholic dolorism, this circular (which broke the pause in correspondence during the war) never explicitly mentions the living conditions and privations endured by the patients, but focuses on the life and spirituality of the members of the religious community. Van Rechem enjoined the Sisters to render grace to God for the ordeals and the graces that punctuated the war years. Here, “our Dear Children who died” exclusively designated the Sisters of

Charity, whose top tier consisted of the Superiors of the various institutional homes.

An exception to the post-war silence was a debate launched by the Flemish Catholic newspaper *De Standaard*, which published a front-page article in 1919 articulating three questions concerning the fate of the mentally ill during the war. Was there a particularly high number of deaths among Belgian and French committed patients? Did the high-level

21. “Bien chères enfants, Après plus de quatre ans de silence forcé, nous avons enfin le grand bonheur de vous adresser en toute liberté nos souhaits traditionnels de sainte et heureuse année. [...] Notre chère congrégation a bien souffert durant la terrible guerre, mais elle a aussi été admirablement préservée et protégée. Rien n’est arrivé que ce que Dieu a voulu ou permis, tout s’est accompli pour le plus grand bien des élus, tout continuera à tourner au mieux pour tous ceux qui aiment Dieu. [...] L’Asile de Mons, au commencement, les convents de Lovendegem et de Saint-Genois à la fin de la guerre ont été presque totalement détruits par le bombardement et l’incendie. Dieu y a cependant laissé assez de toiture pour y abriter leurs malades et leurs enfants; aucun n’a péri et les Sœurs sont heureuses et joyeuses dans leur pauvreté et leur dénuement au milieu de ces ruines et décombres. Que Dieu en soit loué! [...] Un grand nombre de nos maisons, [...] très exposées, ont été admirablement préservées [...] Merci Seigneur et pour les afflictions et pour les consolations que vous nous avez envoyées durant cette épouvantable guerre. Très respectueusement, nous baisons la main qui frappe et qui guérit. [...] Avant de terminer cette lettre, nous vous recommandons les âmes de nos Chères Enfants décédées en si grand nombre pendant cette guerre et particulièrement les dignes Supérieures [...] nous vous recommandons aussi les martyrs de la Patrie, les pères et les frères des Sœurs de Charité glorieusement tombés au champ d’honneur, au service de la Patrie”. See SCJM, Ghent, Circulaires du supérieur à la Communauté, Lettre de Monseigneur Van Rechem, 1/12/1918, p.1.

civil servants working at Merxplas divert food and clothing to their own benefit? Why was there no investigation into these questions?²² *De Standaard's* questions were picked up by *Vooruit* and *Le Métropole*, among other newspapers, but do not seem to have led to extensive investigations: in an internal report, the director of Merxplas acknowledged the “great mortality [...] among the population of the depot” but asserted that “the administration always applied the dietary rates prescribed by higher authorities. These dietary rates were never lower than a content of 2107 calories, which is significantly higher than the general diet of the civilian population during the war in the occupied country” and that “the Spanish influenza was the primary cause of this mortality rate”²³.

Reduced or eclipsed after the war, mentions of asylum mortality are barely more frequent in the archives produced by psychiatric institutions during 1914-1918. Of course, contemporary documents periodically report the deaths of patients and personnel, and are haunted by the gravity of food shortages. Nonetheless, not one archive from the war years truly focuses on the subject of our research, and no specific solutions are put forward to ensure the asylum population's protection and survival.

The silence of sources from the psychiatric sector is even more striking when compared with the accounts of outside observers. In the journals where he meticulously noted many aspects concerning the daily life of Namur residents during the war, Canon Schmitz wrote on 4 March 1918: “At the institution in Dave, mortality is rising at a frightful pace. A notable detail, they are buried without caskets and entirely naked. But this is kept secret. The priest does an absolution in the morning, at the morgue; in the evening they are undressed and carried, hidden, to the cemetery”²⁴. These few lines attest to both the gravity of the situation and the immediate and deliberate desire to handle it in secrecy. The institutional archives' silence is thus even more telling.

I. The available figures : Rising and variable death rates

Since 1899, the “*Statistique Judiciaire de la Belgique*” (Legal statistics of Belgium) includes a count of the mentally ill and their movements. WW I interrupted the publication of figures, but it seems that data collection continued regardless, at least until 1916. Table 2 presents all the published data concerning the asylum population for 1914-1918.

22. “In de Colonie te Merxplas”, in *De Standaard*, 14/02/1919, p. 1. 23. See : State Archives of Belgium (SAB), Beveren, Archief van rijks weldadigheidskolonie Hoogstraeten-Merksplas-Rekem-Wortel, box 4126, brief van Stroobant aan de Ministerie van Justitie, 26/02/1919.

24. “À l'établissement de Dave, la mortalité augmente de façon effrayante. Détail à noter, on les enterre sans cercueil et tout nus. Mais ceci est tenu caché. Le prêtre fait une absoute le matin, à la morgue; à la soirée, on les dévêt et on les porte, en cachette, dans le cimetière”. See: Archives de l'Évêché de Namur, Fonds chanoine J. Schmitz, S186, Journaux personnels, 1914-1919, 4/03/1918.

	Total population of institutionalized mentally ill	Checked in	Checked out	Deceased	% of population deceased ²⁵	Abnormally high death rate (expressed in the number of additional deaths) ²⁶
1914	19,177	4089	1981	1954	8.4 %	203
1915	19,789	3418	1293	2114	9.11 %	368
1916	19,545	3604	1300	2572	11.54 %	930
1919	15,243	4815	2430	1784	8.89 %	276

Table 2 : Published figures for the years 1914-1919²⁷.

We have tried to extrapolate the missing data for 1917 and 1918, based on the available figures. We averaged the figures from 1915 and 1916 (which were rather stable, especially relative to 1914) to estimate the number of patients checked in and out (healed, taken in by family, and so on).

Despite the inevitable approximation in our calculations, a significant and rising mortality rate can be confirmed at the national level between 1914 and 1918. In all, 4434 additional interned patients died due to the wartime context (23 % of a population of 19,000). These figures, absolute and relative, can be

contextualized by shifting our regard in three ways: first, by situating them in the overall Belgian context; second, by comparing them with work on asylums in other countries; and third, by changing scale, looking more closely at the Belgian asylums for which we have the most detailed information.

The abnormally high death rate among psychiatric patients appears even more salient when compared to that of the civilian population. Raymond Olbrechts estimates that an additional 82,000 deaths in the civilian population of occupied Belgium can be imputed to provisioning difficulties during the five years

	Institutionalized mentally ill	Checked in	Checked out	Deceased	% of population deceased	Additional deaths
1917	18,111	3500	1300	2900	13.42 %	1274
1918	16,667	3500	1300	2900	14.38 %	1383

Table 3 : Estimated figures for the years 1917-1918.

25. We recalculated the mortality rate percentages presented by A. Leroy. To establish the mortality rate, usually the number of deceased is divided by the total number of ill persons present on 1 January and those who checked in over the year. *Treizième rapport sur la situation des asiles d'aliénés du Royaume (1883-1892)*, Bruxelles, Goemaere, 1895, p. LXII; H. Faulstich, *Hungersterben in der Psychiatrie 1914-1949: mit einer Topographie der NS-Psychiatrie*, Freiburg im Breisgau, Lambertus, 1998, p. 60. Alphonse Leroy only divided the number of deaths by the population present on 1 January of the year in question. 26. Calculated in relation to the average of the years 1910-1912, when the mortality rate was 7.52 %.

27. A. LEROY, "Un péril social...", p. 215-219.

of the war²⁸. A comparison of this figure to the total population of occupied Belgium (from 5 to 5.5 million) produces a ratio that proves to be relatively low (1.4-1.6%), fifteen times lower than the abnormal mortality rate of asylum populations.

If we examine the situation of Belgian asylums alongside those of other European countries, the mortality rate proves to be comparable to French figures, which Tison described as fluctuating from 4.7 to 15.1% in 1914 and 10 to 30% in 1918²⁹. The situation in 1918 was thus generally less serious in Belgium than in France. On the other hand, death rates in Belgian hospitals were higher than estimates made for Swedish institutions, for which Engwall cites national statistics reporting a mortality rate of 6% in 1914 and only 9% in 1917, with a rapid return to normal (6.4% in 1919 and 4% in 1923)³⁰. Even if these overall estimates are interesting as points of comparison, French and Swedish researchers alike underscore the significant disparity of mortality rates according to the size and geographical location of asylums. "This mortality rate was not the same all over France", Stéphane Tison writes, "and moreover research needs to be refined to understand the reason behind it (Rennes, Mayenne, Bonneval and Nancy had mortality rates around 10-15% in 1918, at least half those of Mans, Bron, and Albi)"³¹. Isabelle Von Buelzingsloewen furthermore concludes that "the monographic approach

is the only relevant one for responding to this question [of mortality]"³².

When the available figures for the twelve studied Belgian institutions are compared, the same observation can be made: mortality rates differ in amplitude and temporality. The highest rates (over 20%) were in the very large institutions. Notable are the Merxplas Colony, where the exiled populations from certain French institutions were practically reduced by half in 1917 and nearly wiped out in 1918, and the asylums of Guislain, Dave, Zelzaete, Beau-Vallon, and Saint-Trond. Certain mid-sized institutions such as the Grimbergen asylum and the Liège *Hospice des Insensés* registered comparable rates. These figures broken down by institution also confirm the reliability of the extrapolated mortality rates for 1917 and 1918: as in Sweden and France, the last two years of the war seem to have been the deadliest in a great number of institutions.

