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Competition over Care

The Campaign for a New Medical Campus at the University of Leuven in the 1920s

Joris Vandendriessche

In June 1920 a special goods train arrived in Leuven. Its wagons were filled with mattresses, bedding, reclining chairs, stretchers, pyjamas, soap, glasses, and even some religious objects such as a tabernacle and an altar piece. Their total value was estimated to be 150,000 Belgian francs, a considerable sum. They had belonged to Henriette of Belgium (1870-1948), the sister of King Albert I (1875-1934), who had furnished the Albert 1er Belgian military hospital in Cannes, a recovery centre for injured soldiers during the First World War. The Belgian royal family had invested heavily in this type of hospitals across France, especially in the south. When the hospital in Cannes was closed after the war, the Princess decided to donate its medical supplies to the Catholic University of Leuven.¹ She attached one important condition to the gift. The equipment was to be used for a new school for nursing. The gift clearly fit in with the politics of the royal family in supporting the profession of nursing in the immediate post-war years. Queen Elisabeth in particular cultivated the image of a caring “queen-nurse”. While she had never practised nursing, she had regularly visited wounded soldiers in the L’Ocean war hospital in De Panne, in the unoccupied part of Belgium near the front line. In post-war Belgium, the Queen symbolised the newly gained prestige of nurses.²

Not everyone approved of the royal gift. The writer Léopold Courouble, whose son had died as a soldier in 1915, called for the reopening of the Albert 1er hospital. War victims, he argued, still needed care and room for recovery. He also suggested that religious motives were at play: the closing of the hospital, according to Courouble, was the result of patients not attending mass as frequently as the religious sisters, who ran the hospital, would have liked. The transfer of the equipment to the Catholic University
of Leuven was, in his words, “incredible and truly sad”. The rector of the university, the priest Paulin Ladeuze (1870-1940), did not share that view. He rather regarded the royal gift as an opportunity in the post-war years to take off the shelf a project that been insisted on before the war by the professors of the Faculty of Medicine. In 1908 these medical men had argued for the construction of a new academic hospital to provide clinical training to the rising number of medical students. Between 1904 and 1914 the total number of students at the Faculty of Medicine had grown from 391 to 647. In 1920, moreover, 382 students – all men – enrolled for the first year of medical studies. These student figures necessitated a new medical infrastructure for the university, the financing of which, as Courouble’s remarks indicate, became the subject of ideological strife.

This chapter focuses on the first efforts to establish a new medical campus at the Catholic University of Leuven in the context of post-war reconstruction. When, in 1920 (just one month after Henriette of Belgium’s gift), the Belgian bishops, who formed the board of directors of the university, decided to build a new hospital with a school for nursing, they envisaged a project for a city and a university that were still in ruins. During the “Sack of Leuven”, from 25 August to the first days of September 1914, the city was plundered by German troops who set fire to 1,100 buildings in the city centre and 1,000 more in the surrounding area. These included several university buildings such as the fourteenth-century Cloth Hall that also housed the university’s precious library. This devastation had resulted in an international imagery of martyrdom for the city during the war, which proved crucial to attracting (foreign) finance for reconstruction in the post-war era. As a symbol of academic renewal, a new university library was financed through American gifts.

The campaign for a new medical campus, I will show, followed a different trajectory. While displaying features of post-war reconstruction, such as the extensive use of the media (for example, newspapers) in the promotion of philanthropy and a militaristic tone in the way the need to modernise healthcare was presented, the campaign also followed a logic that was peculiar to the medical field. The innovators of post-war medical education took up challenges that had already become clear in the pre-war period. These included the rising number of medical students and the need for more clinical instruction. In general, the function of the (academic) hospital as a professional learning space was becoming more important, not only for (lay) nurses but also for medical students whose education increasingly included specialist courses that made use of the technological infrastructure of hospitals for practical training. The interwar expansion of teaching hospitals was, to be clear, far from limited to Belgium alone. It was a much wider global phenomenon, which was moreover not only the product of a shift in medical education but also tied up with an ongoing process of medicalisation in the twentieth century and with the gradual expansion of welfare states.
What seemed peculiar to the Belgian case was the central role of ideology. While post-war regeneration capitalised on strong national sentiments, I will show that ideological competition between Catholics and non-religious players constituted a determining factor in the reconstruction and expansion of Belgian medical infrastructure. To make this argument I will first look at the field of nursing education and the setting up of the St. Elisabeth School for Nursing in Leuven. Second, I will scrutinise the efforts to raise funds for a new academic hospital in Leuven and compare these to the efforts of the Free University of Brussels, its ideological counterpart. While the latter was more successful in attracting foreign funds (for example, from the American Rockefeller Foundation), the fundraising activities of the Catholic University of Leuven in their mediatised, militant and ideologically oriented form may be regarded just as much as typical of the post-war era.

