







GUIDE



## AALST, ONZE-LIEVE-VROUW HOSPITAL

OUDE VISMARKT 13

*Listed as a monument and townscape on 19 June 1991*

The Onze-Lieve-Vrouw hospital in Aalst is a foundation of Thomas van Savoye and Johanna van Constantinopel, count and countess of Flanders. In 1242, they donated the former Crolingian Zelhof or Zaalhof, an agricultural business at the crossing of the River Dender and possibly the oldest defensible site of the town, for the foundation of a hospital. It was entrusted to hospital sisters and brothers. The site has been preserved largely intact and presently consists of the old cloister building, the hospital chapel, two 17th century wards and 18th and 19th century extensions with wards, a dispensary and a pastor's house. The grounds on which the brewery, farm, gardens and orchard stood now feature school buildings. The site remained in use as a hospital up to 1899.

The old hospital is situated in the oldest centre of the town of Aalst. It is surrounded by the Onderwijsstraat, possibly a filled-in defensible canal, which in arch-shape flows into the River Dender and courses through the Oude Vismarkt, the oldest trade centre at the crossing of the River Dender. In June 1242, the aldermen of Aalst donated the grain hall to this hospital: it gave a lepelrecht to the hospital to take a spoonful of all grains, beans, peas, which were sold in the grain hall, and this remained in force until 1803. The

▼ The cloister, the chapel and the ward of the hospital in Aalst (photo K. Vandevorst)

oldest statutes date from 1266. There were at that time five sisters, including the prioress, and two brothers. The community underwent a lengthy crisis in the 17th century. In 1685-86, the cloister community was radically reformed: the Archbishop of Mechelen dispatched four sisters to Aalst and they would form the basis of the congregation of hospital sisters of Saint Augustine of Aalst.

The preserved buildings largely date from the 15th to the 17th century, with adaptations and alterations at the end of the 18th century and in the 19th century.

Centrally situated in the old hospital, is the oriented one-beam chapel, which was realized in three phases: 13th, 15th and the beginning of the 16th century, with later adaptations. Apart from the rood loft, the interior was entirely dismantled in 1902, including the marble floor. Above the fine plaster vault of 1733, there are still remains of the wooden barrel vault to be seen. On the north side the cloister building emerges, with four cloister walkways and an eastern and northern accommodation wing; in its current state it dates from the last quarter of the 15th century and the middle of the 17th century. In the northern cloister wing one can see a late 15th century mural depicting a cross-carrying Christ with nail block. In 1648, the cloister building was finished, which is apparent from the escutcheon of the prioress Maria Goethals above the entry door and the date stone





on the vaults. Attached to the south side of the chapel, is the womens ward (wall anchors 1619-1622), which was built alongside the old River Dender and was connected square to the men's ward or manshuis dating from 1685. This ward was, in 1733, geblafoneerd together with the chapel. Both wards had an altar, in addition to an opening that looked out on the chapel altar. All these buildings, which at least date from the 17th century, were constructed in a customary Flemish brick and sandstone style, with natural roofing slates. At the end of the 17th century, the wards could offer a place to more than 100 sick persons and the cloister had 12 sisters.

At the Oude Vismarkt, two clearly distinct buildings are situated: a neoclassical part from 1843 – the third ward, termed the zaal van de vaartkapoenen – and a neo-Gothic part from 1877-1883, built to a design from town architect Julius Goethals: this part, including the presbytery, connected via a now demolished gate to a neo-Gothic dispensary. After 1899, the buildings were dismantled and used as a museum, an academy of music and a drawing academy, and for a long time also as a shelter for the homeless. The cloister building was restored from 1959 to 1965 and opened as a town museum. At the end of 1994, the drawing academy also vacated the buildings and since that time the entire complex is being restored in phases and refurbished into an urban museum.

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▲  
A mural depicting Christ carrying the cross, 15th century (photo K. Vandevorst)



## ANTWERP, SINT-ELISABETH HOSPITAL

LANGE GASTHUISSTRAAT 45

Listed as a monument on 25 March 1938

The Sint-Elisabeth hospital is the oldest hospital of Antwerp, although it is not exactly known when this first *hospitale infirmorum* was established, how it was realized, or where it was originally situated. When in 1226 Pope Honorius III, at the request of the brothers and sisters, permitted the construction of a chapel and took the lay community, the hospital and their possessions under his wing, the urban settlement had undergone its first urban expansion. At that time, the town was encircled by canals and had earthen defensive walls. In general, it is assumed that the hospital was situated in the vicinity of the Onze-Lieve-Vrouw church. Its size and its appearance meanwhile remain a mystery, because the oldest records mention little details about this. It was probably a wooden structure similar to the houses of that era.

The cloister order arose together with the hospital.

► The statutes of 1233 regulated the life of prayer and the discipline and practice of penitence in the convent, as well as the conditions for the admission of the sick and their obligations. The sisters and brothers served “Onze Lieven Heere in syn arme siecke ledemens”. In 1258, the lay community adopted the rule of Saint Augustine. The brothers disappeared from the scene during the following century.

The 15th century  
ward  
(photo  
Ludo Boeij  
© OCMW  
Antwerp)

The hospital possessed the manor Ter Elst situated outside of the town walls. In 1238, the aldermen and townsfolk of Antwerp donated a large site to the hospital, which was situated directly in front of this manor. Due to a lack of space, but more so on account of the danger of contagion, the hospital was still that same year relocated to this site. With the third urban expansion of 1295-1314, the hospital was however again relocated to within the town walls. Also after its relocation, the hospital initially remained dedicated to Onze-LieveVrouw. Up to 1263 the Onze-Lieve-Vrouw hospital is mentioned in twelve deeds. In 1337 the name of Sint-Elisabeth turns up as the new patron saint. Elisabeth was a Hungarian king's daughter, born in 1207. After the death of her spouse, Louis IV, landgrave of Thuringia, she devoted herself, in Marburg, to the care of the poor and the sick,. After her death in 1231, she was canonized by Pope Gregory IX already in 1235.



From 1426 on it becomes more or less possible, thanks to the hospital ledger, to follow the building activities of the sisters. We can thus see in the oldest preserved notes that there is mention of a brewery. Prior to 1431 there were no spectacular projects in the offing. The mention of maintenance work gives us a picture of the existing buildings: a thatcher worked on the gate, carpenters on the hospital, the bailey, the bakehouse and on 's meesters camere, a tinsmith fabricated basin for the kitchen. There was work done in the pigpen, in the cowshed and there was also a *dormter* [dormitory] above the sisters' refectory. During that same period, the sisters had a new kitchen built under the supervision of the master builders Peter Appelmans, Herman de Wagemakere and Lambert Blijdeleven. The sisters had a small chapel, of which the nave probably dated from around 1400. In the accounts of 1442, we read that the mass would temporarily be held at the Sinterklaasaltar [Saint Nicholas altar]. The church was at that time namely expanded with a chancel, under the supervision of the same master builders. As in many minsters, the chancel here is also just as long as the nave, this in order to allow space for the cloister community. This fine Gothic





▲  
A cloister building  
and presbytery  
(photo  
K. Vandevorst)

chapel, built in red brick and Ledian sandstone is today the oldest remaining building of the hospital. During the restoration of 1959, traces of murals were discovered in the nave, which were concealed under several layers of lime plaster. They were uncovered by the Royal Institute for the Art Patrimony and restored. Unfortunately, in the spirit of that time, they opted to remove all the original lime plaster from the church interior, except that covering the discovered murals. Consequently, the current 'brick' interior does not reflect the original appearance. The murals depict the hallowed, who were called upon to prevent plagues or illnesses or who had something to do with medicine. They date from the end of the 15th century. Nothing of the original 16th century church furnishings remains today. The reason for this could be that between March 1586 and January 1587 the sisters were driven *deur den dringende noot* [through their urgent need] to sell furniture, jewels and other property. The interior of the chapel was completely renewed in the 17th century: the baroque main altar, probably from the hand of Artus Quellinus de Jonge; the chancel seating, the confessional chairs and Square to the chapel, we

find the oldest still existing ward. Unfortunately, there are no hospital accounts from 1460 to 1484, the probable construction period of this section. This two-beamed ward, of which the pointed arch arcades are supported by eight sandstone columns, is a typical example of a medieval halls construction. In the 17th century, a splendid entrance portal was added in honour of Canon van Gessel. This baroque portal is constructed in white and black marble with above the door, in medallion, the bust of Ignatius Georgius of Gessel, who in 1678 bequeathed his fortune to the hospital. With the proceeds of his belongings, the prioress had to give money to the poor recoverd sick, in proportion to their need. In 1502, a hall chapel was constructed, on a raised tribune. The presence of a chapel near the ward was typical in western hospital construction. The salvation of the bedridden was after all of prime importance. The hospital was required to meet the needs of the growing population, which expressed itself in an expansive construction activity. Subsequently, the accounts of 1508-1510 mention the purchase of all kinds of construction materials for *een nieuwen Sieckhuys*. Archeological excavations identify this with the still existing building which is situated square to the Gothic hall. After a thorough restoration in 1984 – 86, the dispensary and the administration of the new hospital were housed on the ground floor of this building. On the first floor, an auditorium, which forms part of the centre of Elzenveld, was fitted up underneath the restored roof joint.



► Murals in the chapel, end of the 15th century (photo K. Vandevorst)



Near the great wall, which surrounds the domain, near the Mechelse Plein and the Sint-Jorispoort, the sisters commissioned the construction of a number of trental houses. These houses are depicted on the map of Virgilius Bononiensis from 1565. They would be replaced in the 19th century by the present-day houses, which were to date the property of the OCMW in Antwerp. The pastor's house was rebuilt in the 17th century. The cloister which was repeatedly referred to in the accounts and which often underwent changes, probably hails partly from the 16th and partly from the 17th century. The cloister buildings enclose a cloister garden. On the ground floor, were the reception hall, refectory and kitchen. On the first floor, were the cells of the sisters. In comparison to the 15th and the 16th century, the two following centuries saw less construction activities. On the other hand, the 19th century characterized itself through a new explosion in construction.

The arrival of the French in 1794 considerably changed things: the Burgerlijke [Civil] houses of God and the Burelen van weldadigheid [Offices of Benevolence] came into play. The Act of 1796 abolished all religious institutions and reorganized charitable works, which originally caused much opposition and difficulties. The Sint-Elisabeth hospital was transformed from an independent institution to a public hospital, managed by a municipal committee and financed with public funds. The hospital sisters of Antwerp, who still

carried out their functions, were now under the authority of the Bestuur [Board of Governors] of the civil houses of God, a civil guardianship against which they had a recalcitrant attitude. What initially began with small futile pestering such as the concealing of bottles of wine, evolved to a more overt resistance when the prefect decided to house a vaccination committee in the hospital. The sisters locked the doors, the prefect had these forced open and arrested several sisters. When he also began to interfere with the kitchen and the employment of a female cook, the sisters had had enough. On 3 June 1803 they refused to carry out any of their duties and four days later the prefect had them removed from the buildings.

In that period, the care of patients was very poor: unheated wards, beds were placed along the length of the outside wall, in which two or three sick persons lay, which impeded the treatment of patients. The hospital did not have a proper bathing facility.

In 1794, a number of members of the *Comité de surveillance d'Anvers* visited the hospital, observed these shortcomings and issued guidelines for improvement. An end came to these shortcomings only after the departure of the sisters and the engagement of commissioner Petit. He complained about the poor quality of the nursing personnel that had to replace them. Only women from the lowest population classes were prepared to function as a nurse against payment. They absolutely did not meet requirements where knowledge and commitment were concerned. In the end, there was but one solution: the hospital sisters regained their honour in 1822 and from 1824 again took up service. The cloister order would remain bound to the hospital until 1989.

During the Napoleonic period, after the universities had closed, medical schools for the training of army physicians, countryside doctors and pharmacists sprung up in various towns. The Antwerp school was established in the Sint-Elisabeth hospital and operated from 1803 to 1835. A garden with plants as study material for the physics lessons, was laid out in 1804 in the former vegetable garden. Over the years, this garden was reorganized several times, especially by doctors Louis Sommé and Henri van Heurck.

In 1836, the front of the Gasthuisstraat was renovated, after a design by Louis Serrure and with approval from town master builder Pierre Bourla.



The entrance porch was enlarged and the entire structure was given a neoclassic appearance. On the left, the administration of the old hospital was housed and on the right, a new director's house was built around 1900.

During the first half of the 19th century, various bed houses were built in the Gasthuisbeemden, the current Leopoldstraat. The plans were made by Pierre Bourla. The stern neoclassic external wall design was probably out of economic considerations. In addition, the Gothic hall and the building square to this, were adapted as well. The windows were lowered and broadened, enabling better lighting and ventilation. The garret floors of the old buildings were transformed to wards. Thus the hospital could, with a view to the growing population, substantially increase its capacity. In 1856, behind the row of houses of the Sint-Jorispoort an additional hall complex was built, intended to accommodate 'ooglijders' [eye sufferers] who were transferred from the Salm-Salm institute, a temporary annex of the hospital. This building complex is now the SintJorispannd art gallery.

Although in the first three-quarters of the 20th century there were still urgent repairs and adaptations necessary, some were of the opinion that the locally old Sint-Elisabeth hospital would no longer serve its useful life. They opined that large scale expansions and alterations could no longer be carried. Up to the 1960s a threat of demolition hung in the air, which luckily dissipated. In 1978, after repeated pleas, the OCMW obtained a permit to construct a new general hospital on the existing campus. In the initial phase, a new building was built which ran parallel to the site of the botanic gardens. Demolition of the 19th century sections began in 1981. This initial phase was ready for operation in 1986. Before the end of the year, the patients were transferred from the medieval wards to the new nursing units. At the same time, the 16th century hospital was restored.