Winters were especially deadly for these communities of people in weakened condition. A Sister of Charity from Bruges transferred to Merxplas attested to this after the war: "The winter of 1917 was terrible. [...] Two of our patients succumbed to pneumonia. Many vagabonds died of cold and destitution. There were sometimes 20 or so cadavers in the morgue"³³. She added, speaking of 1917-1918: "Then there was a second winter just as bad as the first. Already, the Brothers of

28. R. OLBRECHTS, "La population", in E. MAHAIM, (ed.), *La Belgique restaurée: étude sociologique*, Bruxelles, 1926, p. 40. 29. S. TISON, *Loin du front, la folie...*, p. 23. 30. M.V.L. SEEMAN, "Starvation in psychiatric institutions in Sweden", in *International Journal of Mental Health*, no. 4, 2006 (35), p. 81-87. 31. S. TISON, *Loin du front, la folie...*, p. 22. 32. VON BUELZINGSLOEWEN, "Entre désorganisation et adaptation...", p. 131. 33. "Cet hiver 1917 fut terrible. [...] Deux de nos malades succombèrent à la pneumonie. Beaucoup de vagabonds moururent de froid et de misère. Il y avait parfois une vingtaine de cadavres à la morgue". See: *Anima Una: Les sœurs de la Charité pendant la guerre 1914-1918*, [Ghent], 1920, p. 158.

	1913	1914	1915	1916	1917	1918	1919
Saint Amand							
Saint Julien (Mortsel) ³⁴					15.90%*	27.00%*	
Zelzaete		10.6%*	12.9%*	9.60%*	34.00%*		
Guislain (Ghent) ³⁵	7.64%	7.33%	9.59%	11.07%	21.25%	23.86%	10.24%
Grimbergen ³⁶	?	13.97%	17.37%	23.61%	26.31%	19.67%	
Dave ³⁷	11.11%	8.85%	10.67%	16.00%	26.38%	29.19%	
Leuven Asylum (n = 28 ³⁸)	0.00%	5.52%	10.11%	2.43%	2.98%	3.16%	12.68%
Beau-Vallon (Saint-Servais) ³⁹	-	3.16%	7.67%	17.89%	27.07%	20.31%	9.56%
Sainte-Agathe in Liège ⁴⁰	8.46%	10.05%	9.06%	7.69%	9.44%	18.03%	8.20%
Hospice des Insensés in Liège ⁴¹	14.85%	17.73%	15.22%	20.86%	28.57%	16.21%	14.50%
Saint-Trond (women) ⁴²		10.12%	8.80%	13.18%	19.19%	29.37%	
Merxplas					28.00%		
- percentage of French patients ⁴³							
Prémontré asylum				5.90%*	20.75%*	17.79%*	
Loncelet asylum				9.75%*	45.58%*	42.28%*	
St André asylum				7.20%*	47.83%*	26.67%*	
St Martin asylum				-	29.73%*	83.33%*	
Sedan hospice				26.83%*	37.71%*	84.26%*	

Table 4 : Mortality by asylum⁴⁴.

34. *100 Jaar - Sint Amedeus - 1895-1995*, Tielt, Lannoo, 1995, p. 42. **35.** OCMW-Gent, Guislaingesticht (BG 19), fardes 90-95. **36.** Kadoc, Archives des Frères des Alexiens, boîte 907. **37.** Archives de l'asile de Dave, rapports annuels 1914-1919. Thanks to Yohan Van Honacker for providing us with the Dave annual reports. **38.** "N" is the number of patients that the asylum contained on 1 January 1914. **39.** According to N. Collignon, *Les mécanismes de la fondation d'un asile. Le sanatorium du Beau Vallon à Saint-Servais-lez-Namur et sa population d'aliénées de 1914 à 1921*, undergraduate thesis, Université Catholique de Louvain, 1997. **40.** Archives du CPAS de Liège, Rapports annuels des hospices civils de Liège (1910-1920). **41.** Archives du CPAS de Liège, Rapports annuels des hospices civils de Liège (1910-1920). **42.** *150 jaar Zusters van liefde te Sint-Truiden*, Sint-Truiden, 1991, p. 208. **43.** AE-Beveren, M36, box 3320. **44.** The asterisks indicate figures that relate the number of deaths only to the number of patients present in the institution on 1 January of the year concerned. Due to a lack of data, it was not possible to take into account the number of patients who checked in during that year. These percentages are thus slightly higher than the actual mortality rates.

Charity counted their 200th death. We found people dead in their beds⁴⁵. Thanks to the preserved death records of three major institutions (Saint-Servais, Saint-Trond and Geel), it is possible to fine-tune the chronological distribution of the enumerated dead and fully grasp their seasonal cycle. Already observable in peacetime, the increase in dead in the winter is accentuated in wartime. Thus each observable peak in the mortality rate in Geel and Saint-Servais occurred between November and March. In Geel (the country's largest institution), the winter of 1914-1915 led to the first significant peak in mortality. Although figures are unavailable for Saint-Trond and insignificant for Beau-Vallon (which opened in 1914), this first peak attests to a rapid weakening in psychiatric institutions during the first months of occupation. The most fatal winter was unquestionably that of 1917-1918. This was moreover the period when the situation took the longest to return to normal: the period of high mortality was no longer a matter of two or three months, as the deadly periods lasted longer. While the situation returned to normal at the end of the war in most institutions, thanks to a marked improvement in provisioning, the Guislain asylum's mortality rates for 1919 and 1920 remained higher than during the first years of the war, with no discernable explanation in sight.

II. Many causes

A number of post-war accounts cite Spanish influenza as one cause of the significant death rate in asylums late in the war. Archives from the time certainly mention the epidemic, which necessitated the rapid adoption of hygiene measures. In its deadliest wave in October-November 1918⁴⁶ it took a variable toll on institutions, especially among the staff. But archives do not justify attributing the sharp increase in deaths to the flu alone: mortality figures remain below those recorded for the winters of 1916-1917 and 1917-1918. In the case of Beau-Vallon, the post-war account mentions a wing "prostrated" by the epidemic⁴⁷; ultimately, only five cases of the flu were mentioned in Beau-Vallon's 1918 death records. Might the over-estimation of the Spanish flu's impact on asylum populations⁴⁸ be part of a strategy of exculpation by those responsible for Belgian institutions? At very least, we should abandon preconceived and simplistic conceptions and track down indications in the archives that could explain the gradual weakening of the population of psychiatric patients in occupied Belgium.

Examination of the death records of the asylums of Beau-Vallon (women), Geel (men and women), and Saint-Trond (men) makes it possi-

45. "Puis ce fut un second hiver aussi pénible que le premier. Déjà, les Frères de la Charité comptaient leur 200^e décès. On trouva les gens morts dans leur lit". See: *idem*, p. 160.

46. B. MAJERUS, "War Losses (Belgium)" (<https://encyclopedia.1914-1918-online.net>. Consulted October 2016). 47. *Anima Una...*, p. 30. 48. Concerning the Saint-Trond mental hospital, a study also highlighted that "slechts drie gevallen van Spaanse griep hadden een dodelijke afloop gekend" [Only three cases of the Spanish flu resulted in death]. See: *150 jaar Zusters...*, p. 208.



The Journal of Belgian History is particularly keen on illustrating its articles with images, which range from research sources to iconographic material echoing the themes in the text. These entirely legitimate efforts to make the journal more attractive and systematically illustrated are often hindered by a lack of representative material for some events or populations. Asylums in occupied Belgium during the First World War are undeniably among these “black holes”. The only images we have managed to find are of destroyed buildings, which offer no more than a tenuous link with our topic. We have therefore decided to represent this lack of images by three black rectangles, as a means of portraying the social invisibility of psychiatric patients during the First World War.

ble to detect relative variations in the diagnoses. Most institutions used a relatively limited terminology that was particular to each head physician: a few generic terms serve as keywords whose frequency varies over the years of the war. Generally speaking, physical illnesses, whether related to the mental complaint (such as epilepsy, “cerebral softening”, or generalized paralysis) or not (heart disease), were featured among the most frequently cited causes before, during, and after the war. Beyond the variations of vocabulary particular to each institution, two observations can be connected to the context of occupation and the deterioration of the asylum living conditions. Firstly, the number of pulmonary illnesses started to experience significant growth in 1916 in Geel and Saint-Servais. In the former, tuberculosis (the spread of which is directly related to insalubrious living conditions and dietary deficiencies) figured among the main causes of death from 1915 through 1919: in 1917 it was the second most frequent diagnosis, immediately after cardiac conditions⁴⁹. The same lung complaint was also one of the main causes of death of patients at Saint-Servais, at the root of more than one in five recorded deaths in 1916, 1917, and 1918⁵⁰. The second important development is found in the increase in references to marasmus (related to dietary deficiencies) or

cachexia (which designates a deep weakening and wasting of the body)⁵¹. From 1916 to 1919, marasmus was consistently cited as the leading cause of death at Saint-Trond. At Saint-Servais, four cases of cachexia were mentioned in 1915 (11.5% of post-mortem diagnoses), as compared to 34 in 1917 (17.5%) and 28 in 1918 (19.5%). As Isabelle Von Buelzingsloewen has suggested in relation to World War II⁵², these diagnoses should be directly tied to provisioning problems and considered as so many euphemisms standing in for the blunter terms “under-nutrition” and “malnutrition”⁵³.