**Nursing Education and Catholic Health Care**

The first nursing schools in Belgium were set up in Antwerp and Brussels in the first decade of the twentieth century. Three were of a liberal ideological bent, one – the St. Camille School for Nursing in Brussels – was Catholic. The introduction by the Belgian legislator in 1908 of an obligatory certificate to practise nursing was a response to these first educational initiatives. Such a certificate could be obtained after a year of theoretical study by taking an exam organised by the provincial medical commissions. It allowed religious sisters, many of whom possessed practical experience, to acquire formal degrees. During the First World War the existing Belgian nursing schools continued to train nurses in occupied Belgium. Temporary Belgian nursing schools were set up abroad, in Calais and London, to train nurses to assist in the military hospitals at the allied front. As Luc De Munck has shown, the wartime work of Belgian nurses contributed to the improvement of the profession’s reputation in the immediate post-war years. In 1919, a professional organisation was also set up.

The Law of 3 September 1921 on Nursing profoundly reorganised training. Boarding was made mandatory for female students and the duration of the training was extended to three years. The law stipulated three possible degrees: hospital nurse, psychiatric nurse and visiting (district) nurse. The last specialisation in particular had developed during and immediately after the war as care for mother and child – through home visits – became one of the spearheads of national health policy. During the war already, much attention had been paid to infant care (for example, through milk distribution). In 1919, the National Board for Child Welfare (NBCW) was established, with the support of Catholics, showing their willingness to support a certain professionalisation of the medical and social fields in the immediate post-
war years. Both the NBCW and the 1921 Law on Nursing may be interpreted as acknowledgements of the work of lay women during the war. New nursing schools were soon established in Ghent, Liège, Malines, Bruges, and indeed in Leuven.

What role did ideology play in these initiatives? Despite Catholics’ willingness for political compromise in the establishment of the NBCW and the cooperation between Catholic representatives and their non-religious colleagues in the post-war professional organisation of nurses, ideological competition soon resurfaced. A look at the aggressive phrasing of a promotional booklet for the St. Elisabeth School for Nursing may serve as an illustration. Belgian archbishop Joseph-Désiré Mercier (1851-1926) addressed potential students in a preface: “We cannot let another year pass. The honor of the University of Leuven, the most sanctuary interests of our faith and love of our Catholic Works are at stake!”. Referring to the new law of 1921, he wanted to safeguard the moral influence of religious sisters in healthcare and saw opportunities to extend this influence by training them as district nurses. At the same time, conflict arose over the religious convictions of the students. The nursing students received their practical training in the city’s St. Pieters Hospital, which was a public hospital governed by the city's Commission for Hospitals. This Commission demanded that non-Catholic girls, too, be allowed to enrol in the school, making its case that the hospital was the only one in the city where nursing education was offered and no student should be excluded on the basis of religion. The University had no choice other than to agree, given its reliance on public infrastructure. The school itself, with its classrooms and student accommodation, was housed elsewhere, in a building in the Naamsestraat belonging to the Franciscan Sisters, a congregation which had downsized because of its German origins (several sisters had returned to Germany).

The case of nursing education may be regarded as typical of the increasing academic competition in the field of healthcare in the post-war years. Before the war the ideological struggles between universities had centred around the financing of laboratories. The Brussels cité scientifique had been met by equally impressive investments in pathological, physiological, chemical, electromechanical and bacteriological complexes in Leuven. These German-style research laboratories had been mostly funded through professors’ personal means and private donations. After the war, providing one’s students with access to patients and new technologies in the hospital (such as X-rays and radium therapy) became key. As medical care was professionalising rapidly – the 1921 Law on Nursing had shown this – the question, in the eyes of the Catholic leadership, was whether a dominant tradition of Christian care could be safeguarded. In the decade before 1914 the Leuven Faculty of Medicine had seen its influence rise considerably. In 1904, it had 391 students, compared to 276 at the Brussels Faculty of Medicine. By 1914, the divide between the two had further increased: the number of Leuven medical students had grown to 647, compared to 301 in Brussels. But times were changing for Belgian Catholics,
so it seemed. In the national parliament, the Catholic party had lost the absolute majority it had held between 1884 and 1914. With the model of the socialist policlinic, a type of hospital that offered accessible and specialised care (such as X-rays) to the lower social classes, an important competitor for the institutions run by religious orders had come to the fore.\textsuperscript{17} As a result, a sense of urgency pervaded the quest for Catholic medical infrastructure.