After the other 19th century buildings at the Leopoldstraat had been demolished, the second phase of construction could begin in the autumn of 1988. This comprised, among other things, an outpatient clinic, a kitchen and several nursing units. During the autumn of 1991, the patients from the bed house from 1857 were transferred making it possible for this building to be renovated. Architect Baines converted this 19th century hospital building into a modern art gallery, a successful metamorphosis. In April 1993, when



▲ A part of the former Sint-Elisabeth hospital in Antwerp, converted to a museum. Room connected to the cloister kitchen with 18th-century Delft tiles (photo Ludo Boeij © OCMW Antwerp)

Antwerp was the Cultural Capital of Europe, the first exposition could officially be opened. In 1988, the Elzenveld centre was housed in the historic buildings, a socio-cultural complex with a congress centre.

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## ANTWERP, STUYVENBERG

LANGE BEELDEKENSSTRAAT 267

In the 19th century, Antwerp was the fastest growing city in Belgium. The city's population increased here during the 1970s from 55,650 to 230,096. In general, mainly dockworkers came to live here. At that time, there was only one hospital in use for the entire city, the Sint-Elisabeth hospital situated south of the city centre. It could not cope with the growing demand for medical care. The construction of a new hospital thus became imperative. The port, and with this, most of the labourers houses were situated to the north of the centre. The *Burgerlijke* [Civil] houses of God therefore opted for the Stuyvenberg site, located between the Spaanse vesten [Spanish moats], the Potvliet, the Merksense hamlet of Dambrugge and the Sint Willebrordus parish. In 1872, an international competition was held for the construction of a new hospital. The plans were required to satisfy the latest norms with respect to hospital construction. The designs were required to have been submitted by 1 May 1873. From the 14 submissions, the design entitled *Pro Bono Publico* from the Antwerp architect Frans Baeckelmans won the competition. The uniqueness of his concept was that of round wards. The concept was rejected by the Hoge raad voor gezondheid [Supreme Council for Health] and the design was not implemented. Baeckelmans refused to adapt his project. The plans were finally approved after several adaptations by his former pupils Jules Bilmeyer and Jos van Riel. The concept of round wards was, however, maintained. On 21 October 1879, permission for construction was granted. The work would take up four years. The hospital was officially opened on 6 October 1884, and the first patient was admitted on 2 January 1885.

François Clément Baeckelmans was born in Antwerp on 17 April 1827 and studied at the Academy for fine arts in his native city. Laureate of the prize of Rome, he was appointed in 1886 as a lecturer in architecture at that same academy, a task which he would fulfill up to his death on 25 January 1896. In addition to architectural realizations, Baeckelmans was also important as a restorer. In Antwerp he led, among other things, the restoration of the Antwerp cathedral, together with his former pupils Jules Bilmeyer and Jos van Riel.

The floor plan of the Stuyvenberg hospital is quite

a simple one. Starting at the monumental main building, we find an ellipse-shaped passageway. Entirely at the rear, on the northern end of the ellipse, the bathhouse and the laundry room are located. In the middle behind the chapel, at the point of intersection of the ellipse line and at the long North-South oriented axis, the principal service building is situated. It is a connecting pathway to the four easterly and the four westerly pavilions. These harbour the dispensary and the central kitchen. A second building on this North-South axis is the cloister. The main building, situated in the Lange Beeldekensstraat, is characterized by a large gate with entrance hall. Small towers stress its monumentality. From the entrance gate the visitor looks towards a spacious inner courtyard with an austere chapel in its centre. The main building houses the reception, offices and meeting rooms. Situated on the corners of the building, are the home of the director and the home of the almoner. Between the home of the director and the first hospital pavilion, we find the operating area, which is quite isolated. The mortuary was placed similarly, behind the almoner's home.

Typical are the eight round hospital pavilions, each with two floors, which are located on the outside of the corridor. In this setup, all the buildings are surrounded by gardens on all sides, ideal for the ventilation and lighting of the wards. In these spacious gardens, of which according to tradition some of the trees are older than the hospital, the patients and their families could take a walk, weather permitting. The garden itself is separated from the street by a sturdy courtyard wall. The placing of hospital buildings in gardens fits in with the new 19th century ideas concerning hygiene and care. The hospital pavilions themselves are comprised of three sections. The middle section is a round ward of 19 metres diameter and purposed to accommodate 20 beds. The beds were placed against the outer walls between the windows. In the middle, between eight columns, lies the nursing station. From this place, one nurse could overlook the entire ward. The round ward is connected, via a 5 metres long corridor, to the ellipse corridor. To the left and right of this small corridor are isolation rooms, storage areas for linen and chutes for waste and dirty laundry. Diametrically opposite this and also connected to a five metre long corridor, are the toilets and several washing places. The upper wards are not connected to each other. Open bridges were constructed here, which could serve both as a walking terrace or as a place to sit and rest. All the





◀ Part of the hospital  
in the Boerhaaven-  
straat  
(photo  
K. Vandevorst)



◀ Round pavilion  
(photo  
K. Vandevorst)



►  
Front of the  
monumental  
main building  
in the Beeldekens-  
straat  
(photo  
K. Vandevorst)



buildings, including the corridors, have a basement, through which the dirty laundry and waste could be transported underground.

From the start of the Stuyvenberg hospital, half of the nursing personnel was comprised of conventuals and the other half of lay personnel. However, the liberals in the Antwerp municipal council had made it clear that they were a proponent of a *laïeke en nationale geest* [lay and national spirit] and that each form of *esprit dogmatique* [dogmatic spirit] required to be banned. Quite a large section of the population was still very catholic and the hospital sisters were very popular. Also the physicians of the Sint-Elisabeth hospital and the board members of the Burgerlijke godshuizen had great reservations with respect to accepting lay personnel for the task health care. The Antwerp hospital sisters, belonging to the order of Augustinian nuns had, for many centuries, served the Sint-Elisabeth hospital, which they had established. There was thus a good understanding between the conventuals and the *Bestuur van de burgerlijke godshuizen*. The conventuals served the

eight wards behind the hospital and the physicians connected to these wards had attained a degree from the *Katbolieke universiteit Leuven*. They were supported by girl and boy helpers. Half of these eight wards were for men, the other half for women. Two wards provided for medicine and two more for surgery. The eight wards at the front of the hospital had the same division but were served by lay personnel. The physicians here had received their training at the *Université libre de Bruxelles*. From 1902, nurses were recruited from the private school of nursing, where they were given a two-year training. This Dutch-speaking course was perfected by doctor Fritz Sano. The first students were mainly girl and boy helpers but, quite soon, middle-class girls joined the course. Seven religious sisters register for the course in 1906. Over the years, the number of conventuals decreased and their place was gradually taken over by lay nurses. The last conventuals left the cloister in 1977. The buildings were adapted and taken into use by the *Hoger instituut voor verpleegkunde* [Higher Institute of Nursing].



Only a part of the basic plan of the hospital has been preserved. Fundamental alterations were effectuated over the years. The hospital was built as an infirmary where the sick were cared for with few technical aids. The continuing evolution of medicine required the setting up of numerous special services. In 1893 a bacteriological laboratory was set up, followed by a radiography room in 1896 and a massage room in 1897. In 1902, the buildings needed to be renovated, because of the plans to open up a school of nursing and in 1907, a prison for the mentally ill was founded in the Boerhaevestraat. In 1919, right after the First World War, the first three Minerva ambulances were acquired and the cradle for the sick finally disappeared from the streets. Two years later, garages were built on the side of the street to create parking space for these ambulances. Like in the past, the patients themselves were, however, still dropped off at the entrance hall, and laid on a stretcher. Sometimes, they were brought to the nearby waiting room through a swarm of visitors. It is only after the Second World War, after a complete conversion of the waiting area, that a separate area was provided for ambulances to drive into and for patients to be. From its establishment, the hospital's purpose was to help both those in need as well as paying patients. In 1945, with the imposition of the Act for social security and insurance against illness and invalidity, another sector of the public was addressed. A new category of paying patients arose: the mutualists. There was an increasing demand for first class nursing and more privacy. If, in 1890, still more than 90%, in one way or another, was still charged to the *Bureel van weldadigheid*, in 1960, their number decreased to 5%. In order to satisfy the demand, it was decided to close off the existing open bridges on the floor and construct first class rooms. The work took place between 1949 and 1955. The number of available beds increased to 650.

In 1951 the urban administration decided to close the *Stedelijk* [Urban] mortuary in the Lange Dijkstraat and to transfer this to the Stuyvenberg hospital. The existing mortuary in the hospital appeared to be much too small to serve as an urban mortuary and in 1952 a new and modernly equipped mortuary could be taken into use. The deceased could now be stored in cold stores. During the 1950s, the laboratories were refurbished and a resuscitation department with three beds was opened. This evolution continued during the 1960s when, accordant to the dry heat system, a modern

kitchen was installed, at the expense of the old bathhouse. The sanitary blocks behind the round wards were demolished and rebuilt in semicircular fashion.

In 1967, a cardiac department was opened and the Stuyvenberg hospital was one of the first hospitals in Belgium to open a kidney dialysis department. In 1969 the hospital, with its 730 beds, was the largest in Antwerp. Meanwhile, the *Commissie van openbare onderstand* of Antwerp had been busied for several years with the construction of a new hospital. The Medisch en heelkundig [and surgical] hospital Middelheim, opened its doors that same year and the recently created cardiac department, relocated to the new hospital. More services would follow. The Stuyvenberg hospital now began to increasingly specialize. In the 1970s, attention focused on the treatment of kidney failures. A second and very significant specialization of the hospital is that of the burns unit.

The appearance of the hospital radically changed during the 1980s. The plans for new construction, drawn by architect Karel van Riel, were approved. In 1981 they started with the demolition of the chapel, the director's home, the old mortuary and the old laboratory for haematology. The new construction was officially opened on 25 September 1987. On the site of the demolished buildings a U-shaped building with five floors arose. Within were accommodated, the operating area with recovery department, intensive care, medical training, the burns unit and an infirmary. On the ground floor there is a spacious entrance hall with a reception counter. The modern white concrete structure strongly contrasts with the brickwork architecture of the old buildings. In 1991, a new psychiatric hospital was built in the Pothoekstraat, which was to replace the departments in the Boerhaevestraat. The old structures at the Boerhaevestraat were renovated and the Sociaal centrum Potvliet took up residence here.

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## ASSE, ONZE-LIEVE-VROUW HOSPITAL

GEMEENTEPLEIN 24

*Chapel, kitchen, refectory, ward, school and pastor's wing listed as a monument on 5 October 1973*

The *Oude Gasthuis* in Asse was, on instruction of the Duke of Brabant as Liege Lord of Asse, established around 1260 by prosperous citizens. The first mention dates from 1290 and the oldest account from 1298. This tells us that the hospital community had seven prebendarii, five brothers and two sisters, who committed themselves to sheltering pilgrims and travellers. Two provisors managed the hospital and are also in charge of the accompanying agricultural holding. The hospital complex at that time was most likely made up of a chapel, the room for the managers, the kitchen with a spacious basement, an infirmary and, a little farther on, a lease.

Already in the 15th century, the lay took upon themselves the material care of the paying residents, who enjoyed their sustenance in the hospital. The bailiff of the Duke of Asse henceforth has the run of the place, he appoints the hospital masters and grants the prebends. Even the ducal tribunal meets in the room next to the chapel. The building is destroyed by fire in 1570, where only one or two paying residents were still accommodated at that time.

In 1644 the magistrate sent a petition to Baroness Marie de Cotereau, *gentlewoman of Asse*, with the request to convert the hospital into a hospital led by the clergy. The hospital sisters of

Hulst/Sint-Niklaas came to Asse in 1647 to care for the sick. What they find there, is a building structure consisting of a chapel with nave, in which the sisters house their cells, the infirmary, the work house, the kitchen and the refectory, all without doors, windows, ceilings or floors. The superior, sister Elisabeth van de Put, therefore uses her own resources to have the buildings made livable. Later the baroness donated a further 6000 guilders for the construction of the school and the pastor's house.

Especially the superiors Josina Beeckman (1703-1718) and 1720-1722 Annemarie de Cort (1725-1735 en 1741-1762), supported by the indefatigable rector Willem Offhuys (1704-1740), have contributed much to the expansion of the infrastructure. In the first half of the 18th century a small school, a new hospital with two rooms, a lease and the right wing with pastor's house are built. In the second half of the 18th century, the walls of the kitchen are completely tiled with Delft tiles and the entrance gate is vaulted. To this day, the building still has the exact same appearance.

Nursing – there is seldom more than twelve patients nursed at the same time – is left to a nursing sister. There is also a dispensary with an accompanying herb garden. Those who are contagious, the handicapped or pregnant women, are barred. In addition, there is a hospital sister who teaches – sister Elisabeth van Langenhove († 1729) was a successful *schoolmeesteresse* [school mistress] for more than 40 years – girls at their boarding school, who were often of good birth. Much attention is

▼  
Front of the  
hospital  
(photo  
K. Vandevorst)



▼  
Chapel  
(photo  
K. Vandevorst)







▲ Detail of Delft tiles in the former kitchen, second half of the 18th century (photo K. Vandevorst)



▲ Inner courtyard with gallery (photo K. Vandevorst)

paid to this boarding school, because the boarders contribute a substantial part of the revenue (during the years 1696-1717 approx. 65 % of the total revenue) and religious callings come from within their ranks. In 1796, the hospital sisters were permitted to continue their charitable work by the French occupier, albeit only in civilian clothing. After 1810 the community gradually grows, from a number that in previous centuries fluctuated around thirteen, to an average of fifteen professed sisters.