III. The key question: provisioning

Access to food rapidly became a vital question for Belgian asylums, starting in the first months of the occupation. Their size made them especially vulnerable to a suddenly contracting market and runaway prices, which were already present in late July 1914, before the German invasion. Before the war, Belgium depended heavily on external markets for food. In the summer of 1914, imports were cut off and the German army set about draining part of the market through requisitions. A significant share of arable farmland, especially in the north of the country, was located in combat

49. According to the Geel archives, pulmonary tuberculosis was the fifth most common cause of death in 1915, fourth in 1916, second in 1917, and fourth in 1919. Although it is not mentioned in 1918, pneumonia and chronic bronchitis proliferated in the institution's death records that year, adding up to the second and fourth leading causes of death, respectively.

50. According to the Beau-Vallon death records, tuberculosis took four patients in 1915 (representing 11.4% of the 35 registered deaths); 26 in 1916 (21.8% of the 119 registered deaths); 41 in 1917 (20.9% of the 196 counted deaths); and 33 patients in 1918 (23% of the 143 deaths listed).

51. H. GUILLEMAIN, *Chronique de la psychiatrie ordinaire...*, p. 58-59.
52. I. VON BUELTZINGSLOEWEN, *L'hécatombe des fous: La famine dans les hôpitaux psychiatriques français sous l'Occupation*, Paris, 2007.
53. This hypothesis is corroborated by the fact that in Beau-Vallon, there were only 7 declared cases of cachexia in 1919 (10% of deaths), 3 in 1920 (5.6%) before disappearing entirely from the records in 1921.

zones, leading to a significant drop in national production during the war⁵⁴. Moreover, many farmers paid the price for the damage inherent to the armed invasion of the country. On the topic of the farms that provisioned their institutions, the *Hospices Civils* de Liège's 1914 annual report noted: "Most of the farmers have had to suffer from the invasion or from billeting of German troops that requisitioned all or part of their livestock. [...] The hedgerows and fencing of most of the meadows near forts were cut or ripped up, and the gates removed or broken. Several farmers have also had to lament the considerable damage caused to fruit trees and harvests"⁵⁵. Through the *Comité National de Secours et d'Alimentation* (CNSA; National Relief and Food Committee), a provisioning system was created in October 1914 to cover the entire occupied country and make it possible to at least partially work around the effects of the blockade imposed by the Allies. The CNSA was at the head of a pyramid of provincial and local committees, and worked in cooperation with the *Commission for Relief in Belgium*, which "stood in for the exiled government in Le Havre [France] to aid and feed the Belgian population"⁵⁶ by purchasing and shipping supplies from neutral countries to Belgium (with the United States' entry into the war, it shrank to a Spanish-Dutch Committee). Ultimately, the CNSA never managed to import the necessary quantity of food –

in 1917, only 56 % of the amount considered indispensable was actually imported⁵⁶, especially due to frequent interruptions of maritime transportation. From 1915 it became obvious that famine was threatening occupied Belgium. This permanent shortage led to a significant raise in prices of everyday staples as well as rarer goods – the price per kilo of bread rose from 0.41 francs in 1914 to 0.83 francs in 1918, while a kilo of cooking fat increased 20-fold, from 3 to 65 francs per kilo.⁵⁷

Given the quantities they required, asylums could not rely on unofficial networks or the black market for subsistence. They were heavily dependent on the instated system of governance, which became increasingly vague as to whom was responsible for what. During the war, the German occupier and the CNSA established themselves as new interlocutors, joining the authorities which already provided oversight before the war: the *Ministère de la Justice* and the organizations sponsoring each institution (which could be a religious congregation, a municipal government, or, more rarely, the Belgian state itself)⁵⁸. In occupied Belgium, ministerial administrations continued to operate in the absence of the exiled government in Le Havre. Mélanie Bost described the General Secretariat of the *Ministère de la Justice* remaining in Brussels as "management with absent subscribers"⁵⁹.

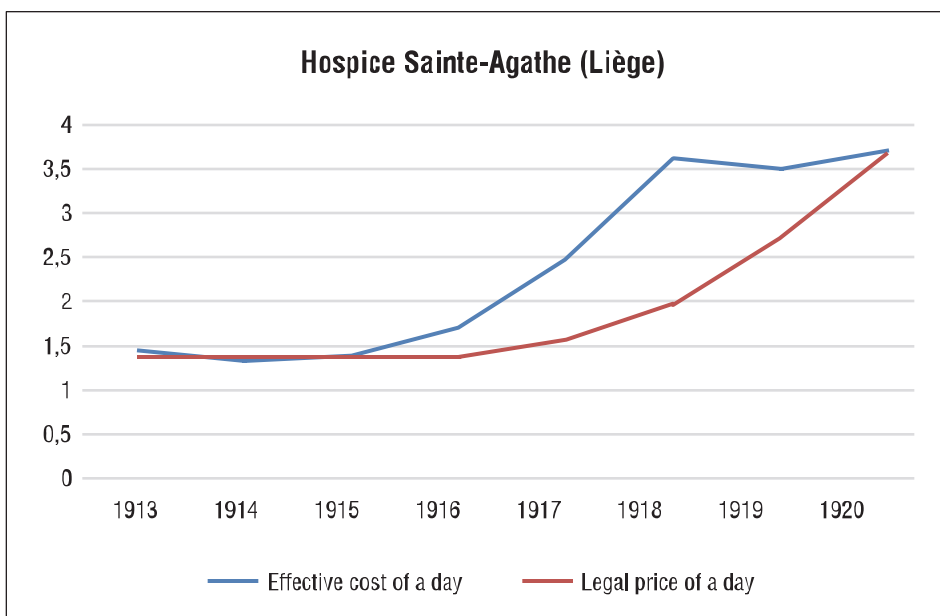
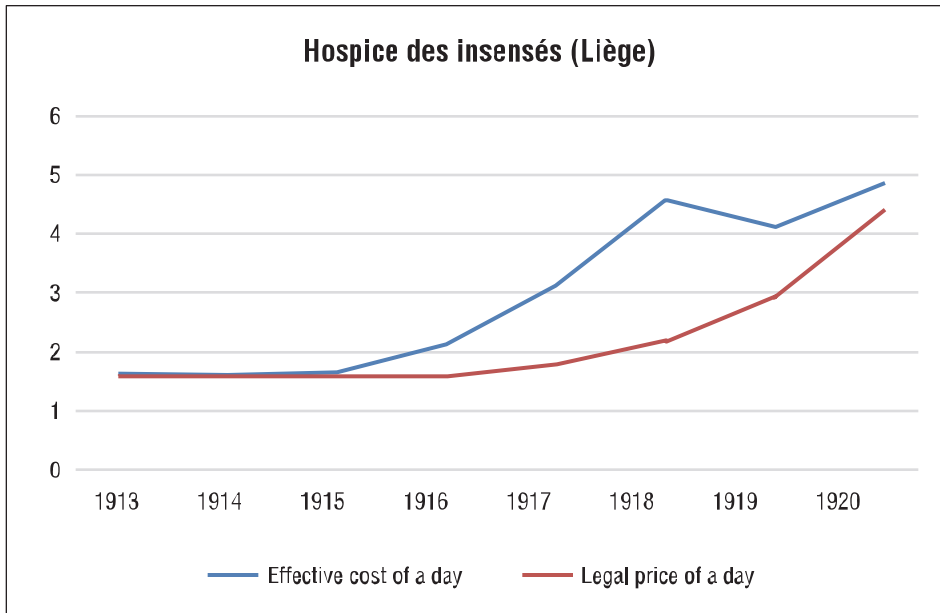
54. P. SCHOLLIER and F. DAELEMANS, "Standards of Living and Standards of Health in Wartime Belgium", in R. WALL and J. M. WINTER (eds), *The Upheaval of War: Family, Work, and Welfare in Europe, 1914-1918*, Cambridge, 1988, p. 139-158. 55. See: Archives du CPAS de Liège, Rapport annuel des hospices civils, 1914, p. 5. 56. "[...] se substitue au gouvernement exilé au Havre pour secourir et alimenter la population belge". See: J. BAUDINE, *Le mouvement de la protection de l'enfance*, p. 25. 57. A. HENRY, *Le ravitaillement de la Belgique pendant l'occupation allemande*, Paris and New-Haven, 1928, p. 192. 58. *Idem*, p. 80 and 146. 59. Of course, the German authorities largely delegated the question of provisioning to the CNSA, although they did establish a rather detailed rationing system over the four years of occupation. 59. M. BOST, *Traverser l'occupation 1914-1918 : Du modus vivendi à la grève, la magistrature belge face aux occupants allemands*, doctoral dissertation, Université Catholique de Louvain, 2013, p. 139.

This observation should be nuanced, however, when speaking of the ministry's 4^e *Direction Générale*, which was charged with the administration of charities (including asylums)⁶⁰. Its Director General Henry Dom stayed in Belgium and, if the available archives are to be believed, continued to play an active role. The situation complicated in March 1917 with the separation of the administration to establish two distinct state institutions for managing Belgium, one for Flanders and another for Wallonia. There were henceforth also two distinct ministries for asylums.