In the meantime, building projects that had been started before the war were taken up again. Both the Catholic University of Leuven and the Free University of Brussels set up new institutes in the urban periphery. Leuven created the psychiatric institute of Salve Mater in Lovenjoel, the land for which was donated to the university by Viscount Charles de Spoelbergh and leased to the Sisters of Love and Mary, who financed the construction of the asylum buildings. The asylum opened in 1926. It was built following typically Catholic neo-gothic architecture. Brussels established the Brugmann Hospital in Jette, named for benefactor and banker Georges Bruggman. It opened in 1923 and was designed by Victor Horta following his modernist (\textit{art nouveau}) style. Its clean lines seemed more future-oriented and better fitted to the tradition of free-thinking and the grand medical ambitions of the University of Brussels.\textsuperscript{18} But perhaps the strongest competition between the two universities centred around the medical campuses that were established in the city centre: the St. Rafaël Hospital in Leuven, of which a cancer institute was the first building, and the St. Pierre Hospital in Brussels, which also included a school for nursing. Both were post-war projects that capitalised on the widespread desire to assist with the regeneration of Belgium, but they did so in different ways.

\textbf{Modernising Catholic Fundraising}

Given Leuven’s martyrdom during the war, the university stood a good chance when it came to raising funds among philanthropists, among whom there was a lot of sympathy for the university’s cause. The medical field had also gained prestige because of the war. New technologies such as X-rays and new antiseptic methods had proven their use in war-time surgery. For Belgium, the military hospital of l’Océan had become known for its advancements in blood transfusion, its overall organisation and the treatment of wounds. The medical team under the leadership of the liberal physician and Brussels professor Antoine Depage (1862-1925) recruited from the different universities. For Leuven, the surgeon Georges Debaisieux (1882-1956) participated in the team. After the war, he continued to treat war victims and obtained great respect as a war hero.\textsuperscript{19} The war circumstances seem to have ended – if only for a brief period – the ideological competition between medical academics.
If the school for nursing had been opened at relatively little cost, the construction of a new Catholic hospital required much greater finance. To acquire this the university looked eagerly to the newly available funds for reconstruction, including from international – mostly American – benefactors. The budget for reparation for the damage of war had paid for the reconstruction of the university’s main building. The Belgian bishops in 1919 had organised a national collection to the benefit of the university, which had generated 2.5 million Belgian Francs. There was the University of Leuven's share of funds from the Commission for the Relief of Belgium, an international organisation founded by the later President of the United States, Herbert Hoover. An American committee financed the construction of a new library for the university. In 1920 it was suggested to Ladeuze that the new hospital be financed in a similar way, for example by contacting Henry Bayard, an influential American lawyer and businessman in Philadelphia to assist in raising funds. Yet, this effort proved a failure. Compared with the university’s library project, the new hospital was less easily marketed as a project of reconstruction. There was no clear link with the war.

But that was not the only reason. The Leuven physicians enviously followed the efforts of the Brussels surgeon Antoine Depage who did succeed in raising funds from the Rockefeller Foundation. Depage presented the new St. Pierre Hospital in Brussels as a “medical model” for research and education in post-war Belgium, drawing on his achievement in L’Océan. This was something the Americans were willing to invest in. He succeeded in obtaining 30 million Belgian francs from the Rockefellers for the construction of a new clinic, which also included a school for nursing. A crucial moment in this effort was the visit of the president of the Rockefeller Foundation together with the medical reformer Abraham Flexner – famous for his report on American medical schools – to Brussels in January 1921. The hospital would serve as the teaching hospital of the Free University of Brussels.

Other factors help to explain why Leuven failed where Brussels succeeded. First, religion played a role. The religious framing of the new hospital as a Catholic institution did not please foreign philanthropists. During the parallel construction of the new university library, American protestants had to be convinced to fund a “Catholic temple of learning”. The University had to market itself as a free university, not in the ideological sense of “free-thinking” of course, but free from state control. For healthcare this seemed even more difficult. At the end of his rectorate, Ladeuze did not hesitate to characterise the Rockefeller Foundation as an “anti-Catholic organisation”. Second, the relationship between the university and the city was important. The city of Brussels was willing to invest (15 million Belgian francs) alongside the Rockefeller Foundation (30 million Belgian francs) in the new hospital – this was an important prerequisite for Rockefeller investment. In Leuven this was not the case: the city did not have the financial means to invest in health care and, moreover, differences in political opinion between the liberal urban board and the Catholic university made
collaboration even more difficult, as the dispute over the religious convictions of the nursing students has illustrated.