In 1835 the room of the tribunal was incorporated into the chapel, a new chapel entrance in neoclassic style is built in brick and a covered passageway is created from the right to the left wing. In 1874, after the cholera epidemic of 1866, a new room is added to the left wing, which is reserved for those who are contagious, and this under the supervision of architect Hansotte. In 1895, the sisters set up an operating area in the Huinegem wing. In 1926, 10 sisters remain in the old hospital with 60 elderly persons under their care, divided over six wards, three for men and three for women. The buildings are, however, no longer modernized. In 1970 the last 15 hospital sisters finally leave their old work area.

The abandoned guesthouse buildings are deteriorating. In 1973, the remainder of the structures, built before 1850, were preserved as a

monument. In the middle of September 2003, a first restoration phase of the left wing was completed. This now houses the cultural centre.

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*Jaak Ockeley*



## BIERBEEK, SINT-KAMILLUS

KRIJKELBERG 1

The 50 metres high rising tower in the green hills, on the east of Leuven, is the first building among those of the University psychiatric centre Sint-Kamillus in Bierbeek to catch your eye. It was established by the Brothers of Charity in order to meet the demand for a new institution for needy, mentally insane men. Construction started on 1 May 1931 on a site of 47 hectares, where no less than 17,500 cubic metres of brickwork, 5,500 cubic metres of concrete with a reinforcement of some 750 tonnes of iron, and 1,700 cubic metres white French brick were used.

Stylistically, the buildings belong to the neo-Flemish Renaissance. It concerns an interpretation of a regionally distinct historic style, both in the use of materials as well as in the decorative finishing and external walls detailing: voluted gables, pinnacles and pediments, contrasting use of brick and white natural stone, quoins, numerous gable windows, wall-height arcading recesses and friezes, and window frames, inspired by Louis XV, in the chapel. The institution was opened on 24 June 1932, and at the start of 1933, there were already 349 patients; a few years later, their numbers had even reached 900.

The tower of Sint-Kamillus is surprisingly enough a regular water tower with a water volume capacity of 200 cubic metres, which is currently only used for the maintenance of buildings and gardens. The strong similarity to the tower of the university library at the Ladeuzeplein in Leuven was probably meant to emphasize the association with the

university. In the vision of Cardinal Mercier, the university would arise from the ruins of the First World War as a centre of universal knowledge, imbued with religion. To this end, expansion was necessary, also for the medical faculties, and it was in this spirit that in 1924 Rector Monsignor Ladeuze, in 1924. Turned to the Brothers of Charity: *“Si nous avions aux portes de notre ville, outre l’asile de Lovenjoul, un grand asile pour hommes, notre supériorité au point de vue psychiatrique serait si grande qu’il y a tout espoir que les futurs médecins-aliénistes voudraient profiter d’un milieu si favorisé”*. The congregation of the Brothers of Charity was established in Ghent in 1807 by Canon P.J. Triest (1760–1836) for the nursing of poor, old people in the Bijloke. In 1815, it took it upon itself to take care of the mentally ill, incarcerated in the Geraard Duivelsteen and then built a network of nine large psychiatric institutions, with Sint-Kamillus being the last in line. Schools were set up. The Netherlands, Ireland, Canada and other countries were next, each time to *“met realisme, durf en geloof de getroffen mens op te tillen”*, such as set by the rule of life of the brothers.

Not only the striking tower, but the entire complex would give shape to the religious, social and therapeutic ideal of the Brothers of Charity. Their combativeness is reflected in the floor plan and skyline of Sint-Kamillus. It appears as a battleship, with the church in the centre, surrounded by the nursing pavilions. The kitchen and farm form the stern. At the front, on the hilltop, is the administrative building with the tower, as a naval bridge which dominates the wide surroundings. All the pavilions are connected via a terrace with an own garden of the type *nouveau jardin pittoresque* and surrounded by hedgerows. Sheltered work in the garden, farm and kitchen played a main role in

► Church of the institute (photo K. Vandevorst)



►► Central nursing facility (photo K. Vandevorst)







◀  
Mortuary  
(photo  
K. Vandevorst)

the treatment as developed by doctor Joseph Guislain, during the 19th century the principal reformer of psychiatry in Belgium. He advised the congregation in 1853, during construction of the first institution in Belgium, the Guislain institute in Ghent, constructed still accordant to the neoclassic system of closed blocks with inner squares and surrounding galleries. Contrary to this, Sint-Kamillus leans more towards the pavilion system, which was later on considered to be more adapted.

Sint-Kamillus, defined in an Act as a closed institution for 870 male mentally ill, was in the province of Brabant the male counterpart of the institution for mentally ill women, built in 1926 in the Groot Park in Lovenjoel. Both institutions have the pavilion system and the reference to traditional architecture in common, but differ in spacial concept and architectural design. Salve Mater is established at the edge of an existing castle park, whilst the Sint-Kamillus is situated on the virgin site of a loam field, the ideal place to freely apply the insights of the future principal. Both institutions also differ in their interpretation of regionally

distinct historical styles, both in the use of materials as well as in the decorative finishing.

‘Onder de toren’ [Under the Tower] in the main building, to this day, a painted portait of Brother-General Filemon is displayed. Sint-Kamillus was his life’s work. He died there in 1945. Meanwhile, much has changed. The institution has undergone extensive renovations with, among other things, several new buildings and the conversion of several pavilions. On a garden-architectural level, Sint-Kamillus is still one of the most interesting structures in the region of Leuven. The monumental tower was fortunately preserved.

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*Franz Baro*



## BRUGES, ONZE-LIEVE-VROUW TER POTTERIE

POTTERIEREI 79

Site listed as landscape on 20 February 1939; ward, church, cloister with kirchens, refectory and archive room listed as a monument on 16 December 1991

In one of the quieter neighbourhoods of Bruges, the buildings of the former Onze-Lieve Vrouw hospital in Potterie, now a rest home, are located. Three historic external walls stand perpendicular to the Potterierei. The site carries with it over 700 years of history. The oldest still visible traces of construction date from the 13th century, in the attics between the current church and the so-called front hospital. The oldest ward is now a museum. Adjacent are the 14th century church and the 17th century Mariabeuk. In the Mariabeuk there is a 14th century statue of Onze Lieve-Vrouw in Potterie.

Like many hospitals in Flanders, the first function of the hospital at the Potterie was to offer shelter to travellers, the needy and the sick. Spiritual care played an important role in this. The earliest mention of the *Spitael van Onser Vrouwe dat staet up*

*die Potterie* dates from 11 October 1276. That there is actually a building at this moment in time, can be derived from other archive records, showing that, among other things, permission was requested to build a church with graveyard on the site of the already existing hospital. Permission is granted in 1289. Shortly thereafter, the *Heilig Geesthuis* merges with the hospital. The merger was completed in 1319. A century later, the the institution evolves from a shelter for travellers into an institution for enfeebled burghers. The relief of the poor remained and bread was distributed on a weekly basis, in exchange for a bread token. On major holidays meat was passed out, and on rare occasions, even clothing.

Virtually the only remains left of the initial construction phase, is the North wall of the church. The church was added to the first hospital ward around 1350. An open arcade structure ensured that the sick and needy could physically attend the Eucharist celebrations. The adjustments made to the hospital in 1529, further entailed the physical

▼  
Interior of  
the Maria nave,  
17th century  
(photo  
K. Vandevorst)





separation of church and hospital by bricking up the arcaded gallery. Finally, a third nave was added to the southern wall of the church, because of the growing devotion for the miraculous statue of Onze-Lieve-Vrouw.

The current appearance of the monumental front in the Potterierei can be attributed to the thorough restoration (from 1880) by architect Karel Verschelde, who, after his death in 1881, was succeeded by Canon Adolf Duclos. It was the intention, as far as the front was concerned, to return to a supposed 'original' state. As a basis for this were taken: the Plan van Bruges by Marcus Gheeraerts (1562), the depiction by Sanderus in *Flandria Illustrata* (1641) and several later drawings. Especially the outer wall of the former hospital has undergone some serious changes.

The complex of Onze-Lieve-Vrouw ter Potterie extends from between the Potterierei and the

Peterseliestraat. The sister cloister was constructed in the second half of the 14th century. The three principal structures are a kitchen from 1696, completely tiled with Delft and Bruges tiles, the refectory with an interior LouisXVI-style and a freestanding archives room from the 16th century. Decisive alterations and adaptations took place during the 19th and 20th century to the area for elderly care at that time. During the period 1804-1805, under French rule, a wing was built in front of the hospital, perpendicular to the Peterseliestraat and thus parallel to the Potterierei. The additionally built rooms, however, did not meet the needs of the elderly women, who had their dayrooms on the ground floor and in the evening had to climb forty to fifty steps to their bedrooms. New alterations followed. The hospital constantly had to deal with a lack of space. Expansions continued in the 20th century: in 1911 a farm and a sanitary department, in 1935 the Sint-Annazaal and alterations to the 19th century Sint-Jozefszaal. A new wing was planned in 1963, which would meet the most modern requirements for elderly care. The final realization of architect Viérin dates from 1967-1972, with a capacity of 104 beds. For this, several 19th century buildings had to make way.

▼ Front of the complex, with the ward to the left, the Maria nave to the right and the oldest part of the church in the middle (photo K. Vandevorst)





▼  
Former cloister  
kitchen and dining  
room  
(photo  
K. Vandevorst)



Besides an impressive collection of religious silverware, the effects of the church and the museum consists of paintings and sculptures, furniture and hospital instruments. The three miracle carpets of Onze-Lieve-Vrouw ter Potterie depict eighteen scenes of a miraculous intervention of the statue of Onze-Lieve Vrouw ter Potterie. They date from the first half of the 17th century. They were probably ordered during construction of the Mariachapel and donated to add lustre to the chapel. The depictions

are inspired by drawings in the miracle book of Onze Lieve-Vrouw ter Potterie. This small book was also used for the accounts of 1521-1522, a date which is confirmed by the clothing of the depicted characters. The recorded miracles would have occurred around 1499 and were used to strengthen the legitimacy of the church as a place of pilgrimage. The extension of the church with the *Mariavleugel* [Maria Wing] in 1622 illustrates the importance of the devotion for the 14th century statue.



▼  
Detail from the  
letter of indulgence  
(1354) of  
the Potterie  
(© Stedelijke  
musea Bruges)



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*Eva Tabon, Memlingmuseum - Sint-Janshospitaal en Museum Onze-Lieve-Vrouw 'ter Potterie', Stedelijke musea Brugge*



## BRUGES, PSYCHIATRIC HOSPITAL ONZE-LIEVE-VROUW

KONING ALBERT I-LAAN 8

It is certain that, from the beginning of the 13th century, the mentally ill were accommodated in a separate *dulhuus*, in Bruges, called *Sint-Hubrechts*. It was an urban institution, just like the other hospitals in town. The nursing was carried out by lay persons. Around 1600, five mentally ill persons were transferred to *Sint-Juliaan-ten-Dullen* in the *Boeveriestraat*. From that time, the clergy became responsible for the nursing. In May 1842, Canon Petrus Maes, the former director of *Sint-Juliaans* and Marie-Joseph Van Uxem, General Mother Superior of the *Apostolin Sisters*, prepared the establishment of a new congregation. On 5 July of that same year, the congregation of the *Sisters of Charity of Jesus* were held above the baptismal font. For 160 years the sisters have faithfully been carrying out the principal instruction which they were given by their founder: love unto God and love of one's fellow-man, borne by the mercy of Jesus himself to support the mentally suffering fellow-man in all his needs.

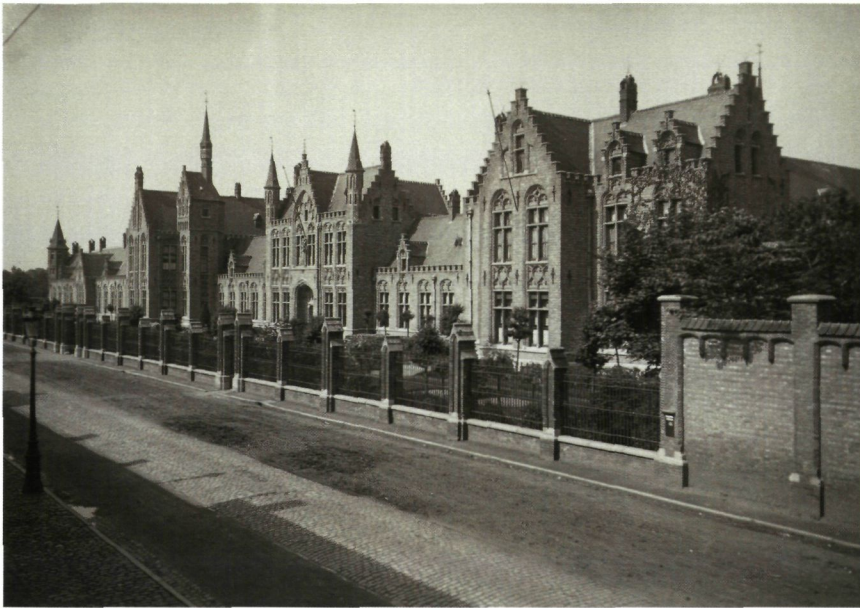
At the beginning of the 20th century, the infrastructure *Sint-Juliaansgesticht* became so dated, that the construction of a new institution for the mentally ill became imperative. A suitable domain of 40 hectares was found just outside the town gate. On 8 December 1906, under the supervision of architect Jules Coomans, construction works of the *Onze Lieve- Vrouwzieken* hospital began. From 17 August 1910, a maximum of 450 female patients were cared for, of which 400 poor and 50 paying patients. The male patients were still housed at the *Boeveriestraat*, under the protection of the *Brothers of Charity*, before, relocating to *Beernem* in 1931.