Faced with rising food costs, Belgian asylums were rapidly confronted with liquidity problems. Their problems were exacerbated by delays in payments from public sources (state, province, or municipal) to support institutions taking care of the destitute mentally ill⁶¹. In December 1914, management of the Zelzaete asylum filed a complaint to the Permanent Delegation stressing the fact that the provinces had not paid operating costs since the beginning of the war in August⁶². By late August 1914, the Brothers of Charity, a congregation managing the most psychiatric beds in Belgium on the eve of war, found itself broke, as their Superior General Stockmans explained to the Justice minister Henry Carton de Wiart, entrenched at the time in the redoubt of Ant-

werp: "You know that we have nearly 6000 mentally ill in the charge of the common fund in Belgium. We lack the financial fluidity to sustain their living expenses, and no-one sells on credit any more"⁶³. Despite CNSA intervention and an extraordinary government loan in 1914-1915, public debts to psychiatric institutions remained. So it was that in spring of 1916, the director of the Guislain asylum in Ghent complained of delayed payments, three-quarters of which being sums as yet unpaid by public authorities⁶⁴. Asylums were moreover faced with default in payments from the families of so-called boarding patients – those paying for the care of an ill family member (representing about an eighth of the Belgian asylum population) also faced financial difficulties. At the *Maison de Santé Saint Alphonse* in Ghent, which only took paying patients, income from board charges dropped by 25 %, although the number of boarders only declined by 7 %. In 1914 the Alexian Brothers' Grimbergen asylum started charging an additional franc to cover war-related costs. Some families could no longer afford to pay and had to request that their family member be reclassified from "boarder" to "destitute". The wife of Christian D.⁶⁵ put it this way: "Since the beginning of the war, how alone I am to provide for everything, with a shop, which even in peacetime was not enough to live from without another job:

60. Unfortunately, apart from a very thin file, no substantial archival collection was preserved from the WW I years (SAB - Ministère de la Justice. Administration de la Bienfaisance et des Prisons. Série I). Asylum files, however, contain many epistolary exchanges with the fourth *Direction Générale*, which remained a significant interlocutor during the four years of occupation. 61. In this case, a common fund paid half of this sum, the province 1/8th, and the state 3/8th. The common fund was constituted in each province by payments contributed by all the municipalities in its jurisdiction. See: Archives du CPAS de Liège, Rapport annuel des hospices civils de Liège, 1917, p. 11. 62. See: APBL, Ghent, Zelzaete, Doos "Kronieken", *De Oorlogsperiode 1914-1918 en Het Jaar van het C.N.P.M. 1919* (unsigned, undated). 63. See: APBL, Lettre de Stockmans au Ministère de la Justice, 28/08/1914. 64. See: OCMW-GENT, Guislaingesticht (BG 19), Farde 63, Lettre du directeur de l'hospice Guislain aux membres de la commission administrative des hospices civils de Gand, 24/02/1916. 65. All patient names have been replaced with pseudonyms.



today this shop is nothing and I am faced with the threat of taxes, rent, contributions, etc., so many other things that plunge me into insurmountable debt. [...] I allow myself to ask you once again, *Monsieur le Directeur*, if you could care for my husband as destitute⁶⁶.

The gap between the reduction of income and the inflation of the cost of essential staple goods widened gradually over the war, even more so as regulations (by royal decree, setting the daily allowance for living expenses of the ill for each establishment) only adapted very slowly to the wartime context. The State did not increase financial assistance at the same rate as rising prices. The *Hospices Civils* of Liège conducted a systematic comparative calculation of the real cost of living expenses and public contributions: if the assessment of costs seemed acceptable in 1914 and 1915, the gap widened considerably the following year, rising to 1.66 franc a day for women and 2.4 francs a day for men. Moreover, despite the significant increase in the cost of food, the proportion of these daily allowances anticipated for provisions barely increased at all.

In these circumstances, the search for food logically became the absolute priority of asylum management in occupied Belgium. Given

the inadequacy of the rations distributed by the CNSA, any and all means were pursued to increase dietary resources: Beau-Vallon set up vegetable plots around each wing⁶⁷, the *Hospices Civils* de Liège took the initiative of building hog farms, hiring nearby farms to finish livestock⁶⁸, supplementing the bread rations with biscuits from the Netherlands, and compensating for shrinking meat portion sizes by purchasing pickled herring and cured meats⁶⁹. In a journal entry in September 1916, the Mother Superior of the *Onze-Lieve-Vrouw* of Bruges asylum noted that when the time came to declare the size of their herd of cows to the municipality, she decided to make a false report so as to have more meat than anticipated⁷⁰. Less than a year later, when her community was sheltered at Merxplas, the same Mother Superior had a makeshift kitchen build in the wing basement, where she also raised chickens and pigs⁷¹. She also reaped many acts of solidarity with the community from various quarters: cookies, pears, milk, chickens, and cocoa powder were donated by some of the Sisters' families, the curate of Merxplas, nuns from other evacuated institutions, and the deputy director of the colony.

The quantities of food actually distributed varied considerably from one institution to

66. "Depuis le début de la guerre, que je suis seule à pourvoir pour tout, avec un commerce, dont en temps de paix on ne pouvait encore subsister sans autre emploi: aujourd'hui ce commerce n'est plus rien et je dois faire face aux menaces des taxes, loyer, contributions etc, tant d'autres choses qui me plongent dans des dettes insurmontables. [...] Je me permets encore de vous demander, Monsieur le Directeur, si pouvez soigner mon mari comme indigent". See: Kadoc, Archives des Frères des Alexiens, Boîte 846, Farde 31, Lettre de l'épouse Christian D. au directeur de l'asile de Grimbergen, 28/08/1916. 67. See: SCJM, Archives du Généralat de Gand, Boîte 9.2.3.1., Discours de Sœur Calixte pour le jubilé d'or du Beau-Vallon, 1961. 68. See: Archives du CPAS de Liège, rapport annuel des hospices civils, 1918, p. 9. 69. See: Archives du CPAS de Liège, Procès-verbaux de la commission administrative des hospices civils, 15/04/1916 et 11/09/1918. 70. See: OLV, Bruges, Journal de la supérieure générale Zuster Marie-Chantal, september 1916. 71. See: OLV, Bruges, "Onze belevenissen in de oorlog 1914-1918", Herinneringen van Zr Julienne, 1982, p. 7.

another. Saint Alphonse in Ghent was an institutional home for about a hundred well-off psychological patients. The surviving summaries of receipts and expenses show the effort that the congregation of the Brothers of Charity put into keeping a diversified diet for its population (which, given its size, probably suffered less than others). The amount spent on wine certainly began to decline in 1914, but it was not until 1917 that it disappeared from boarders' diets. But the institution managed to supply itself with meat throughout the occupation. Poultry disappeared in favor of canned or smoked meats, which took greater prominence in the diet.

The number of patients in the Merxplas Colony led to particularly strict rationing. An account from a Sister of Charity from Bruges reveals that in 1917, "people in the colony had to content themselves with 75 grams of bread a day! The misery became terrible: you'd see men rummaging in the grass looking for something to eat. And as the number of refugees rose, rations declined"⁷². As to the rations reserved for the psychiatric patients, in January 1918 a nun from *Onze-Lieve-Vrouw* mentioned "a tray of chicory, 300-350 grams of rye bread, a thin soup for dinner and a somewhat thicker soup for supper"⁷³. A sister of the same order even remembered that

"the bread is mostly made of corn and rationed at half a loaf per person, which represents five slices and a heel for the whole day. [...] So, it is quite far from being enough for a good stomach. In case of death (and there were forty or so), a half-loaf was removed from the rations the very same day. [...] We drank black coffee that we made with roasted acorns. (Not bad when that is all there is)"⁷⁴.

Restrictions were also drastic in the *Hospices Civils* of Liège: the share of mixed bread (half wheat, half rye) increased considerably, from 51.5% in 1914 to 94.4% in 1918⁷⁵. Furthermore, the production, and thus consumption, of beer was suspended in February 1916, due to the lack of primary materials. A thorough study of administrative commission records has made it possible to use extant references between July 1916 and December 1918 to reconstruct changes in the ration of (brown) bread distributed to all hospitalized destitute people, and more importantly, to grasp several points of tension that are revealing of psychiatric institutions' situation in occupied Belgium. For one thing, the asylum population of Liège (of the *Hospice des Insensés* and the *Sainte-Agathe* asylum) is generally included in the entire hospitalized population, except for a decision in April 1916 that specified

72. "[...] les colons devaient se contenter de 75 grammes de pain par jour! La misère devint terrible: on voyait les hommes fouiller l'herbe pour y trouver quelque chose à manger. Et à mesure que le nombre de réfugiés augmentait, la ration diminuait". See: *Anima Una*, p. 158.