In such circumstances other means of financing were explored. Paulin Ladeuze decided to organise a major fundraiser among the Catholic population – the vast majority of the country’s inhabitants being Catholic – calling for the help of the press, in the spring of 1924.\textsuperscript{25} The focus of the campaign was the fight against cancer – one of the spearheads in interwar health policies – and the need to build a cancer institute. Strikingly, six years after the end of the war, references to reconstruction remained largely absent.

The campaign ran up against difficulties from the start. Potential benefactors questioned its very purpose. Paul Alexandre de Hemptinne, a professor at the Institute of Physics, pointed to the availability of state subsidies to the universities which – according to him – made private fundraising unnecessary.\textsuperscript{26} Indeed, since 1922 the “free” universities of Brussels and Leuven had received one million Belgian francs annually from the Belgian state – an amount that was doubled from 1925 onwards.\textsuperscript{27} Even Countess Jeanne de Mérode, one of the later leaders of the campaign, initially had to be convinced of its necessity. She suggested the example of France, where the state financed and coordinated the fight against cancer through a centralised institute and regional centres. It took some effort to convince de Mérode that the French system could not work in Belgium because, as she was told, “we [in Belgium] have two free, competing universities” and that “from a religious point of view” it was necessary to act.\textsuperscript{28}

The timing of the campaign was another obstacle. In the spring of 1924 the University of Leuven faced negative attention from the press because of its slow progress in offering courses in Dutch – the majority of courses up to that point had been taught in French, while the number of Flemish (Dutch-speaking) students was rising. The latter students and the Flemish Movement protested in order to improve the situation – protests that were reported upon in the newspapers. The St. Elisabeth School for Nursing, for that matter, offered courses in both French and Dutch. But the timing of the fundraising campaign was also poor for another reason. A certain weariness had emerged when it came to collecting. An alumnus from the university, in a letter to the rector, explained, “The timing is unfavourable, there has been much donating lately […] people will say: another one for Leuven”.\textsuperscript{29} Perhaps parishioners remembered the major collection of 1919 in favour of the University. But also annually, all churches in the country made a collection for the country’s only Catholic university. Others pointed to the collections for the fight against tuberculosis, for war victims, for the widely celebrated 50\textsuperscript{th} anniversary as a priest of archbishop Mercier in 1924 etc. In the midst of a country in full reconstruction there had been no lack of good causes to donate money to.
Such competition for funds aside, the war experience also strengthened the campaign. As Susan Sontag has highlighted, the First World War was also an occasion for mass ideological mobilisation and showed how the notion of war could be turned into a useful metaphor for all sorts of public health campaigns in the early twentieth century. Of course, such health discourse built on pre-war experiences. In the second half of the nineteenth century, physicians specialising in public health cast alcoholism, venereal diseases and tuberculosis as national “plagues”. This discourse took a militaristic form. The pathogens that were identified by bacteriologists as the causes of disease were cast as “enemies” and the politics against those diseases were more generally depicted as a “fight” or “struggle”. After the First World War, military metaphors continued to infuse the rhetoric of health politics. The goals of preventive campaigns, which became the responsibility of society and not just of the physician, were the defeat of an “enemy”. The fundraiser for a cancer institute in Leuven fits in with this frame. In a brochure from 1924 cancer was presented as “the illness that today ‘spreads terror’”. It was further added, “Since the war in particular, its ravages are constantly increasing. […] It is urgent to conduct the same fight against cancer [as against tuberculosis]. This battle will be, similarly, victorious, if it is fought well.”

At the same time, post-war health politics found new ground. The moralistic ambitions that had underpinned much of pre-war health provision were now felt to be naïve. The spread of venereal diseases among Belgian soldiers during wartime, for example, was perceived as a threat to the health of the nation as a whole (of which the army was seen as a reflection). The nineteenth-century “moral conferences” in which abstention had been preached no longer seemed effective. Instead, soldiers were shown medical films containing images of different venereal diseases, and were provided with prophylactic soaps and ointments, to be used after sexual intercourse in specific rooms allocated for that purpose in the military barracks. This was a controversial measure as it promoted rather than discouraged, according to some, extramarital sex. Preventive politics for the Belgian civil population comprised the foundation of dispensaries, free drugs and intensive information campaigns. As Liesbet Nys has shown, Belgium became regarded as a successful international example in the prevention of venereal diseases in the interwar years.