It became a closed building complex in neo-Gothic brickwork-style, which was very popular in Flemish catholic circles in the 19th century. The simple ground plan consists of two adjacent buildings to the left and right of the chapel with various transversely attached, architecturally sober wings. The freedom of choice for the location of these wings, nowadays still offers the possibility to work with this basic concept. Demolishing or constructing additions can be effectuated without compromising the essence of the main building. Whilst the architectural characteristics of the rear were rather

▶ Entrance building  
(photo  
K. Vandevorst)







▲  
Street view of  
the hospital  
(© Onze-Lieve  
Vrouwenziekenhuis  
Bruges)



▲  
Interior of  
the chapel  
(© Onze-Lieve  
Vrouwenziekenhuis  
Bruges)

stern, a lot of effort was put into turning the front of the building into a showpiece. The spaciousness created by the front garden and the pilasters on the side of the street, accentuate the powerful effect of the front building. The buildings were constructed in light yellow-red Zandvoort brick. Due to its receptivity for light, this stone gives a festive appearance when bathed in sunlight. The hospital chapel is situated at the centre of the original complex. The chapel was inaugurated in September 1910, but its flamboyant furnishing dates from the 1930s. The one-aisle chapel is 7 bays deep and has a basilical shape with a right-angled nave. The chancel is semicircular and the walls have a grey-painted coat of plaster, directing the eye towards the religious polychrome decorations. These were applied in 1930 by René Decramer, among others, who also decorated the Heilig Bloedchapel in Bruges. The institution was divided into departments accordant to the degree of mental illness, from the start.

Significant evolutions in medicine, improved medication and new therapies, made radical infrastructural changes, during the second half of the 20th century, imperative. New therapy buildings were established.. In the 1980s, an ambitious master plan was carried out to partly accomodate the dormitory building in renovated departments and partly in new nursing facilities; mainly with single rooms and private bathrooms, situated in a very spacious and peaceful park environment. In 2002, the exterior wall was restored, which, in

combination with a re-laying of the green zone, provides for an appearance befitting a modern psychiatric hospital.

The uninterrupted evolution in mental health also led to the arrival of specialized lay persons. They continued in a contemporary manner, the assignment, that was given to the congregation of the Sisters of Charity of Jesus at their foundation in 1842. On 1 January 2000, the Sisters of Charity of Jesus let the Onze-Lieve-Vrouw psychiatric hospital on long lease to a new non-profit Gezondheidszorg bermhertigheid Jesu.

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Tom Talloen, *PZ Onze-Lieve-Vrouw*



## BRUGES, SINT-JANS HOSPITAL

MARIASTRAAT 38

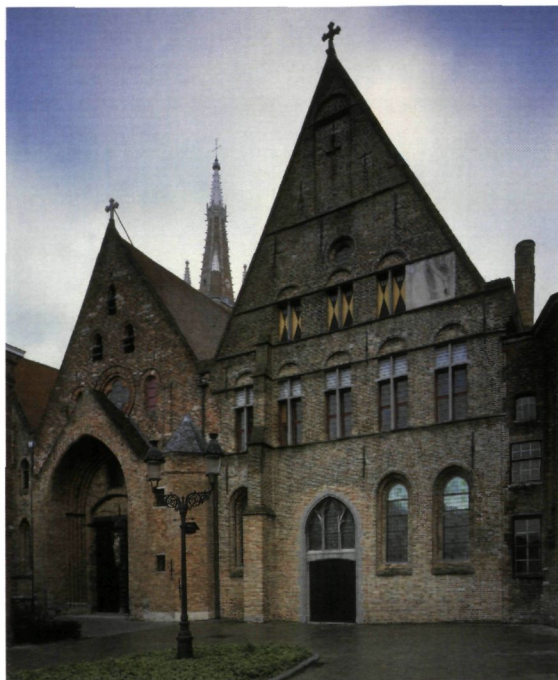
Listed as a monument on 8 July 1942

On a busy approach road of the city, is located one of the oldest still preserved hospital buildings of Europe, with its three exterior walls of the wards on the street side. At the side of the River Reie the side walls of the southern hall and the buildings of the sisters' cloister can be seen. The domain of the hospital is accessed via a passageway under the Romanesque tower. A 19th century new construction has taken in a large part of the original grounds. It remains fascinating that on this extensive site pilgrims, the poor, the sick and travellers were accommodated from around 1150 and that the function of the care of the sick on the site continued up to 1976.

The present-day Memlingmuseum Sint-Jans hospital has since March 2002, after a many years' campaign for restoration, a direct entrance on the street side. This was the entryway to the wards since the establishment of the hospital. The front is constructed in erratic boulders, tuff stone, limestone and brick. The entry portal on the east side of the central hall was thoroughly and radically restored at the beginning of the 20th century. Two sculpted reliefs with scenes, which visualize the death of Maria, were extensively touched up. These tympanums are nevertheless rare examples of 13th century Bruges portal sculpture.

Thanks to archeological excavations, the foundations of the first construction phase of the hospital, of around the middle of the 12th century, can be traced. In contrast to the following phases, the initial hospital building stood parallel to the street. Since the hospital was the main urban institution for the sick and care of the poor, the need for rapid expansion quickly took place. The central hall was built in the 13th century perpendicular to the first ward. The northern ward was constructed shortly thereafter. Finally, the southern ward was built alongside the River Reie at the beginning of the 13th century. Due to the demolition of numerous alterations, mostly those of the 19th century, the interior has regained its original hall structure. The halls are separated by columns and pointed arches in blue Belgian limestone.

That which mostly appeals to the imagination after restoration and refurbishment are the hospital lofts.



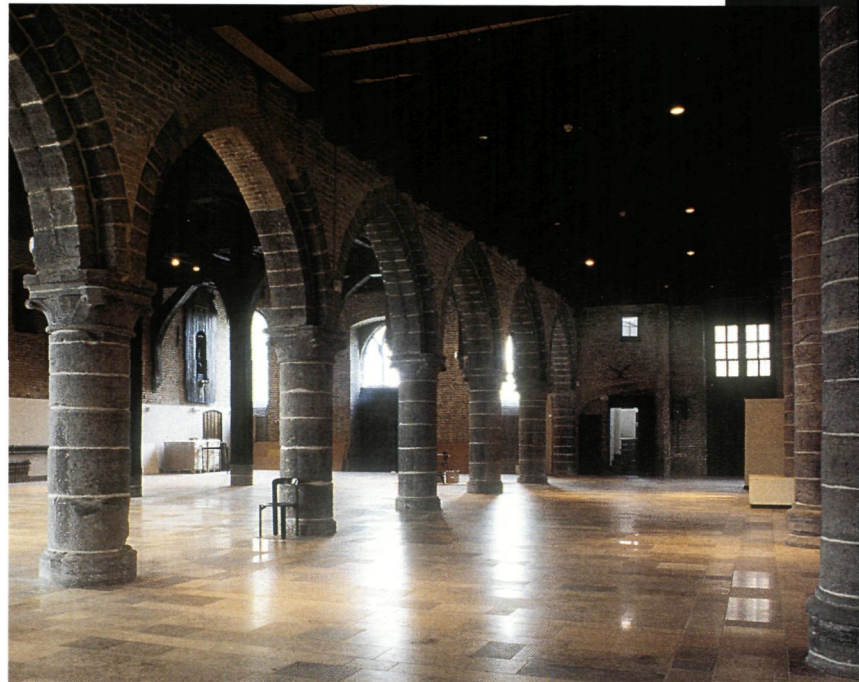
▲  
The west flank  
of the wards  
(photo  
K. Vandevorst)







▲ Entrance situated in the Mariestraat (photo K. Vandevorst)

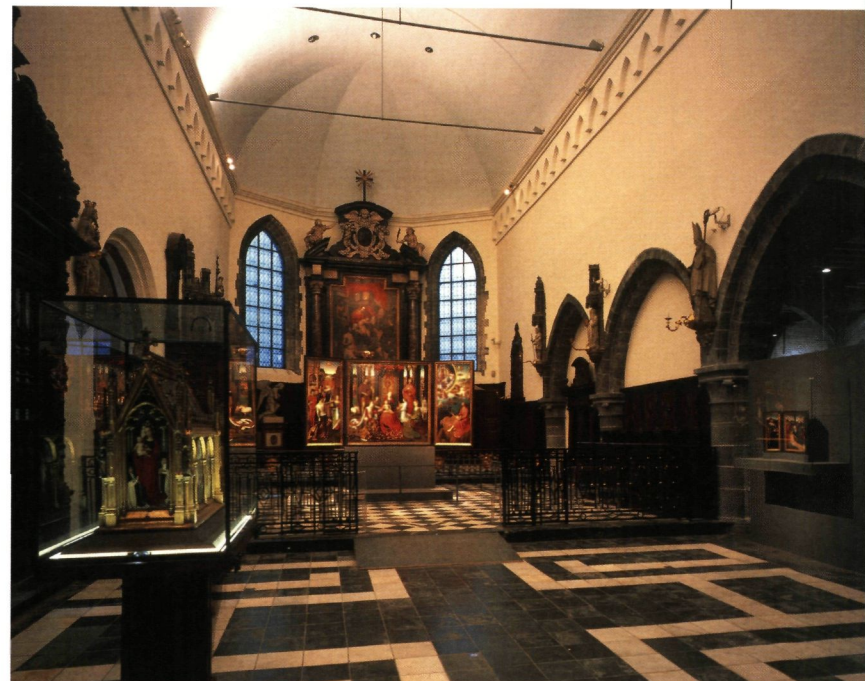


▲ Inside view of the wards (© Stedelijke musea Bruges)



◀ The radically renovated tympanum with scenes from the life and death of Maria (photo K. Vandevorst)

▼ Interior of the chapel with the panel paintings of Hans Memling (photo K. Vandevorst)









Naturally, these follow the structure of the different construction phases. The centre loft or *Diksmuidezolder* has an impressive roof which is largely still intact from the 13th century, borne out by dendrochronological examination. The dormitory loft or southern mid-loft served as a living and sleeping area of the sisters, until the construction of their cloister in 1539. The dormitory loft was afterwards used as a sleeping area for novices. When later elements were removed during the restoration, a glazed tiled floor and Romanesque fireplace jambs came to light.

Initial plans for the 19th century hospital anticipated the demolition of the old medieval wards, which, fortunately, wasn't carried out. The establishment, in 1760, of a *Corpus Medicum* by an ordinance of Maria Theresa of Austria and the professionalization of health care in general, led to an increased understanding that the infrastructure of the medieval Sint-Janshospitaal was no longer up to standard. The plans for the 19th century hospital were drawn by Isidoor Alleweireldt. He was inspired by the French architect Jean Nicolas Louis Durand. The eight wards were built around a central inner garden. This symmetric-shaped hospital was constructed in 1854-1864. The patients lay in wards on the first floor, whilst all kind of utility areas were situated on ground level. The site of the Sint-Janshospitaal kept its function until 1976.

The *Domus beati Johannis* was originally named after Johannes de Evangelist. His symbol, the eagle, is depicted on the oldest seals of the institution. It is certain that from the 15th century, John the Baptist too becomes co-patron of the hospital. The regulations of 1188 sets out the rules of life for the occupants in 22 articles. These rules concern daily prayer, fasting rules, table manners, admission of pilgrims or transients, admission of the sick and poor, food regulations for the sick and the personnel, acceptance of married couples. These regulations were based on the writings of Saint Augustine. All indications point in the direction of the town magistrate as the initiator, whose intention it was to establish a polyvalent institution. The double community was one of lay persons. From 1459, the brothers and sisters together formed a canonical community. From that time they take the cloister vows and wear a habit. This new clothing is depicted for the first time on the Sint-Jans altarpiece by Hans Memling.

In the beginning, the brothers and sisters were both active in the hospital. The master was responsible

for the administrative and financial requirements of the hospital. He was helped in this by a brother burser or brother economist. Together, they bore responsibility for running the hospital. From the second half of the 13th century, two guardians were appointed by the magistrate to check the accounts of the hospital. After the brothers left the site (16th century), the prioress took over the tasks from the master abbot.

Houses in the *Mariastraat* accommodated paying occupants: these Bruges citizens bought themselves a residence on the domain, with the prospect of food and care until the end of their days. Married couples could also appeal to these services.

The domain of the Sint-Jans hospital is situated in the lower parts of town, *de Meersen*. It comprises about three hectares of land and still remains the same size today. One of the earliest views of the site can be found on the *Plan van Bruges* by Marcus Gheeraerts, from 1562. The old wards were at time fully completed. The separated cloister buildings of the brothers and sisters were present as well, just like the utility buildings: sheds, storage area, a bakery and a brewery. The orchard and cultivating grounds provided the hospital with its own food supply. The herb garden provided a continuous supply of nourishing and medicinal plants.