73. "[...] une gamelle de chicorée, 300 à 350 grammes de pain de seigle, une soupe mince au dîner et une soupe un peu plus épaisse au souper". See: OLV, Bruges, *Journal de la supérieure générale Zuster Marie-Chantal*, 1/01/1918. 74. "[...] le pain est essentiellement fait de maïs et rationné à un demi-pain par personne, cela représente 5 tranches et une croûte pour toute la journée. [...] Donc, c'est bien loin d'être suffisant pour un bon estomac. En cas de décès (et il y en a eu une quarantaine), un demi-pain est retiré de la ration le jour même. [...] On buvait du café noir que nous faisions avec des glands torréfiés. (Pas mauvais quand on n'a rien d'autre)" [translation by the authors]. See: OLV, Bruges, "Onze belevenissen in de oorlog 1914-1918", herinneringen van Zr Julienne, 1982, p. 6. 75. See: Archives du CPAS de Liège, rapports annuels des hospices civils, 1914-1918.

that a supplement of 100 grams of bread was to be granted to the mentally ill to “stand in for the temporary absence of potatoes”⁷⁶. Apart from this temporary measure, the asylum population proved to be nearly invisible in the discussions of the administrative commission in charge of public care institutions, known collectively as *hospices*. On multiple occasions, moreover, the determinations of precise rations specified that an appreciable supplement be given to orphans⁷⁷. The favorable treatment accorded to destitute children is indeed typical of WW I-era provisioning practices. Lastly and most importantly, these figures manifest the tensions that existed between various authoritative bodies, in this case the *Commission des Hospices* and the provisioning committees. Either the former bent to the restrictions of the latter, or it broke away from them. Thus on 17 February 1917, only 14 days after setting the bread ration at 400 grams for the hospitalized (and 500 grams for orphans), the commission said it was forced to suddenly reduce it to 300 grams “as a consequence of the considerable reduction of the quantities of flour supplied weekly to the *hospices* by municipal provisions”⁷⁸. And yet between March and June 1918, the commission decided to keep the ration at 333 grams and strongly emphasized the fact that the

CNSA had only anticipated 250 grams. Thanks to a strategy consisting of incorporating crumbled biscuits from the Netherlands into bread dough, in a proportion of one-quarter crumbs to three-quarters flour⁷⁹, the *Hospices Civils* of Liège could raise the rations higher than planned at the national level.

Here, a question arises which we consider to be of fundamental importance: what leeway existed for the bodies responsible for such institutions in a context of severe food crisis? In other terms, who in occupied Belgium was aware of the risks facing the asylum population and who actually tried to improve their living conditions? A letter dated 22 September 1915 coming from the *Commission des Hospices Civils de Tournai* cleared itself of all responsibility and clearly defined the boundaries of competence in this domain. In response to a request by Monseigneur Van Rechem, who had requested an increase in the living allowance for the mentally ill, elderly, and orphans in the care of the Sisters of Charity, the commission replied that it had “decided to increase by 10 centimes the living expenses of the endowed of all categories placed in the establishment of the sisters of Charity in Tournai at the expense of the *Administration des Hospices*,

76. “[...] de suppléer autant que possible à l’absence momentanée de pommes de terre”. See: Archives du CPAS de Liège, Procès-verbal de la Commission administrative des hospices civils, 8/04/1916. 77. Moreover, in October 1917, it would grant a 15 gram ration of sugar to all hospitalized patients, and 20 grams for orphans. See: Archives du CPAS de Liège, procès-verbal de la réunion de la commission administrative des hospices civils de Liège, 13/11/1917. 78. “[...] en suite de la réduction considérable des quantités de farine fournies hebdomadairement aux hospices par le ravitaillement communal”. See: Archives du CPAS de Liège, procès-verbal de la Commission administrative des hospices civils, 17/02/1917. As a point of information, in February 1918, a ration of 300 grams of bread per day was set in France “in conformity with ministerial instructions”. See: I. von Bueltzingsloewen, *L’asile d’aliénés du Rhône*, p. 131. 79. See: Archives du CPAS de Liège, procès-verbal de la commission administrative des hospices civils, 22/06/1918.

with the exception of the mentally ill whose costs fall to the state, the province, and the provincial common fund⁸⁰. The situation at Merxplas was more complicated when it came to putting competencies into practice, in that responsibility was shared between the management of the evacuated asylums and the colony itself (in the person of Stroobant). In the summer of 1917, Vrints, director of the colony's medical service, deplored the unequal distribution of food between the various communities housed on the site and the high mortality rate of patients from Tournai asylum. As colony director, Stroobant denied all responsibility in the matter⁸¹ and in February 1918 even considered to stop provisioning the populations from other asylums sheltered in Tournai. After all, according to the system that was ultimately never implemented, each evacuated asylum would have had to take charge of its own provisioning⁸². The administrators of institutions thus regularly passed on responsibility higher up the chain.

At the national level, the CNSA defined a whole series of systems of exceptions. The commission planned, as mentioned earlier, extra rations for two categories of people: children (including the mentally handicapped)⁸² and people suffering from tuberculosis⁸⁴. In June 1918, the planned ration of bread was 260 grams a day, but 400 grams for mentally handicapped children and the tubercular⁸⁵. In February 1918, after much procrastination, the CNSA did grant a supplemental ration to prisoners in Belgian prisons⁸⁶. But no privilege was ever granted to patients in psychiatric institutions. According to the archives of the CNSA's provincial committees, the organization was reticent to look after asylums, which it considered to be the domain of the occupier, because it had taken the place of the Belgian State⁸⁷. One might moreover be tempted to think that since the CNSA was dominated by the Liberal bourgeoisie, it might have been little inclined to support psychiatric institutions that were still predominantly Catholic, but the archives we consulted pro-

80. "[...] a décidé de majorer de 10 centimes l'entretien des pourvus de toute catégorie placés dans l'établissement des sœurs de la Charité à Tournai aux frais de l'Administration des Hospices : à l'exception des Aliénés dont la charge incombe à l'État, à la Province et au Fonds commun provincial". See: SCJM Correspondance de la Maison de Tournai, Lettre de la Commission des hospices civils de Tournai à Mgr. Van Rechem, 22/09/1915. **81.** SAB, Beveren, Archief van rijksweldadigheidskolonie Hoogstraeten-Merksplas-Rekem-Wortel, box 3320. **82.** See: Archief Psychiatrisch Ziekenhuis Onze-Lieve-Vrouw te Brugge, Journal de la supérieure générale Zuster Marie-Chantal, 10/02/1918; 23/02/1918. **83.** On this topic, see: J. BAUDINE, *Le mouvement de la protection...* **84.** The Tournai hospital daily journal declared that "starting in the month of October [1916], we were able to pay for a good supplement for the children. Staples, fats, etc. Later another supplement for people susceptible to tuberculosis". See: SCJM, Journal de la maison de Tournai, October 1916. **85.** See: SAB, Archives de la Guerre. Comité de secours belge dans le camp des prisonniers de guerre à Hamelen, Boîte 50, Réunion des délégués des Comités provinciaux, 20/06/1918. **86.** In this instance, ordinary prisoners received an additional ration of 70 grams of bread (the equivalent of 25 % more) and furthermore, political prisoners benefitted from a "special provision (biscuits or other staples)". See: SAB, Archives de la Guerre. Comité de secours belge dans le camp des prisonniers de guerre à Hamelen, Boîte 49, Réunion des délégués des Comités provinciaux du 14/02/1918. **87.** "These establishments belong to the state and consequently the attitude that we have thus far adopted toward the German authorities is that they should procure the food necessary to their needs". See: SAB, Archives de guerre, Comité National de Secours et d'Alimentation (CNSA), Boîte 156, Réunion du bureau du Comité provincial d'Anvers, 26/02/1915.

vide no evidence for this interpretation, given that the civil asylums of Liège barely received more largesse than private institutions.

The CNSA adopted a principle of considering psychiatric patients as individuals like anyone else and thus did not acknowledge any particular frailty in them. In a letter of 8 March 1916, the president of the CNSA's executive committee, Janssen, informed the *Commission for Relief in Belgium* "that following an endeavor by Mr. Dom, Director General of Charities, we have given instructions to the Provincial Committees of Namur and Antwerp so that the mentally ill hospitalized at Dave and Merxplas will be provisioned to the same extent as the rest of the Belgian civilian population"⁸⁸. Going any further was out of the question: the provincial committees vehemently opposed granting extra rations to asylums and insisted that provisioning would pass through local committees. In the competition among populations vying for aid, asylums that often took in patients from other provinces were not ranked high among the provincial committees' priorities⁸⁹. Unlike its treatment of other marginal and/or vulnerable populations, the CNSA never committed to

a specific policy concerning asylums⁹⁰. Further evidence can be found in the negative response given to the director of Glain asylum (with about 60 boarding patients), who in March 1917 submitted a request for supplementary rations for some of his patients and nurses in situations of difficulty⁹¹. Two weeks later, the president of the provisioning committee of the district of Liège (of provincial-level authority⁹²) retorted: "We must not transgress, in favor of anyone at all, the rules of rationing that are imposed on us by the present necessities because, now more than ever, the shortage of our stocks gives us a pressing duty to distribute the little that we have equally among all"⁹³.