A final element, typical of post-war reconstruction, was the relationship between the university and its financial donors. By actively approaching members of the nobility and industrialists, who could become “founding members” of the institute by donating large sums, considerable funds were raised. Two rich industrialists – August De Becker and Fernand Van der Straeten – donated respectively 300,000 and 150,000 francs. To accommodate them a machinery of recognition was put into play which consisted of personal letters of gratitude from the rector, having their names printed in the newspapers, commemorative placards with their names on being hung on the walls of the institute, rooms being named after them, etc. Some patients thus received
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radiation treatment in the Salle Comtesse de Mérode. These signs of recognition of major financial donors reveal that the campaign for the cancer institute, even if it was a national and not an international project and had no clear link with the war, bears a clear resemblance to the parallel campaign for the construction of a new university library. In the latter campaign a similar public machinery of philanthropy with visual signs of gratitude was set in motion. The project of (re)building a new Belgium required planning and organisation, better use of media and fundraising on a larger and more diversified scale.

Such diversification was also present in Ladeuze’s cancer campaign of the 1920s. Its success may be attributed, at least partly, to reaching different audiences. Provincial committees steered the work of local committees, which motivated workers and everyday parishioners to “buy a brick” for the cancer institute. They could do this very cheaply for just one, two or five Belgian francs. It was a form of contributing that was accessible to every parishioner. In the margins of the registers we find some additional information on these modest benefactors: “a grateful typographer, 5 F”, “a religious sister cured by prof. Maisin [Leuven’s cancer specialist], 100 F”.\(^{35}\) Donating to a hospital – which was in fact a traditional way of financing medical care in the nineteenth century – was now “democratised”.\(^{36}\) In total, 2.5 million Belgian francs were raised. The cancer institute, which was inaugurated in 1928, became the first building of a new hospital complex in Leuven’s inner city.

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Conclusion

The First World War led to an increase in the speed with which Belgium’s free universities constructed a new medical infrastructure. The idea of these hospitals dated from before the war, but was now connected to an idea of (re)constructing a new Belgium in which the medical field – the prestige of which, certainly for nursing, had grown – would play an important role. Their realisation achieved a new sense of urgency. Ideological competition proved a major driving force of hospital construction in the 1920s. Here as well, the context of the reconstruction and the financial means that became available for all sorts of building projects – among others from American philanthropists – reinforced this competition. The result was a struggle for means and sympathy. When it came to medical infrastructure, the Free University of Brussels conducted this fight more successfully, presenting its new hospital as a necessary component and model institution for the future of Belgium. As a result, American philanthropists heavily funded its clinic.

The University of Leuven, of course, had its own successes. On the medical level it was more successful in raising funds among royalty, nobility and the Catholic population than among foreign philanthropists. For this latter group, funding a “Catholic” hospital was a bridge too far, while for the former the religious nature of the new hospital and, more generally, of the Catholic healthcare sector, of which care by religious sisters was an established component, was a key selling point. It was indicative of the firm ideological grounding of healthcare in the interwar years. Yet, at the same time the campaign for the St. Elisabeth School for Nursing and the cancer institute, too, was typical of the post-war era. It engaged in the contemporary competition for financial means, used modern fundraising strategies and employed a militaristic rhetoric.
Notes

1 University Archive of Leuven (UAL), Archive of rector Paulin Ladeuze (AL), Letter of 18 June 1920 from sister Marie-Xavier to P. Ladeuze, including an inventory of the goods donated by Henriette of Belgium. On the Albert 1st war hospital, see: François Olier and Jean-Luc Quénéc'hdu, Hôpitaux militaires dans la guerre 1914-1918. Tome IV France sud-est (Louviers: Ysec, 2014), 242.


3 Léopold Courouble, “Pour nos défenseurs,” La Gazette, 22 May 1922 (press clipping preserved in: UAL, AL, XXIX).

4 Archichiscopal Archive of Malines (AAM), Inventaris Archief Kardinaal Mercier, Bisschoppenconferenties, Order of business for 20 April 1912.


14 Archive of the Social Service of Leuven, Register of the Committee of Hospitals, Board Meeting of 22 January 1922.


21 UAL, AL, XXIX, Letter of 26 April 1920 from sister Marie-Xavier to P. Ladeuze.


23 Coppens, *Universiteitsbibliotheek*.


25 UAL, Archive of the Central Administration (ACA), 1047, Letter 1 December 1924 from P. Ladeuze to the editors of Belgian newspapers.

26 UAL, ACA, 1046/4, Letter of 12 April 1924 from Alexandre de Hemptinne to P. Ladeuze Lamberts and Roegiers, *De universiteit*, 192.


28 UAL, ACA, 1046/4, Letter of 19 March 1924 from F. Van Ongeval to P. Ladeuze.


34 UAL, ACA, 1049, List of “dons particuliers, 1919-1929”.

35 UAL, ACA, 1049, List of donations to the local committees of the campaign for the Leuven Institute of Cancer.