The historic dispensary dates from 1643. Trade associations of apothecaries and herbalists were present in Bruges since the 14th century. An apothecary primarily had to train the sisters in the preparation of medicines. From the middle of the 17th century, two sisters were responsible for this. The prescription table, the plasters cabinet and the secured poison cabinet are still present. The weighing scales, mortars, all sorts of kitchen utensils, barrels and boxes are all authentic utensils from the Sint-Jans hospital. The prescriptions were recorded in writing in prescription books. For advice, the pharmacist had, among other things, the *Cruydt-boeck* by Rembert Dodoens, and other pharmacopoeia. The historic pharmacy remained in use up to 1971.

Finally, the domain had a large graveyard, where not only the deceased sick were buried. Since Sint-Jan was also an urban institution, also the executed, and all the dead people picked up in town were buried here. Sisters and brothers, as well as the prominent citizens of Bruges, were buried in the chapel and in the wards. The dead were laid out in a 15th century graveyard chapel. This small structure was

◀ Southern façade of the medieval wards and of the sister cloister (© Stedelijke musea Bruges)



demolished to make place for the 19th century hospital.

Up to the 19th century, it was not unusual for two persons to share a bed. The beds were ranked under the arcade arches, as can clearly be seen on the painting by Jan Beerblock. There was a separate row of beds for men and women, and a separate corner for the terminally ill (doothouc). Sheets, pillow and pillow slips, but also cutlery and furniture belonged to one specific row of beds. Sleeping attire and a red-blue coat were also specific to the equipement of the reke [row].

Those trained as physician did not automatically form part of the personnel of a medieval hospital. In the Sint-Jan only sporadic visits by physicians, to care for a brother or a sister, were recorded in the accounts. From 1600 onwards, two physicians are officially in service of the hospital to care for the sick. Since the 14th century, surgeons and barbers regularly came to the hospital. The first group was a member of the association of Saints Cosmas and Damian and treated patients with a fracture, a swelling or open wounds. Amputations were also carried out by them. There were two of them present in the hospital at all times and received for this an annual stipend. The barbers carried out the bloodletting, shaved the men and cut the hair. It was only at the end of the 17th century that the first lessons in anatomy were given in Bruges: on 6 and 7 January 1675 an autopsy was performed on an executed man. Attending these lessons was mandatory for all surgeons. Despite the numerous active acts of surgery that were performed, there is hardly any trace of medical instruments, necessary to carry out these treatments, on record. Obviously, surgeons and barbers brought along their own instruments.

During the Ancien Régime, the principal care was not for the body, but for the soul. Although by far not everyone who was admitted died in the hospital, the idea of death was ever-present. This explains the importance of the parish statute, with a church or chapel and the episcopal permission for a private graveyard. By the end of the 13th century, Sint-Jans had become an autonomous parish. A priest was permanently present to administer the (last) rites, to lead religious services and to bury the dead. This hospital priest was appointed by the city magistrate, but had no political power whatsoever. Because of the significance of spiritual care, the ecclesiastical was integrated into the hall structure of the wards. This enabled the sick to follow the services from

their reke [row]. Devotions and the veneration of saints, supported the sick in their last moments on earth and mediated in the hereafter. Various sculptures and paintings were displayed in the wards, on the altar or in a chapel. On festive days the reliquary were put on display and venerated.

The current Memlingmuseum Sint-Janshospitaal holds exceptional artwork, such as the Ursulaschrijn by Hans Memling. In the wards, archive documents illustrate the landownership and the bookkeeping of the institution. In addition, practices with respect to health care during the Middle Ages and the New Age, are illustrated. A painting by Jan Beerblock of around 1778 shows the daily life in the ward at the end of the Ancien Régime.

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*Eva Tabon, Memlingmuseum - Sint-Janshospitaal en Museum Onze-Lieve-Vrouw 'ter Potterie', Stedelijke musea Brugge*





◀ Archive room  
(© Stedelijke  
musea Bruges)



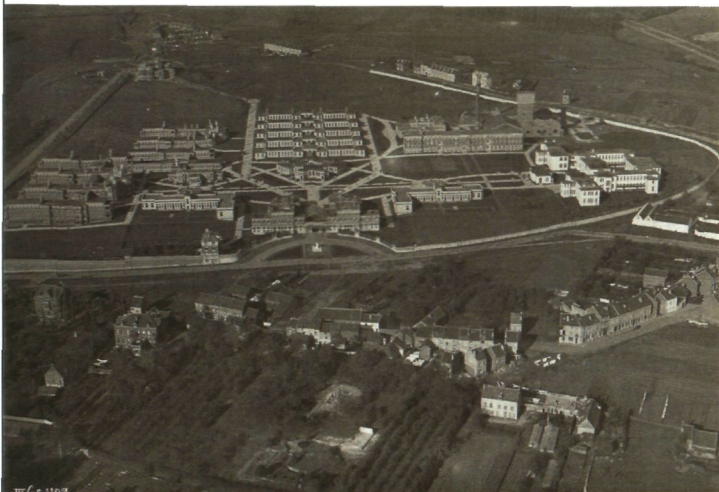
## BRUSSELS, BRUGMANN HOSPITAL IN LAKEN

A. VAN GEHUCHTENPLEIN 4

The Brugmann hospital was officially opened as a hospital in 1923. The concept for the hospital, after a design by Victor Horta, was, at that time, a model of modern hospital architecture. In a park of some eighteen hectares, numerous pavilions are located that attract the attention thanks to their fascinating alternation of white and red brick. Over the last 80 years, the hospital's appearance was often altered by addition of new constructions between the original pavilions, yet the basic idea of the concept was preserved. Currently, a new hospital is being constructed on the site, with preservation of the Horta pavilions and, over time, the removal of all later additions. The refurbished Brugmann University Nursing Centre (UVC Brugmann) will thus represent a harmony between the fine architecture of Victor Horta and the 21st century buildings.

The hospital is named after Georges Brugmann, who upon his death in 1900, willed a part of his wealth to the Raad der godshuizen in Brussels, at that time. An amount of 5 million francs was foreseen for the construction of a hospital. By the end of the 19th century, the *Brusselse Raad der godshuizen* is no longer prepared to invest in its dated hospitals, namely the Sint-Jans hospital and the Sint-Pieters hospital, both in the centre of the city. The city council that paid all the deficits, was of the same opinion. Partly due to the Brugmann legacy, it was decided to construct a new hospital.

▼  
Aerial photograph  
of the hospital  
in 1923  
(© Aéronautique  
militaire)



After much deliberation, the parties involved decided to situate the new hospital on the terrain of the discarded brickyards in the municipality of Sint-Pieters-Jette, property of the *Brusselse Raad der godshuizen*.

Victor Horta was chosen as the architect on the recommendation of two of his influential friends, who were members of the *Algemene raad der godshuizen* in Brussels, namely Maurice Frison and Max Hallet. Horta visited numerous large foreign hospitals to familiarize himself with the problems of hospital architecture and the requirements within the area of hygiene. He also made an extensive study of the terrain. The argument that the distance between the Faculty of Medicine and the hospital was too great, he negated through the proposal of an urbanistic plan with which the approach roads around the hospital would be adapted. He also emphasized the fact that the stay of less healthy persons in a healthy environment with much light and sun, would accelerate their healing process.

Already in 1907, the first plans lay ready for the construction of a hospital with 1286 beds. Seeing as the legacy was insufficient and the Raad could not pay all deficits and furthermore, the Faculty of Medicine of the *Université libre de Bruxelles* (ULB) wished to maintain a hospital with 400 beds in the centre of the city (*Sint-Pietersziekenhuis*), the number of beds was reduced to 632. Victor Horta wanted to revise his initial plans, but the Raad and the Faculty preferred to remove the pavilions located at the rear of the terrain. The mortuary, with its autopsy rooms, and the chapel were preserved at the most northerly part of the terrain. In an early construction phase, the Raad realized that the proposed budget would be greatly exceeded and the Raad, together with the city council and the Faculty, argued the use of less expensive materials, which was opposed by Victor Horta. It was the first time in his career that he did not have an unlimited budget at his disposal. Despite all the difficulties, Horta further elaborated the concept. The pavilions were situated on a trapezium-shaped terrain with a difference in level of 5.2 metres from North to South. The entire terrain would be surrounded by 30-metre wide lanes. The pavilions have a maximum of 3 floors, which are oriented southwestwards and northeastwards and which are entirely under-tunneled. One sixth of the terrain was laid out as a park.





◀ Ward from 1923  
(© OCMW Brussel)

Victor Horta paid considerable attention to the aesthetics of the complex. He provided for a wall in red Dutch brick. The director's house, the administrative building, the pavilions or surgery, the nurses house, the central kitchen, the technical complex, the mortuary with the autopsy rooms and the chapel have the same red basic colour with a white ornamental moulding. The pavilions for internal medicine, paediatrics and paediatric surgery are constructed in white brick with red ornamental moulding.

Characteristic for the hospital are the numerous chimneys, necessary for a good ventilation. Large canopies give a lightness and appeal to the entrance of some of the buildings. The main entrance is located on the broad side of the southern side of the terrain and consists of three parts: a first part has internal and external services, a second is for patients who arrive by car and the middle part is for the visitors. This large entrance has a canopy which can serve as a shelter. The three doors lead to a vestibule with a movable gate. Currently, only



◀ Nurses home  
(© OCMW Brussel)





▲ Main entrance,  
current state  
(photo O. Pauwels)

▲▲ Main entrance,  
former state  
(© OCMW Brussel)

pictures of this finely elaborated entrance have been preserved, since at the end of the 1960s, this entrance was renovated because of the increasing number of cars.

The hospital consists of two large sections: admission and consultation. The distance between the pavilions is sufficiently large to prevent that contagion transfers from one building to the next. The broad and open sections between the buildings are planted with trees and shrubs, with a pleasant park structure as a result. A detailed plan was at the basis of this park structure. The building for consultations is situated to the left of the entrance. To the west of this, we find the director's house followed by paediatric surgery, which is completely separate from adult surgery, which is situated to the west even more. The whole gives a very light and transparent impression. The different wards are separated from each other by a glass wall in order to

▼ Former  
kitchen, hearths  
and water tower  
(photo O. Pauwels)



facilitate supervision. The pavilions for paediatric surgery have roof terraces on which the children can enjoy the sunshine. To the right of the entrance we find the caretaker's house with an adjacent dispensary and sleeping quarters for the internists and pharmacists on top. Furthermore we have paediatrics, the maternity ward and the buildings for dermatology. Nearly perpendicular to the entrance are the low pavilions meant for internal medicine. They are located between two lanes with flat roofs that function as sun terraces. A long corridor in the shape of a glass gallery runs across the complex and forms, as it were, a backbone on which the various care units are situated. The nurses house, with accommodation for the workers, is located to the east and is the only building of the complex that has five floors. There were originally only three floors, but two more floors were added shortly after the construction.

Kitchen, warehouses, sterilization units, heating unit, power station and water tower are all located somewhat more to the east. The buildings for the heating and the machinery have a direct exit to the street in order to facilitate the supply of equipment and materials. Here, the height difference of the terrain is somewhat less pronounced. The heating complex is located underground to reduce noise and to faster supply hot water to the heating system. The kitchen is situated relatively centrally with a view to the simplification of supplies. Situated on the most northern part of the site are the chapel and the mortuary. Here, the basic colour is also red with an austere elegant white decoration. Because of the sloping terrain, the autopsy rooms are situated underground, with the chapel and mortuary placed on top. In this fine building we can find the constructive strength of the architect. This building has a very light architecture and is the most appealing pavilion of the entire site.





▲ Pavilion with authentic windows (photo O. Pauwels)

The interior furnishings and fittings are also meticulously characterized. All the corners and skirtings are rounded. The corridors are 2.5 to 3 metres broad. All the stairs are straight and easily accessible and made of concrete for rigidity and with fire prevention in mind. The landings are sufficiently large to provide ample room for stretchers to move. The surface area of the windows corresponds to 3.50 square metres per bed. The top part is adjustable to ensure maximum ventilation.

The windows towards the north side are now double-glazed. On the one hand, the ventilation occurs through the windows and on the other via the fireplaces. The patient wards have a maximum of 16 beds. There are ten square metres for each bed. The heating occurs via hot water radiators. The buildings are electrically lighted. All the pipes run underground and can be accessed in the tunnels. The furniture was made by specialized firms.

▼ Inside view of the chapel (photo O. Pauwels)

▼ Rear side of the chapel and mortuary, with accommodations for lab animals on the left (photo O. Pauwels)





▼  
Queen Elisabeth  
foundation: library  
(photo Bastin en  
Evrard © MBHG)



A period of four years elapsed between Horta's first plans and the laying of the foundation stone on 10 August 1911. The work progressed slowly and was plagued by many technical and practical problems. By the beginning of the First World War the structural work, the stuccowork, the woodwork, the lighting and heating were completed. It wasn't until 22 June 1923 that the hospital was officially opened

by King Albert I and Queen Elisabeth. During constructions, proponents and opponents were engaged in a polemic. The pavilion structure and its location in a park environment, however, enjoyed unanimous admiration, quickly causing criticism to subside. Even though the hospital model stood for a new view of hospital construction, Victor Horta was not happy with his achievement. In his letters



to the Raad, he repeatedly refers to the financial losses which he suffered due to the revision of the plans and the time consuming-supervision. He was also bitterly disappointed with respect to the criticism of the pavilion structure and about the disruption of architectural balance by omitting a number of pavilions.

At the end of the 20th century the *Openbaar centrum voor maatschappelijk welzijn* in Brussels decided to no longer adapt the existing buildings, but to proceed with the construction of a new hospital on the existing site, whilst preserving the Horta buildings. The construction phases were spread out over a period of ten years. Once the new construction is completed, all the intermediate buildings will be removed to restore the original appearance of the complex. Meanwhile, there is an ongoing protection procedure for specific sections of the hospital. Nothing of the original interior, except for several stairs and balustrades, remains.