Henry Dom, director general of charities, had an entirely different attitude. He quickly became aware of the difficulties asylums encountered in acquiring provisions for their patients. In the summer of 1915 he started regularly (but vainly) calling on the CNSA and its provincial committees to grant extra rations to asylums. In August 1916 he directly addressed the management of institutions and enjoined them to conduct a monthly weighing of their patients, given "the presence of difficulties currently presented

88. "[...] qu'à la suite d'une démarche de Mr. Dom, Directeur Général de la Bienfaisance, nous avons donné des instructions aux Comités Provinciaux de Namur et d'Anvers pour que les aliénés hospitalisés à Dave et à Merxplas soient ravitaillés dans la même mesure que la population civile belge". See: SAB, Archives de guerre, Comité National de Secours et d'Alimentation (CNSA), Boîte 156, Lettre de Janssen à la *Commission for Relief in Belgium*, 23/03/1916. **89.** In fact, the Flemish provinces took in a large share of the mentally ill from Brussels and Wallonia, since most of the asylums were located in the northern part of the country. **90.** This moreover further complicates the historian's task, since the asylum population does not appear in a specific way in the archives. **91.** See: SAB, Liège, Archives du Comité de secours et d'alimentation de la province de Liège, l. 793, Lettre du directeur de l'asile de Glain, 14/03/1917. **92.** B. Dumont, *Guide des fonds et collections des Archives de l'Etat à Liège*, Liège, 2014. **93.** "[...] nous ne devons pas transgresser en faveur de qui que ce soit les règles de rationnement qui nous sont imposées par les nécessités présentes car, plus que jamais l'insuffisance de nos stocks nous fait un devoir impérieux de répartir également entre tous le peu dont nous disposons". See: SAB, Liège, Archives du Comité de secours et d'alimentation de la province de Liège, l. 793, Lettre du comité de ravitaillement de Liège au directeur de l'asile de Glain, 14/03/1917.

by the human diet”⁹⁴. This, Dom wrote, was to “assess the importance of dietary deficiencies, should there be any [...]. Analysis of the diet [...] will bring us to seek a common agreement on the means to remedy a situation that, left to our own resources, you could only deplore and endure”⁹⁵. However, asylum management seems not to have pursued the project with much zeal: intervals between weighing sessions soon lengthened. It appears that the plan was never systematically applied, since there is no trace of weight checks in the consulted archives.

Henry Dom continued to intervene regularly, especially in favor of an increase in living expense allowances, even if these efforts were less and less fruitful. Following the March 1917 division of the Ministry of Justice, asylums for the mentally ill seem to have become a low priority. Faced with the serious liquidity problems experienced by the Sisters of *Notre-Dame* of Bruges in spring 1917, Henry Dom seemed resigned: although the living allowance was not enough to cover the cost of dietary needs,

one sister reported that Henry Dom said that “it would be difficult to get a new royal decree for that [i.e. a raise in the daily allowance] but that after the war, we will be indemnified”⁹⁶. Mentions of psychiatric institutions stop entirely in the ministerial archives dating to 1917 and 1918, except those concerning the distribution of living expenses for Walloons who ended up in Flemish territory after the war began⁹⁷.

On local territory, makeshift solutions were sometimes arranged. While the administration of the *Hospices Civils* of Liège was mixing flour and biscuits, the director of the *Notre-Dame* of Bruges asylum asked the provisioning committee in December 1914 “to have a share of wheat or rye to feed our 600 mouths”⁹⁸. After much discussion, the Saint-Servais asylum obtained in 1917 “a slight supplement of staples like the equivalent of a soup kitchen”⁹⁹ from the Namur provisioning committee. “Beyond that, we only received from the Committee the strict and parsimonious rations distributed to the public”, added the asylum’s memoir of the war years¹⁰⁰. As for Merxplas, its admini-

94. “[...] en présence des difficultés que présente actuellement l’alimentation humaine”. See: KADOC, Archives des Frères des Alexiens, Boîte 906, Farde 2, Lettre de Henry Dom au directeur de l’asile des aliénés à Grimbergen, 18/08/1916. 95. “[...] d’apprécier le cas échéant l’importance du déficit alimentaire [...]. L’analyse du régime alimentaire [...] nous amènera à rechercher de commun accord le moyen de remédier à une situation que, livré à vos seules ressources, vous ne pouvez que déplorer et subir”. See: Archives du Beau-Vallon, Main Courante, Lettre du Directeur Général de la bienfaisance à la directrice de l’asile du Beau-Vallon, 18/08/1916. 96. “[...] qu’il serait difficile de faire pour cela [augmenter le prix de la journée] un nouvel arrêté royal mais qu’après la guerre, on nous indemniserait”. See: OLV, Bruges, Journal de la supérieure générale Zuster Marie-Chantal, 4/05/1917. 97. See: State Archives of Belgium, Beveren, Archief van rijkswelddadigheidskolonie Hoogstraeten-Merxplas-Rekem-Wortel, box 3220, Lettre de la direction de la bienfaisance du ministère de la Justice flamand à Stroobant, 7/03/1918. 98. “[...] pour avoir une part de froment ou seigle pour nourrir nos 600 bouches”. See: OLV, Bruges, Journal de la supérieure générale Zuster Marie-Chantal, 14/12/1914. 99. “[...] léger supplément de denrées comme équivalent à la soupe populaire”. See: SCJM, Archives du Généralat de Gand, Dossier 9.2.3.2.3, *Compte-rendu des événements ayant affecté l’asile durant la guerre 1914-1918*. 100. “En dehors de cela, on n’y reçut du Comité que les strictes et parcimonieuses rations distribuées au public”. See: SCJM, Archives du Généralat de Gand, Dossier 9.2.3.2.3, *Compte-rendu des événements ayant affecté l’asile durant la guerre 1914-1918*.

stration made repeated appeals to a variety of Belgian and German authorities in order to obtain preferential provisions for evacuees¹⁰¹. The main objective was to avoid disorder and riots. Henry Dom wrote in January 1916, that “the lack of food could provoke movements of revolt in this population containing dangerous elements that could be difficult to suppress”¹⁰². These efforts were periodically successful: in the case of the *Onze-Lieve-Vrouw* of Bruges asylum, evacuated to Merxplas, a visit by a German doctor in September 1917 led to an increase in potato rations¹⁰³; in January 1918, the Antwerp provisioning committee finally accepted sending more food to asylums of mental patients considered to be in exile¹⁰⁴ and took the actual population into consideration (its population had surpassed the number of town residents in 1917). Whether crowned with success or failure, these individual efforts attest to the absence of an overarching policy and to the increasingly blatant disinvestment of central authorities concerning the problem of provisioning the country’s asylums.

Aggravating circumstances

The perilous imbalance between price inflation and the eroding financial means of Belgian

wartime asylums was aggravated by a string of occupation-related factors. First of all, the many transfers of asylum populations between institutions had numerous repercussions on patients’ living conditions. For one thing, the means of transportation were frequently an ordeal for displaced people, whose increasing frailty led to a particularly high mortality rate. For another thing, the flood of additional people put pressure on the already delicate provisioning systems of the host institutions. Even if most asylums had stocks of food and coal in 1914, the arrival of these new populations rapidly emptied the attics and basements. The situation got worse year by year, especially since the asylums opened their doors to populations of many kinds. The post-war accounts of the Sisters of Charity put particular stress on the hospitality that several of their facilities offered: Lokeren asylum took in about 50 elderly people (from Cortemarck) and 20 disabled children from the Sainte-Croix asylum in Bruges in 1917¹⁰⁵; the *Asile d’aliénées de Saint-Trond* provided meals to 300 people in need¹⁰⁶; in early 1918 approximately 30 elderly French people were evacuated to Saint-Servais from the *Hospice des Balances* in Salzinnes¹⁰⁷; the Tournai home took in women “temporarily transferred from the old-people’s home” from August 1918 to June 1919. Although care for these addi-

101. The Merxplas authorities thus directly addressed themselves to Maximilian von Sandt, president of the civil administration, when he came to visit the colony in March 1915. See: State Archives of Belgium, Beveren, Archief van rijks weldadigheidskolonie Hoogstraeten-Merxplas-Rekem-Wortel, box 2358, Rapport du directeur adjoint de Merxplas, Marchand à Stroobant, 21/03/1915. In September 1917, doctor Clerck of the colony addressed the German civil commissioner of Turnhout to get rations of non-skim milk. See: *Journal de Bruges*, 20/09/1917. **102.** “Le défaut de nourriture peut provoquer dans cette population renfermant des éléments dangereux des mouvements de révolte qui pourraient être difficilement réprimés”. See: SAB, Archives de guerre, Comité National de Secours et d’Alimentation (CNSA), Boîte 950, Lettre du Directeur Général de la Bienfaisance au CNSA, 26/01/1916. **103.** See: OLV, Bruges, Journal de la supérieure générale Zuster Marie-Chantal, 28/09/1917. **104.** See: OLV, Bruges, Journal de la supérieure générale Zuster Marie-Chantal, 12/01/1918. **105.** *Anima Una*, p. 232-233. **106.** *Idem*, p. 66. **107.** *Idem*, p. 29.

tional groups was often covered by a per diem living-expenses allowance, the host institutions were approaching saturation. The Tournai asylum journal reflected this in October 1918: “The orphans are in the beer cellar, the little ones in the fruit storeroom. The men have gone down the corridor to the laundry, except for a few who wanted to stay in their wing. Elderly women were already found in the long hallways of the *hospice*; soon others will join them, the second-class boarders, some sisters, etc.”¹⁰⁸.