Several years after the official opening of the Brugmannziekenhuis, the Raad der godshuizen in Brussels decided towards the construction of a building in which the various laboratories were grouped on the Brugmann site. In addition to routine research, also scientific research took place in the clinical laboratories. Since the research was performed under the protection of Queen Elisabeth, the medical foundation was given the name: *Medische stichting koningin Elisabeth*. The design was entrusted to Henry Lacoste, who completed the building in 1933. This architect was born in Doornik in 1885 and was trained in Brussels and abroad. During the First World War he committed himself as a young soldier for the preservation of monuments and artwork in war zones. Henry Lacoste, who also carried out important archeological excavations in the Middle East, is one of the principal Belgian art deco-architects. Both the decoration of the entrance hall and the fine library and the very elegant glass windows clearly reflect these influences. *The Universitair verplegingscentrum Brugmann* thus houses important building styles and types of architecture on its location, completed with contemporary architecture.



▲  
Queen Elisabeth  
foundation  
(photo Bastin  
bs Evrard  
© MBHG)

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*Annie Meiresonne, UVC Brugmann*



## BRUSSELS, GROOT GODSHUIS

GROOTGODSHUISSTRAAT 7

Listed as a monument on 4 November 1975, the two  
innergardens listed as a landscape on 3 July 1997

The former Groot Godshuis, now named the Pacheco Instituut, replaced the infirmary of the beguinage of Brussels. In 1817 the Bestuur der godshuizen decided to accommodate all the needy elderly in a new large godshuis. The design was entrusted to Henri Partoes, architect of the *Bestuur der godshuizen*. The institution originally bore the name Groot Godshuis. It was only later that it was named after a nobleman of Spanish origin, Pacheco, who in the 18th century commissioned the construction of a home for the elderly on the site of the Justitiepaleis [Palace of Justice]. By the expropriation in 1890, its residents were transferred to the Groot Godshuis, which was, from that moment on, named the Pacheco Instituut. The first stone was laid in April 1824. Partoes found his inspiration in the traditional ground plans of the former nursing institution and in the plans of old large cloister complexes and abbeys. This is perhaps the reason why the design, from a hospital viewpoint,

was rather classic for its time. The swamp-like subsoil pushed the architect towards the construction of vaulted cellars, which were rented out to brewers from the surroundings. The first accommodation was already completed in 1826 and the entire complex in 1827. The plan forms a rectangle, which is split up into two parts by a series of buildings, creating two central inner courtyards with arcades, which span the open galleries. Thus, initially there was a separate part for men and women. During and after the construction phase the entire district of the former beguinage, was constructed in the shape of a star around the Baroque beguinage church, redesigned with squares, broad and straight streets and white-plastered houses with large windows. This new urban ensemble, that dates from about the same period as, among other things, the Barricadenplein in Brussels, is characterized by its simplicity, regularity and uniformity: large windows, plastered exterior walls etc. The colour scheme of these ensembles was strictly regulated in Brussels: actually only couleur pierre de France was permitted for both the plaster as well as the joinery work. The complex had a department for the incurably sick, with a separate oncology department. In 1877, a temporary maternity ward was housed here, which was relocated in 1911 to the Sint-Pieters hospital.

►  
Colour lithograph  
of the Groot  
Godshuis  
by Borremans and  
Lemonnier  
(© OCMW Brussel)







▲  
Dome of the chapel  
(photo O. Pauwels)





▶  
Innergarden in  
1930  
(© OCMW Brussel)



▶  
Men's ward  
from 1930  
(© OCMW Brussel)







◀ Front situated  
in the Grootgods-  
huisstraat  
(photo O. Pauwels)

The institute later evolved into a geriatric institution. In the first half of the 20th century the institute did no longer meet the modern nursing requirements and was set for demolition. The increasing interest for this neoclassic architecture fortunately foiled the demolition plans. Between 1976 and 1982, the entire institute was renovated, with which the original exterior architecture was preserved. The arcades were closed off with glass so that the residents could maximally enjoy both inner gardens. Inside, nearly all has been transformed, with the exception of the chapel, which remains intact. It is a textbook example of neoclassic architecture with a circular central construction on a square ground plan. The bipartite elevation order consists of Doric and Ionic columns placed on top of each other. The dome has a cassette ceiling with glass cover. The chapel is decorated with works from the neoclassic painter François-Joseph Navez.

In 1983 the Pacheco Institute was awarded the Europa Nostra prize for the restoration. This prize is the award for a restoration that enabled the preservation of the original concept within a reorganization, which, in turn, has led internal operations to meet the current norms for geriatric care.

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*Annie Meiresonne, UVC Brugmann*



## BRUSSELS, J. BORDET AND P. HÉGER INSTITUTES

HÉGER-BORDETSTRAAT 1

*Opening of the procedure for registration on the protected list*

The part of the current Bordet Instituut, which was originally named the Genees- en Heelkundige Kliniek Paul Héger & Jules Bordet Instituut, is still recognizable. It distinguishes itself from the surrounding buildings through its sharp lines and a taut, light-grey skin.

In 1935, the design of this cancer-control centre was entrusted to the architects Gaston Brunfaut and Stanislas Jasinski. As initiators, the *Université libre de Bruxelles* and the Commissie voor openbare onderstand desired a centre that would simultaneously provide for therapy, hospitalisation, research and training within the professional area. The care of the needy sick formed part of the core tasks of the Bordet Instituut; the Héger Clinic would add to this the provision of care to paying patients.

► Entrance of the surgical clinic Paul Héger (photo O. Pauwels)

► The Héger-Bordet institute (photo O. Pauwels)

In order to accommodate the complex programme, the double institute was housed in a high L-shaped building. The wings have an analogue constructive and systematic outlook. For the loadbearing structure the innovative and space-saving system of a steel shell, enveloped by concrete, was applied. As was expressly requested, the two institutions were provided with separate entrances. The entrance of the Héger Clinic was situated in the Gendarmeriestraat (now the Héger Bordetstraat), whilst that of the Bordet Instituut was foreseen for the Wolstraat. On the original ground plan one finds how an external corridor results in a crossing circulatory system, which makes a distinction between the parcours and the decorum of the reception for each of the addressed social categories. Furthermore, the patients and the visitors were spread out over a building that was considered unitarian. The wings square to each other formalized the functional division of therapy and hospitalization, rather than the social or institutional distinction between the two institutions.

The nursing units were stacked on floors 1 to 7 of the hospitalisation wing. The 120 beds of the Bordet Institute were divided into collective rooms over 4 identical sections; the 60 beds of the Héger Clinic in individual rooms with sanitary unit were spread over the 3 floors above.





The nursing floor on the 5th floor was given the same size as the units below, but was directly connected to the surgical department. The room beams of the 2 uppermost units, stretching over the therapy wing below, take up the full length of the hospitalization wing. Without a further distinction, all the rooms are oriented to the southeastern inner courtyard and have open balconies. The expanded strips that ran all the way through to the western end, over the outline of the semicircular day rooms, have for a long time determined the characteristic appearance of the institute. In the 1970s, these were concealed by a curtain wall in order to enlarge the rooms and to provide sanitary units for all of them.

The vertical circulation device was situated at the junction of both wings. With a view to a fast evacuation, the building was equipped with a spiral sloping path, which runs from the ground floor right up to the top of the hospitalization wing. The spectacular slope that dominated the spacious hall, now disappears behind narrow reception offices. Only several fragments of the original finishing and colour combination are left. Except for those in the exterior wall in the Héger-Bordetstraat, more or less all the original bronze windows have been replaced.

Until recently the expressive articulation on the corner of the Wolstraat remained untouched. The recent demolition of the aerial walkway, which connected the complex to the Sint Pieters hospital, and the addition of a new gate for the arrival of patients, completed a long history of little thought-out transformations.

The building that was delivered in 1939 but could only fulfill its quadruple mission after the war, has a completely own manner to combine antithetic characteristics: it has an austere structure and a marked plasticity, it combines a professional organization with a sophisticated decorousness. On account of this it is one of the most intriguing realizations of the Belgian interwar modernism.

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◀ Restaurant of the Héger-Bordet institute (in *L'Emulation*, jg. 59, nr. 4, 1939, p. 63)



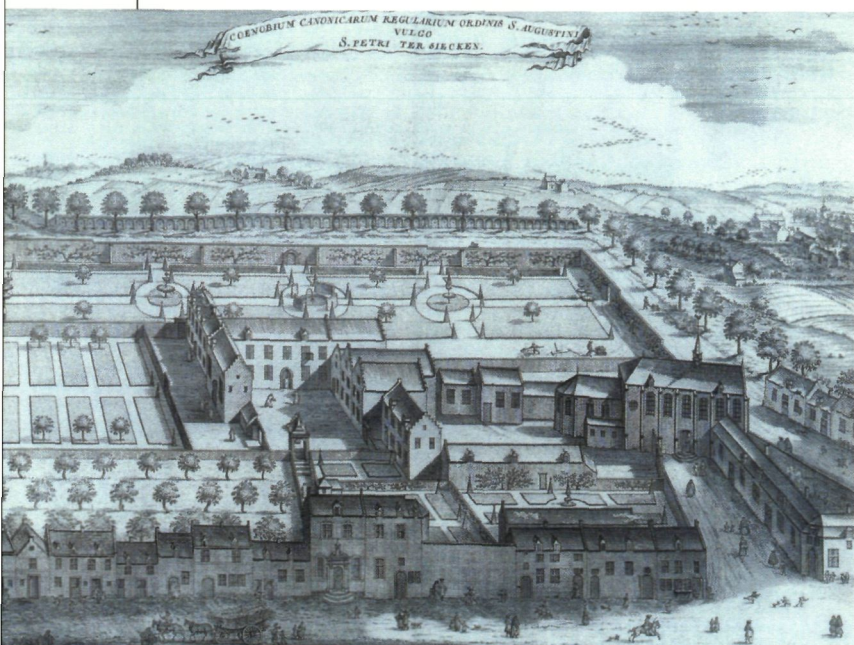
## BRUSSELS, SINT-PIETERS HOSPITAL

HOOGSTRAAT, 296 A-322

This University Medical Centre, which, in the heart of the Marollen, fulfills an indispensable social role, was rebuilt several times on the same site of 3 hectares, and still remains a construction site. Only few traces of the buildings, which formed the pinnacle in the work of architect J.-B. Dewin (1873-1948), are left. With the verticalism of this design he had taken a radical distance from the horizontal pavilion construction of the Brugmann hospital.

Even before 1174, a leper house was built on this site, which at that time was still situated outside the centre of Brussels. It is, however, absorbed during the second city circumvallation, which explains the eccentric siting of the Hallepoort and thus the pentagonal shape of Brussels. When, in 1749, the last leper is gone, the sisters begin to form a contemplative community, which is however abolished in 1783 by Joseph II. Sint-Pieter is then turned into a general hospital and is transformed under French rule into a Grand Hospice Civil, with

▼  
Etching by  
J. Harrewijn  
(in A. SANDERUS,  
*Chorographia sacra  
Brabantiae*,  
The Hague, di 2,  
1727, p. 128)



250 to 300 beds. The free courses in medicine, surgery and pharmacy being taught there in 1806, lead up to the School of Medicine of Brussels in 1823, followed by the Faculty of Medicine of the new Université libre de Bruxelles (ULB) in 1834.

The buildings of the earlier leper house have made way for the new, neoclassic buildings (1850-1877) designed by architect Alexis Partoes. However, none of these remain. The hospital has an excellent reputation, notably within the area of surgery, with Louis Seutin, Jules Thiriar and Antoine Depage. In 1898, the hospital will, as one of the first, install radiography equipment. In 1904, like in the former Sint-Jans hospital, a school of nursing is established, with Edith Cavell as the director. The enormous evolution in medicine gives rise to specialized services: laboratories, extensive clinical research, an increase in students. The hospital had only just been completed when it underwent the fate of the new Sint-Jans hospital and was labelled as being outdated.

It was already in 1906 that the *Raad der godshuizen* decided to construct a new hospital as a replacement for the Sint-Jan and Sint-Pieter, situated several kilometers outside the city. However, the university protested: the new location was too far away. Furthermore, the medical press found it too great a risk to transport the wounded and the sick over a large distance. In 1907, the Raad subsequently decided to keep the Sint-Pietersziekenhuis and to renovate it. It took until 1921 before an agreement was reached between the *Raad der godshuizen*, the ULB, the city of Brussels and the Rockefeller Foundation, whose support would turn out to be decisive. Architect Dewin is chosen for the project because of his extensive experience in this branch. The hospital was finally closed in 1923, but the construction project was only approved in 1926 by the *Commissie voor openbare onderstand*. The new Sint-Pieters hospital, which was inaugurated on 4 July 1935, will, in the end, number a total of 545 beds and 65 children's beds.

In function of this commission, Dewin visited numerous hospitals in Great Britain and the United States. He found his inspiration in the Anglo-Saxon models, completely disregarding the pavilion structure, which was still applied in Brugmann. The central building was given the structure of a block hospital, a corridor- system in double vertical comb-shape, 150 metres in length, with two times 5 pavilions, each with a breadth of 50 metres. The



intention is, to bring the different services as close as possible to each other in order to promote collaboration. Originally, each floor receives its own function: thus the technical and sanitary departments are accommodated in the raised basement floor, the outpatient clinic on the ground floor and on the first floor; the admission units on the second to the fourth floor and finally, the maternity clinic and paediatrics on the fifth floor. There is a covered gallery on the roof, that harbours a solarium. A small emergency department that has two ambulances. The architecture of the hospital is intentionally kept functional, with several art deco elements. The exterior walls are in brick with embellishments in blue stone, the metal windows have lintels. In 1970 an accompanying prefabricated floor was constructed for new laboratories.

The complex was also comprised of other buildings. The homes of the director and the chaplain, two mortuaries and an art deco chapel have disappeared. The chapel was located on the street side and had one floor under a mansard roof with natural slates, skylights and a point-shaped tower. It was connected to the building by a closed footbridge. The inner area was rectangular and had three bays, covered by a barrel vault with cassettes; ceiling lamps in opaline glass and ornamental wrought ironwork were bricked in. The walls were constructed in ornamental brick, with sculpted capitals in natural stone and plinths in blue stone. The ceiling lamps, the capitals, the baptismal font in marble and brass, the

▼  
Sidewall with the  
statue of dr. Seutin,  
photo from 1935  
(© OCMW Brussel)







◀ Chapel,  
old post card  
(© OCMW Brussel)

altar in red marble and eight glass windows were preserved.

The entrance is a pavilion in the Hoogstraat, of one floor under a mansard roof, covered with slates. The entrance is situated in the central section. To the left was the dispensary and to the right the room for the dispatch of the children (in order to isolate

contagious diseases). In the Hoogstraat, there are two buildings for respectively the administration offices and offices for the COO and the Edith Cavell-Marie Depage school of nursing. They respectively consist of 19 and 30 bays, rhythmmed by window recesses, central and lateral jittings and pilasters. The higher floors with a double attic in successive recesses, have a horizontal accent. The



◀ Pediatric  
department,  
old post card  
(© OCMW Brussel)





◀ Entrance of the clinic in the Hoogstraat (photo O. Pauwels)

exterior walls are embellished with decorative sculpturing in art deco. On the ground floor of these buildings house shops to maintain the atmosphere of the trading street. The parament is in marble, the doors have wrought iron lattice work and a canopy of glass concrete emphasizes the structure. Moreover, a pavilion, was preserved for those who were contagious, which was four floors high and connected to the central building via an underground corridor. Finally, the cloister for the nursing sisters was preserved as well, which was a U-shaped building with three floors.

When the Faculty of Medicine of the ULB housed itself in the nearby block of houses (1924-1938) a real scientific complex arose. It was however dismantled when the Free University of Brussels (VUB) and the ULB decided to establish their own university hospitals in Anderlecht and Jette, and to locate their Faculty of Medicine with the corresponding institutes on these sites (1968-1969). The paediatric department was also largely transferred to the new University Children's Hospital on the Brugmann campus (1986). And finally, the School of Nursing closed its doors in 1987. At that moment the OCMW decided to build a new hospital, which would satisfy the new norms of Volksgezondheid [Public Health], and with this decrease the number of beds by 25%. The project from bureau Verhaegen was awarded the winning prize at the international competition for architecture. Construction started in 1992.

The hospital has, to this day, remained a construction site, but in the mean time, stayed open. The historical entrance of the hospital was relocated from the Hoogstraat to the Wolstraat and the Waterloolaan. Most of the buildings from 1935, which were not protected, have now disappeared. The concerns to remain a pivotal player regarding health care, research and training, rendered the concept of Dewin obsolete.

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*Pascale Ingelaere, Directie Monumenten en Landschappen, Brussels Hoofdstedelijk Gewest*



## CHIEVRES, FORMER LEPROSARIUM

RUE D'ATH 43

Listed as a monument on 30 June 1953

The leprosarium at Neufville lay on the boundary of the territory of Chièvres, on the banks of the River Petite Hunelle, upriver of the town at barely 100 metres from the bridge of the medieval road from Mons to Ath. This location met a double need: to keep the lepers at a distance from healthy persons, but still within reach of the travellers and traders so that they could give alms to the lepers.



▲ Chapel from the end of the 12th century, with a 18th-century farmhouse behind it (photo F. Dor © MRW)

The leprosarium at Chièvres was originally a simple leper colony, which, around 1180, was provided with goods and income by Eve, the local noblewoman, enabling the construction of durable buildings: houses, a farmstead and a chapel with graveyard. The benefactress also obtained from the pope for her wards, permission for the possession of a chapel, as was permitted to a group of lepers in a colony by the 3rd Lateran Council (1179).

Originally the lepers ran the institution. During the 13th century the leprosarium at Chièvres, similar to other institutions of this type, underwent an internal

evolution causing the sick to lose their dominating position in favour of healthy persons, who up to that time had served them. The leprosarium became, by the end of this evolution, a specialized 'hospital' for the shelter of lepers, where they received support, yet they could not count on much health care.

It was, after all, not until the second half of the 16th century that the managers called in the services of a

▼ Inside view of the chancel in transitional style from Romanesque to Gothic (photo F. Dor © MRW)





physician. This approach attests to the changed attitude of society with respect to the sick. The appointment of physicians to the panel of experts at the leprosarium in Bergen is typical of this evolution. The chapel, which, in earlier times, had Saint Lazarus as its patron saint, is the only architectural relic of this type of institution in Henegouwen, which in the Middle Ages had twenty-one similar leprosariums. The chapel was served by a priest, at the directions of the local patrician, and his stipend was deducted from the income of the institution.

In its small walled site, the chapel had retained a remarkable authenticity. Probably built around 1180, in rough natural stone from local limestone

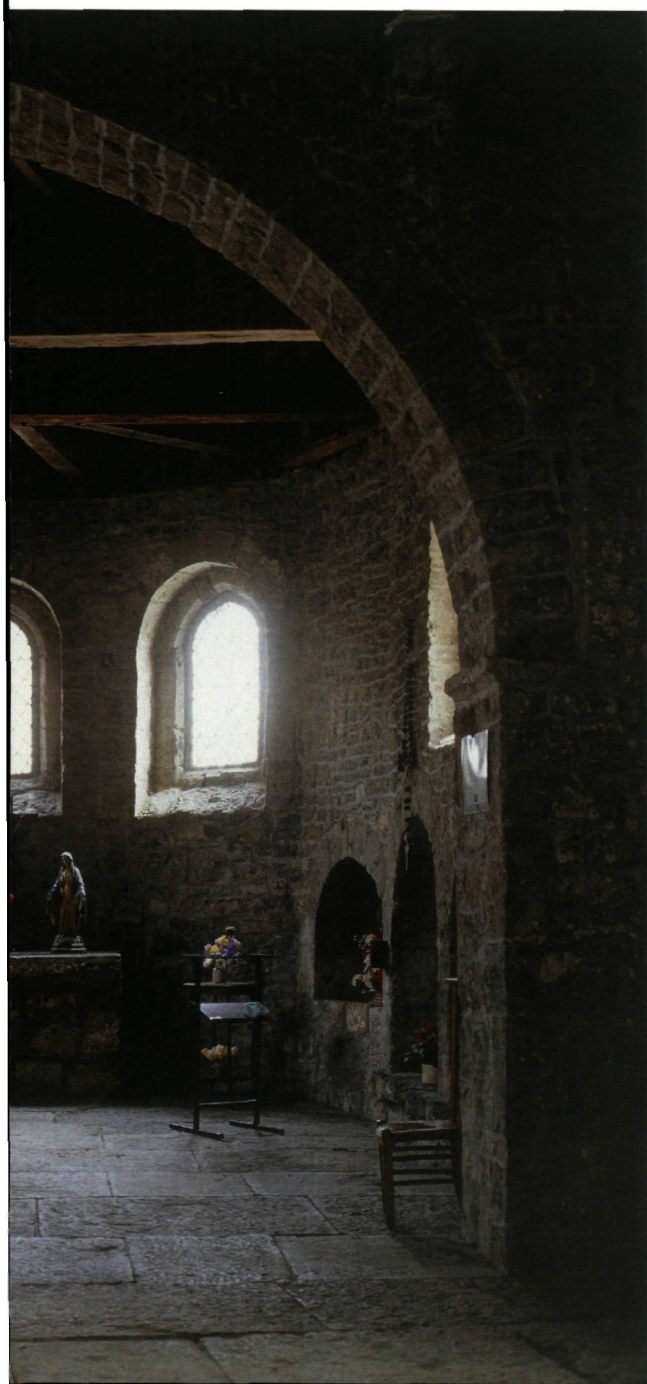
with the reuse of Gallic-Romanesque roof tile fragments, it was partly built on cellars with a rectangular nave (around 1200), extended with a pentagonal chancel, which is one of the first forms of evidence of the transition from a Romanesque style to Gothic one, in the region. The influence of Doornik can especially be noticed in the recessed chancel windows with a slightly interrupted arch, in the north side door, with a semicircularly-shaped section and a flat tympanum and in the rhythmic recesses in the side walls of the chancel.

Originally, the sick and the healthy who lived with them, ran the leper farmstead. They raised animals, for which they obtained title exemptions from the pope. Since the 14th century, the farmstead was leased to a resident of Chièvres. The successive rental contracts imposed a series of obligations on the renter: several times each year the renter had to supply grain, peas and beans to the lepers, he had to raise two cows for them to transport the resident sick of Chièvres to Mons for their examination. The lepers, on their part, kept a vegetable garden for a private supply of vegetables. The old farmstead buildings next to the chapel date from the 18th century, but were radically altered.

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## DAMME, SINT-JANS HOSPITAL

KERKSTRAAT 33

Listed as a monument on 19 April 1937

The oldest preserved document with mention of the hospital of Damme is the regulation of 1249, in which the burgomasters and aldermen determine how many sisters and brothers are necessary to keep the institute running without being too heavy a financial burden on the village. Everything indicates that this regulation adapts an existing situation: the hospital was at that time thus undoubtedly already operable for some time. A recent dendrochronological study by P. Hoffsummer, in 2002, dated the beams of the roof structure of the hospital building back to a period between 1270 and 1285. The medieval hospital building, which is dominantly present to this day in the Damme village centre, might not be the first hospital building. It's an interesting fact to establish that in the heart of Damme, people were cared for, for an uninterrupted period of more than 750 years. The hospital originally admitted the poor sick from the surroundings, and gave shelter and protection to transients and pilgrims. Built in the immediate vicinity of the Onze-Lieve Vrouwe church, it was originally named the *Domus Beate Marie*. When the *hospitaalridders* of Saint John, at the time of the crusades, named all the hospitals established by them after Saint John, the hospital in Damme followed this trend, and chose the name which it presently still bears. Despite troubled times, i.e. the religious wars, the French domination and the German occupations, the cloister, the hospital and its work continued undisturbed. During the course of the 19th century, lodgers took up residence until the end of their days. The current rest home complex, managed by the local OCMW, has place for 63 elderly residents.

The Sint-Jans hospital was built in the main street of Damme, which ran from the bridge over the Zwin in an easterly direction to the church. The building is located on the west side of the street. Behind the early Gothic exterior wall, with a breadth of some 15 metres, a spacious hall of 30 metres deep was situated, which was originally fitted out as one large ward, in accordance with the customary manner of construction and furnishment of that time. Long rows of wooden beds, an altar and sleeping accommodation for the hospital sisters on the first floor met the need to gather under one roof: those who were cared for, those who cared for

them, and the Lord, Who joined them during the Eucharist.

Brick was used for the front, mostly upright brick. The large portal was constructed in a projecting wall section of Tournai stone. Two small columns with crocket capitals support the round arch and a small trumeau, with column and capital, divides the entrance in two. At that time, there possibly stood a statue of Onze-Lieve-Vrouw or Saint John on this small column. It wasn't until the 17th century, that the small Baroque gate was built. Consequently, the alter, that first stood near the east side wall, now needed to be moved to the inside wall of the chapel. Above this small gate, which nowadays offers direct access to the chapel, we find an 18th century statue of Saint Augustine, sitting in a niche.

The first floor is clearly marked by the drip, made from Tournai stone, on the front of the building. Incorporated into this first floor are three windows, all of which are crowned by a semicircular arch. On the inside, 2 benches add lustre to the interior. In the centre of the lower part of the gable, there's a round window. In the upper half of the gable, marked by a drip as well, we again find two

▼  
Front of the  
hospital  
(photo  
K. Vandevorst)





rectangular, yet bricked-up windows. Above this, a blank pointed arch alcove narrows the actual top. The northern and southern side walls both bear traces of various changes made over the centuries. The most far-reaching was the application of 17th century segment arched windows, as a result of which the traces of earlier Gothic pointed arches have largely disappeared. The colourful glass windows, however, merely date from the last quarter of the 19th century.

On the bottom of the rear wall, there are three high rectangular windows. Higher up there were originally three sets of two windows. The removal of a fireplace on the first floor, later created the opportunity to add a third window to the first row. On the ground floor the seven secondary beams originally rested on small columns with Tournai crocket capitals; three of these were later bricked into the 17th century wall, which divides the building in two, starting from the street side, beyond the chapel. The accounts from the 17th century hold much information with respect to repairs and alterations to the buildings as well as the recladding of the chapel. On the wooden joisting

there rests, over the largest part of the surface area of the upper floor, a red-tiled floor, constructed in 1740. At that time the floor served as a dormitory for the sisters. In the 17th or 18th century, small wooden cells were constructed in the dormitory. Three of these are still preserved on the north side. In the 20th century, on the south side, the rooms of the conventuals were renovated and fitted with contemporary sanitary facilities.