The Merxplas Colony was especially marked by the heterogeneity of the populations it had in its care. In addition to wounded soldiers, prisoners, and children of the Ruysselede penitentiary center, it took in a great many mentally ill people, providing only beds and sheets and lacking staff and infrastructure specific to their needs. Evidence of this is found in the handmade mattresses filled with straw or acorns¹⁰⁹, and the precautions taken by the Sisters of *Onze-Lieve-Vrouw* of Bruges, who wore a double layer of clothing when they evacuated, and who swaddled their agitated patients with serge sheets, both to restrain them and to bring the sheets to

their new shelter¹¹⁰. The institution sometimes only had 24 hours notice of a new convoy’s arrival, which barely left any time to make the most basic arrangements. Personnel were not always evacuated in adequate numbers, which led to less oversight of the patients¹¹¹. Some patients would even arrive without their files: for instance, in December 1916, about 200 French patients arrived at Merxplas in the company of a German military doctor unable to provide their names, let alone their diagnoses¹¹². It should be pointed out that in addition to recommending better provisioning of asylums, Henry Dom also took steps to facilitate smooth transfers. In the spring of 1917, the Director General of Charities personally visited the asylums of Bruges to coordinate the arrival of people from three major asylums (Tournai, Mons and Bruges). “Since he cannot give to these various congregations the place they wanted [at Merxplas] to sort the various categories of mentally ill”¹¹³, Dom suggested clustering the agitated (to be entrusted to the Dominican Sisters) and the calm and senile (entrusted to the Sisters of Notre-Dame and the Sisters of Charity). Although this plan was probably never put into action, Henry Dom’s

108. “Les orphelines sont à la cave à bière, les petites au fruitier. Les hommes sont descendus dans le corridor de la buanderie, sauf quelques-uns qui voulurent rester dans leur quartier. Dans les longs couloirs de l’hospice se trouvaient déjà les femmes de la vieillesse; bientôt les autres s’y ajoutèrent, les 2^{èmes} pensionnaires, quelques sœurs etc.”. See: SCJM, Ghent, Journal de la Maison de Tournai, 20/10/1918. **109.** See: OLV, Bruges, “Onze belevnissen in de oorlog 1914-1918”, herinneringen van Zr Julienne, 1982, p. 7. **110.** See: OLV, Bruges, Journal de la supérieure générale Zuster Marie-Chantal, 25/03/1917 et Archief Psychiatrisch Ziekenhuis Onze-Lieve-Vrouw te Brugge, “Onze belevnissen in de oorlog 1914-1918”, herinneringen van Zr Julienne, 1982, page 2. **111.** See especially the discussion on the lack of surveillance following the suicide of a female French patient in January 1917: State Archives of Belgium (SAB), Beveren, Archief van rijks weldadigheidskolonie Hoogstraeten-Merksplas-Rekem-Wortel, box 3220. **112.** See: State Archives of Belgium (SAB), Beveren, Archief van rijks weldadigheidskolonie Hoogstraeten-Merksplas-Rekem-Wortel, box 3220, Lettre de Stroobant à Henry Dom, 3/12/1916. **113.** “Comme il ne peut donner à ces différentes congrégations la place voulue [à Merxplas] pour classer les différentes catégories d’aliénées”. See: OLV, Bruges, Journal de la supérieure générale Zuster Marie-Chantal, 15/03/1917.

involvement in organizing psychiatric population transfers is particularly noteworthy. All the more so as the director general paid regular visits to the evacuated populations and headed an initiative in 1918-1919 to arrange their return to their original institutions¹¹⁴.

In addition to population movements provoked by the invasion, the context of occupation directly and materially affected the living conditions of the mentally ill. On top of requisitions of livestock and food supplies, the seizure of mattresses and copper (and thus pipes) compromised both patient comfort and their very care (which at the time consisted mainly of bedrest and balneotherapy). Coal rationing (which was managed directly by the occupier through the *Kohlenzentrale*) also took on capital importance for the asylums, which used coal for heating, electricity, and operating the baths that were used continuously and in number for sanitary and therapeutic purposes¹¹⁵. In 1917, the heat could no longer be kept at the desired level at Geel, which housed more than 2000 people during the four years of occupation¹¹⁶. Coal was especially hard to come by at Merxplas. The Sisters of Charity and their most able-bodied patients gathered wood¹¹⁷; the Sisters of *Onze-Lieve-Vrouw* of Bruges dried bricks of mud and clay soil¹¹⁸.

In response to this practice, director Stroobant rationed clay removal by distributing a limited number of “earth coupons” to the various institutional groups housed there¹¹⁹.

Requisitions made by the German authorities certainly reveal no particular indulgence for psychiatric institutions. Without being able to speak of a clearly legible policy concerning the mentally ill on the part of the occupiers (an absence probably unrelated to the incompleteness of the preserved archives), there is no question that care for asylum residents was not among their concerns. Moreover, the policy of exclusion in Germany led to an abnormally high death rate in psychiatric patients there as well, and this disregard is also perceptible in occupied Belgium. While general hospitals were exempted from the 1917 wool requisitions, the military doctor of Turnhout refused to grant the same favor to the Geel colony, “because they are the mentally ill”¹²⁰. This attitude is also typical of the *Kartoffelversorgungsanstalt*, which in January 1917 required Merxplas to deliver nearly a third of its stock of potatoes. When they protested, the German organization responded that “the provisioning of Merxplas colony should be qualified as excessively favorable, so there is no grounds for complaint”¹²¹. Coupled with the crowding

114. See: OLV, Bruges, Journal de la supérieure générale Zuster Marie-Chantal, 10/01/1919. **115.** In 1920, 28 Belgian asylums (about half or the total number) consumed about 9000 metric tons of coal annually. See: SAB, Ministère de la Justice. Administration de la Bienfaisance et des Prisons, box 167. **116.** Archives OPZ-Geel, rapports annuels 1914-1919. **117.** *Anima Una*, p. 159. **118.** See: OLV, Bruges, “Onze belevenissen in de oorlog 1914-1918”, herinneringen van Zr Julienne, 1982, p. 7. **119.** See: OLV, Bruges, Journal de la supérieure générale Zuster Marie-Chantal, 29/05/1918. **120.** “[...] daar het geesteszieken zijn”. See: Archives OPZ-Geel, Dagboek van Dokter Frans Meeus over de oorlogsjaren vanaf 1915-1918, 9/11/1917. **121.** “[...] l’approvisionnement de la colonie de Merxplas doit être qualifié d’excessivement favorable, il n’y a donc pas lieu de se plaindre”. See: SAB, Ministère de la Justice. Administration de la Bienfaisance et des Prisons, Letter of the *Kartoffelversorgungsstelle* to Stroobant, 23/01/1917.

of residents (who for the most part were unfit for work¹²²) and the requisitioning of tools, this measure dealt a fatal blow to the colony's resources, despite the fact that it had been nearly self-sufficient before the war, thanks to its 800 hectares of cultivable land¹²³.

The occupier's restrictions of movement in Belgium also hindered the transfer of the bodies of deceased patients. Faced with the prohibitive cost of transportation and burial of their loved ones, some families made painful decisions. So it was that the mother of Nicolas B. resigned herself to never seeing her son again and having him buried on the edge of the Grimbergen asylum: "I shall not alas!, have had the happiness of embracing him one last time before being separated from him forever. [...] If the means of communication and travel had allowed me to go to Grimbergen early enough to contemplate these features so dear one last time, I would have moved mountains to do so. Unfortunately, it was unthinkable"¹²⁴.

The occupation also impacted the asylum population in that it weakened the staff. Indeed, asylum employees left for the front as well as experiencing exile. Several members of the domestic staff left Froidmont asylum on 29 July 1914¹²⁵, when the general

mobilization was proclaimed. Doctors from some institutions were incorporated into the military medical service. Declining staff numbers, which had already been a structural problem before the war¹²⁶, accentuated the vulnerability of the ill who depended directly on care-givers for food. Their reduced ranks also had an impact on patient treatment, which typically made more frequent use of restraints (which the Organic Regulation of 1874 specified as consisting of confinement to a cell, wrapping in dry or damp sheets, restraining the hands, confinement to one's room, snug wrapping in sheets, or immobilization in tightly bound sheets¹²⁷). This phenomenon (due as much to the reduced staff as the mounting agitation of hungry and frustrated patients) has been proven for Geel colony but was quite likely implemented in most institutions in the country, making patients' living conditions even more difficult.

In many ways the Merxplas Colony was an extreme example concentrating an incomparable number of mentally ill people during the war that powerfully reveals the effects of dietary privation on psychiatric populations. In addition to reliance on donations and various survival strategies, the archives above all reveal great tensions caused by food scarcity.

122. In a note in October 1916, Stroobant estimated that only 3% of the population would still be able to work in the fields, as the others were too weak or unable to work. See: SAB, Ministère de la Justice. Administration de la Bienfaisance et des Prisons, Boîte 167, Lettre de Stroobant à Henry Dom, 31/10/1916. **123.** R.M. BINDER, "The Treatment of Beggars and Vagabonds in Belgium", in *Journal of the American Institute of Criminal Law and Criminology*, no. 6, 1916 (6), p. 835-848. **124.** "Je n'aurai, hélas!, pas eu le bonheur de l'embrasser une dernière fois avant d'en être séparée pour toujours. [...] Si les moyens de communiquer et de voyager m'eussent permis de me rendre à Grimbergen assez tôt pour contempler une dernière fois ces traits si chers, j'aurais fait l'impossible pour y parvenir. Malheureusement, il ne fallait pas y songer." See: Kadoc, Archives des Frères des Alexiens, Boîte 846, Dossier 18, Lettre de la mère de Nicolas B. au directeur de l'asile de Grimbergen, 26/04/1915. **125.** See: APBL, Froidmont, Registre des domestiques 1890-1945. **126.** The problem is thus regularly brought up in Parliament. See especially: C. DE BAST, *Discours de M. Camille De Bast: Les asiles d'aliénés et les établissements de bienfaisance*, Gand, 1912. **127.** *Moniteur Belge*, 2^e semestre 1874, p. 1664.

1915	1916	1917	1918	1919	1920
159	317	415	412	Not provided	188

Table 5: Means of restraint at Geel¹²⁸.

Recollections from after the war thus tell of a strike by “starving colony residents” in April 1916 that was quickly put down by the Germans¹²⁹ and acts of violence between men lacking food: “Did not one colony resident kill one of his comrades by jamming scissors down his throat? And that because the poor boy threatened to tell that he had seen him cooking stolen potatoes!”¹³⁰ The journal of the Superior of *Onze-Lieve-Vrouw* of Bruges reported several incidents involving presumed thefts of food: in April 1918, a colony warden wrote a report incriminating a patient of the theft of seven potatoes, Stroobant dismissed the case on the grounds that a mentally ill person cannot be held to blame¹³¹. In September 1918, a similar case emerged over the secret gathering of acorns intended for feeding chickens and rabbits being raised by the same religious community¹³². These are all signs of a nervousness that reveals the gravity of the dietary situation of asylum populations.

Lastly, the consulted archives attest to the seeming rarity of reactions from the families of mental patients. Only ten letters from the families of deceased patients were kept from the Grimbergen asylum, administered by the Alexian brothers¹³³. These letters indicate the delay in informing families of the death during wartime,¹³⁴ but they are above all characterized by a striking absence of any reproach directed at the religious community. They never once challenge the living conditions of their loved ones, or raise the possibility of taking them back. In contrast, most of the letters express thanks for the care provided for their relative. For instance, the wife of Arnaud P., who died in February 1916, wrote: “We will never forget the affectionate care that you lavished upon him with paternal tenderness, especially in his final hours, which you softened with redoubled ardor and solicitude”¹³⁵. Particular attention was accorded to religious guidance: “As I am indeed fearful of not being able to

128. See: Archives OPZ-Geel, rapports annuels 1914-1920. **129.** *Anima Una*, p. 158.

130. “[...] un colon ne tua-t-il pas un de ses camarades en lui enfonçant des ciseaux dans la gorge? et cela parce que le malheureux garçon l’avait menacé de dire qu’il l’avait vu cuire des pommes de terre dérobées!”. See: *idem*, p.160. **131.** See: OLV, Bruges, Journal de la supérieure générale Zuster Marie-Chantal, 17 et 18/04/1918. **132.** See: OVL, Bruges, Journal de la supérieure générale Zuster Marie-Chantal, 10/09/1918. **133.** This asylum built a few years prior to the war took in about 200 patients, a quarter of whom were boarders. **134.** The case of Arnaud P. is extreme: he died a few weeks after the invasion of Belgium in September 1914, but the institution was unable to reach his family. It was only in December 1918 that his son enquired after his father. Called up in the army since August 1914, he was cut off from occupied Belgium for four years. Arnaud P.’s wife, a refugee in England, also only learned of his passing at the end of the war, four years later. See: Kadoc, Archives des Frères Alexiens, Boîte 845, Farde 13. **135.** “Jamais nous n’oublierons les soins affectueux que vous lui prodigâtes avec une tendresse paternelle, surtout dans ses derniers moments que vous avez adoucis par un redoublement d’ardeur de sollicitude”. See: Kadoc, Archives des Frères des Alexiens, Boîte 847, Dossier 8, Lettre de l’épouse d’Arnaud P. au directeur de l’asile de Grimbergen, 18/02/1916.

preserve my poor husband much longer in life,” wrote the wife of Vincent L. in June 1918, “I dare hope, *Monsieur le Directeur*, that you will do your duty by having last rights administered to him in due time. It is painful for me to have to imagine it, but I know I must act so according to his desires expressed in happier times when he still enjoyed all his faculties, and according to my personal views and the peace of my conscience”¹³⁶.

IV. Conclusion

“We are dying of hunger here,” patients evacuated from Bruges to Merxplas are said to have proclaimed in 1916¹³⁷. This heartrending cry clashes with the astonishing restraint of the vast majority of psychiatric asylum archives in which the deaths were indeed registered but where death remained abstract, to say the least. Methodical study on the documents that are available from psychiatric institutions and organizations charged with managing them makes it possible to measure a remarkable gap between the facts and the muted reactions they prompt. One striking example of denial is found in a memo written in 1919 by the director of Grimbergen asylum. While the document reports the doubling of the mortal-

ity rate during the war years, the director sums up the situation “as to food” in these terms: “These efforts gave good results; in consequence, we lacked for nothing, so to speak, on this subject”¹³⁸.

Administrative registers and first-hand accounts attest to a mortality rate that irrefutably rose between 1914 and 1918. At the national level, the proportion of psychiatric patient deaths was at least ten times higher than the death rate observed for the civilian population during the same period. This high death rate can certainly be attributed to the concentration of most of the mentally ill in very large institutions. As Engwall has shown for Sweden, population density and abnormally high death rates are indeed closely related¹³⁹.

As indisputable as it may be, the hemorrhaging of asylums astonishingly only elicits the slightest turmoil amongst the heads of various relevant authorities. According to the rare archival evidence on the topic, the German authorities displayed and assumed an evident scorn for mental asylums. As Director General of Charities, Henry Dom continued to demand the implementation of specific measures for asylums. Although he got personally engaged in arranging transfers between institutions,

136. “[...] comme j’ai bien peur de ne pouvoir conserver mon pauvre mari encore longtemps en vie, j’ose espérer, Monsieur le Directeur, que vous ferez votre devoir en lui faisant administrer les derniers sacrements en temps utile. Il m’est pénible de devoir songer à cela, mais je sais devoir agir ainsi selon ses désirs exprimés au temps bienheureux où il jouissait de toutes ses facultés, et selon mes vues personnelles et la paix de ma conscience”. See: Kadoc, Archives des Frères des Alexiens, Boîte 848, Dossier 7, Lettre de la femme de Vincent L. au directeur de l’asile de Grimbergen, 30/06/1918. 137. The words of the Mother Superior, quoted in: State Archives of Belgium (SAB), Beveren, Archief van rijks weldadigheidsskolonie Hoogstraeten-Merxplas-Rekem-Wortel, box 3220, non-signed report, 20/10/1916. 138. “Ces démarches ont donné un bon résultat ; en conséquence, rien ne nous a manqué pour ainsi dire à ce sujet”. See: Kadoc, Archives des Frères des Alexiens, Boîte 907, Farde 1, Rapport directeur de Grimberghen à Glorieux, inspecteur général des asiles, 2/08/1919. 139. K. ENGWALL, “Starved to death?”, p. 12.

one has only to observe the CNSA's outright rejection of his repeated entreaties: in contrast with the measures adopted for children and tuberculosis sufferers, the committee planned no favorable treatment for psychiatric populations. Due to the lack of any structural policy, it fell to asylum directors, who were more or less sensitive to the issue, to find makeshift solutions or space for negotiation.

This article aimed to expose the social non-existence of the mentally ill in wartime Belgium. The abnormally high death rate of psychiatric patients is thus explained by a two-fold vulnerability (social and health-related¹²⁸): the harshness of existence is worsened by the absence of reactions from loved ones and various relevant authorities. Neither the German occupier nor Belgian authorities wanted to take responsibility for the particularly deplorable living conditions of this population, which was weak by definition and further weakened by the conflict. Families made no protest, institution directors congratulated themselves for the handful of efforts they made and their relative success. Was the abandonment of the mentally ill to their fate intentional? In any case it is reasonable to think that the CNSA conducted a

kind of arbitration between useful and non-useful populations and that, in this logic ranking vulnerable categories, psychiatric patients placed at the very bottom of the scale. Supplementary rations were deliberately granted to other social groups that were probably thought to be more legitimate.

The fate of psychiatric patients in 1914-1918 demonstrates that war cannot solely be seen as a period of national unity (when suffering is collectively shared), but also as a moment for the deepening of processes of exclusion that existed already in times of peace¹²⁹. If for most of the 20th century being committed to an asylum was not synonymous with putting your live at risk, this was much more the case in a time of conflict. The work of Isabelle von Buelzingsloewen and Herbert Faulstich has already made a comparable observation for France and Germany 1940-1945, and to a lesser degree for 1914-1918. This article further paves the way for numerous future studies, which could conduct diachronic comparisons between diverse experiences of war and occupation, or synchronic comparisons between social groups placed in institutions, such as the mentally ill, prisoners, or the aged.

¹²⁸. A. BRODIEZ-DOLINO, "La vulnérabilité entre sanitaire et social", A. Brodriez-Dolino et alii. (eds), *Vulnérabilités sanitaires et sociales*, p. 10. ¹²⁹. Antoon Vrints and James Connolly have recently called for greater consideration to be taken of the tensions running through occupied societies. See: A. VRINTS, "Beyond Victimization: Contentious Food Politics in Belgium during World War I", in *European History Quarterly*, no. 1, 2015 (45), p. 83-107; J.E. CONNOLLY, "Mauvaise conduite: Complicity and Respectability in the Occupied Nord, 1914-1918", *First World War Studies*, no. 1, 2014 (4), p. 7-21.

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Table of abbreviations

APBL :	Archief of Provinciaalraad – Broeders van Liefde (Ghent)
CPAS :	Centre Public d’Action Sociale
KADOC :	KU Leuven Documentatie- en Onderzoekscentrum voor Religie, Cultuur en Samenleving
OCMW :	Openbaar centrum voor maatschappelijk welzijn
OLV :	Archief Psychiatrisch Ziekenhuis Onze-Lieve-Vrouw (Bruges)
OPZ :	Open Psychiatrisch Zorgcentrum
SAB :	State Archives of Belgium
SCJM :	Archives des Sœurs de la Charité de Jésus et de Marie (Ghent)