The roof structure consists of two composite joists, one above the other. On the lowest composite joist there was originally a wooden floor. The presence of benches against the later bricked-up windows in the top of the wall are a clear indication of this. On the large slated saddle roof, there is a 17th century bell tower with an 18th century bell from the bell-founder G. Duméry. The oldest still existing expansions to the building already occurred in the 15th century, on the southwest corner. Later, the building was expanded each century. In the 17th century, a brewery was built, several metres behind the west wall. After several decades, the building lost its function, because the ground water, so close to the sea, was too silty to be able to brew a quality beer.

▼  
Museum hall  
with original  
wooden ceiling  
(photo  
K. Vandevorst)



▼  
In the middle,  
the 17th century  
brewery  
(photo  
K. Vandevorst)





▶  
15th-century  
extension with  
stepped gable  
(photo  
K. Vandevorst)



▶  
Roof truss in  
the 15th century  
extension  
(photo  
K. Vandevorst)





In the 19th and the 20th century, the most important alterations took place street side: in 1875, along the north side, a new Sint-Jan hospital wing was constructed after the plans of P. Buyck, and in 1908, a part of the vegetable garden was taken up by the new Sint-Margaretha wing, designed by architect J. Bisscop. The 19th century building was already replaced in 1963-1964 by a more spacious and higher rest home section, drawn by architect F. Van Cleven. During the latest restoration campaign of 1984-1985, the roof and all the exterior walls of the main building and the later annexes as well as the tower, were skilfully dealt with. The tower cross and the weathercock were removed after a strong gust during stormy weather (1 April 1995) and after a touchup, placed back on 30 April 1996.

In 1901, Julius Opeddrinck, parish priest in Damme and chaplain of the hospital, established an antiquities' room with the permission of the members of the board of the Burgerlijke godshuizen. On account of his watchful reflex, many objects, which stood in forgotten corners, have been preserved for the future. But for a few purchased objects, the museum collection exhibits several object from the hospital and the cloister itself. Since the renovations of 1963-1964, the museum meanwhile has more than one exhibition space,

which allows for a more orderly display than in the early years. Annually, the museum receives approximately 6000 visitors that have a chance to travel back into the history of the hospital and cloister thanks to the furniture, ornamental objects, household effects or devotional objects. The principal source for the written history about the Sint-Janshospitaal is of course the rich archive, which is located under the roof of the old hospital buildings. Researchers and scientists can consult this by appointment. Even after the relocation of the care institution, the museum and the historic archive, which is inextricably connected to this, will remain at their original location.

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## DEINZE, OUTPATIENT CLINIC DR. A. MARTENS IN ASTENE

EMIEL CLAUSLAAN 136

Listed as a monument on 5 October 1994

The outpatient clinic and the villa, which doctor Martens had built, in 1932, by architect Henry Van de Velde, are located on both sides of the Gent-Kortrijk paved road in the outlying area of Astene near Deinze. Villa Landing was radically renovated in and after 1980 and is now a restaurant. The outpatient clinic was transformed into a residence during that same period, yet it has scarcely been altered; even the interior has more or less remained intact.

Van de Veldes appointment as a lecturer at the Hoger instituut voor kunstgeschiedenis en oudheidkunde (HIKO) of Ghent University in October 1925, made possible his return from the Netherlands. Martens was a professor of internal pathology at the same university. He acquired renown as a dietician and could count on a notable client base of politicians, intellectuals and artists. His villa and outpatient clinic are remarkable realizations from the Van de Veldes Belgian modernistic period. Although they both lie in the stylistic line of *Het Nieuwe Huis*, which the architect built for himself in Tervuren, in 1927, they show underlying striking differences. Most salient is the use of diverse materials. This distinction is in fact characteristic for a fundamental different approach to both designs.

The outpatient clinic is in the first place dominated by a number of organizational principles. All the rooms are accessed via the same corridor, whilst their serial arrangement and the systematic provision of internal connecting doors make for a parallel departmental connectivity. The actual corridor runs in two perpendicular segments, so that the row of the patient rooms can form a separate area. The prominent position which was thus realized at the exterior angle of the building, became the broad glazed consultation room of the doctor. The low, L-shaped volume was further attuned to the contours of the plot, dictated by the obtuse intersection of the paved road with the Beekstraat. The rear side of the building is bordered by stern, right-angled walls; on the front, the different directions are bundled and fixed in a succession of varying convex walls. The outpatient clinic thusly



▲ Main hallway  
with room doors  
(photo  
K. Vandevorst)

epitomizes what Van de Velde termed as “*het modulerende vermogen van de omtrek*” [the modulating effect of its outline].

There where the Villa Landing, from 1934, is the final piece of a design that had to dominate the plot between the paved road and the Leie, the outpatient clinic was rather conceived as a freestanding object that could play its own role with respect to the more spacious surroundings. The villa was conceived to be an additional composition of dissimilar volumes, which had to bring the rising system of terraces to a peak. The rough brickwork rows, the protruding roof edges and the entire horizontal articulation of the plastered exterior walls continued the step-wise construction, which is started at the river bank. In the case of the outpatient clinic, constructed two years earlier, analogue means were often employed to help direct focus on the horizontal dynamics of the extensive meadows. Painter-poet Pierre-Louis Flouquet remarked that Van de Velde showed to have understood the “*de les van de bodem*” [the





▲  
Former laboratory,  
presently the  
kitchen  
(picture by(photo K.  
Vandevorst)



▲  
Front of the  
building  
(photo  
K. Vandevorst)

lesson of the ground]. The broad, deep bed joints in the continuous brick surfaces, the complexity of projecting concrete canopies, which mark the entrance, the sharp horizontals which run over the dividing members of the fenestration, the dark-shining, toothed wall crownings which outline the entire building; they all appear to anchor the building to the ground and they contribute to a horizontal thrust which could, at that time, reflect the vastness of the countryside

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*Guy Châtel, Universiteit Gent*

▼  
Former  
Consulting room,  
presently a living  
room  
(photo  
K. Vandevorst)





## DIEST, SINT-ELISABETH HOSPITAL

KONING ALBERTSTRAAT 12-18

Listed as a monument on 13 August 1986

In 1205, Arnold II, Lord of Diest, established the Onze-Lieve-Vrouw hospital on the Cloisterberg (Webbekom). It was intended to accommodate pilgrims. The approval by Pope Innocentius IV followed in 1218. In 1250, the institution relocated to the Lange Steenweg and was named the Groot Gasthuis. The management was composed of 4 commissioners and 1 hospital master who managed the goods, letting and leasing of the grounds, the interests and levies. The hospital had a sister and

the goods of the parochial poor tables in an urban Heilig-Geesttafel. During the religious wars, the sisters also provided home care. At the beginning of the 17th century, poor management led to a financial all time low. It is for this reason that Archbishop M. Hovius decided to hand the management to the hospital sisters, which was at the displeasure of the town council. In this way, in 1619, both the care of the sick as well as the management came into the hands of the Tienen augustinians. From that time on, the name Sint-Elisabeth hospital was used, where around 1670 already fifteen sisters worked. Around 1660, through trade, the adjacent house of the *Heilige Geest* [Holy Spirit] was put at the disposal of the sisters. Furthermore, two houses between the hospital and the Keizerinnenstraat were purchased.

In 1526-1528, the ward was entirely renovated by architect C. van Arendonck and several walls were constructed between the vegetable garden and the graveyard. Most of the preserved buildings, however, date from the middle of the 17th century, with remains of 15th and 16th century structures. In the inner courtyard, a commemorative plaque, dated 1643 was preserved as well as a door with a keystone from 1644. The chapel, rebuilt in 1780, in Louis XVI-style, together with its interior, has been preserved. The single-nave building has three bays and is covered by a barrel vault with stuccowork on a crown moulding. The saddle roof has a slate bell tower with a contracted spire.

At the end of the 18th century, the sisters also provided home care. The staff consisted of house or kitchen maids, animal keepers, drivers and a craftsman. In 1794-1798, the cloister community was abolished by the French regime. As a result, the town took over the management. In 1810, the new community was approved by Napoleon and was enacted by Royal decree in 1827. The complex was enlarged and expanded during the years 1825-1828.

The hospital dispensary is believed to have arisen in 1710 and it is thought that the sisters still possess some of the 18th century pharmaceutical specifications. The 19th century neoclassic establishment of the dispensary was maintained. A renowned hospital apothecary, was Lodewijck Cornelis (†1887). In 1852, he became the director of the pharmaceutical department of the civil in Diest. Cornelis was the inventor of the Cornelis bottles, lime-stoppered bottles, as well as the Peptone de Diest, a protein substance.



▲  
Front of the  
hospital  
(photo  
O. Pauwels)

hospital master quarter, a chapel, behind the River Demer, stables, farmsteads, a bakery, a brewery and a laundry. A gate gave access to the inner courtyard. The sick were housed in a small ward, termed a beyaert. A chaplain, curate of the Sint-Sulpitiuskerk, provided spiritual guidance. The carers of the sick were brothers and sisters of the Common Life. The goods of the hospital were, in 1531, merged with





▲  
Renovated  
part of the hospital  
(photo  
K. Vandevorst)

In 1984, the sisters ended their activities and three years later, the *Regie der gebouwen* acquired the old hospital with the intention to accommodate departments of the Ministry of Finance and legal services. The chapel is restored and is turned into an exhibition area for Diest. The dispensary would be rented out after the renovation. The collection of lime-stoppered bottles from the time of Cornelis, since 1852, can now also be seen at the Heemkundige kring, Stichting Arnoldus IV, in the house or Convent Ter Engelen of the Begijnhof.

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*Christian De Backer*



## DOORNIK/TOURNAI, HOSPITAL FOR THE INCURABLE SICK

RUE DES SOEURS DE CHARITÉ 15

Main building and chapel listed as a monument on 21  
December 1977, the annexes on 30 May 1986

First a seminary, afterwards a hospital: from care of the spirit to care of the mortal body. For those who, over the centuries, walked the hallways of this estimable building, man continuously stood at the centre of attention.

On 25 June 1667, Tournai is annexed by Louis XIV of France. Through strategic work, with a feel for French splendour, the town is transformed. The establishment of a seminary fits in with this context. The Bishop Gilbert de Choiseul of Plessis-Praslin, a family friend of the king, sees things in a large perspective. In an enclave of the diocese of Kamerijk in 1688, he lets construct a large stern main building, after a design of architect Thiéry. It is 45.5 metres in width and divided into six bays of four floors, separated in the centre by a high front wall and completed with two projecting wings, of which the corners have been finished with bare blocks.

The windows with depressed arch are completely framed in stone on the ground floor, whilst on the floors they are smaller and in Tournai style (alternately stone and brick). The building, finished in 1692, has a slate saddle roof with roof windows. The rear wall has ten bays with a whitestone wall of three bays in the centre.

In 1737, the small chapel from the 17th century is enlarged, at the request of Bishop François de Salm Reifferscheid, and this commission is entrusted to architect Lequenne. Of the two floors, which are delineated by a moulding, only the higher of the two has numerous windows with round arches, whilst the side of the inner courtyard has a similarly shaped porch with a chequered frame and shoulder pieces. The wall on the street side has a brick façade, decorated with two large volutes and a blind oculus. The street side wall, finished with a decorated gable end, displays two dead windows and an oculus on top. The interior was decorated in empire style by Bruno Renard (1821) with demi-columns with gold-plated Corinthian capitals. In the roof truss a piece of the original truss can still be seen.

▼  
Rear of the building  
and gardens  
(photo F. Dor  
© MRW)







▲ Street side view of the main building, 1688-1692. Old seminary converted to a hospital at the end of the Ancien Régime (photo F. Dor © MRW)



▲ U-shaped wing with former sister cloister and bishop's quarter (photo F. Dor © MRW)



▲ Entrance of the chapel (photo F. Dor © MRW)

Opposite the chapel we find the U-shaped building of the sisters cloister, the bishop's quarter (1718) and the service buildings, with a brewery underneath, of which the remains have been preserved under a glass floor. The wings date from the 17th or the beginning of the 18th century, whilst the central part was altered in the 19th century.

Up to the abolishment in 1792 by the French Republic, future priests were accommodated in the episcopal seminary. On 12 May 1798, it is purchased by a certain Lonneu for 60,000 francs for the *Administratie van godshuizen*. This body calls upon the hospital sisters of the *charité de Jésus et Marie*, with the conviction that the incurably sick can best be cared for by sisters. On 4 November 1818, seven sisters take up residence. The residents are the incurably sick, the bedridden, the weak (first 50, followed by 110 in 1830), the deranged (30), orphan girls (40, who go to school on-site), the destitute (6) and the lodgers. At the end of the 19th century, through the establishment of the *Défense sociale* and of adapted orphanages, the incurably sick form the largest group of patients.

First hundred, later two hundred men and women, who have been 'condemned', but still have human needs. The sisters, who are always at the ready, do not only alleviate their physical suffering, but also their fears and distress. Their task is made even more arduous in that enormous building, where there is no single concession to modern needs. Most of the sisters are qualified nurses, the other carry out the many household tasks. By growing vegetables





▲  
Curious 17th  
century stairwell  
(photo F. Dor  
© MRW)





◀ Interior of the chapel, with an Empire style setting  
Renard, 1821  
(photo F. Dor  
© MRW)

and raising cattle on the available grounds of the domain of more than two hectares, they can better meet the daily needs. But the suffering remains ubiquitous. On each floor, there is an infirmary, a bathroom and a spacious kitchen with an enormous stove. The sisters have chosen a life of detachment. Despite several modernizations after 1950, the building is dated. In 1971, 12 sisters and 130 lodgers are provided with new and modern accommodation behind the civil hospital. In 1999, the last seven sisters are forced to leave the site due to their advanced age. The unoccupied building is plundered and vandalized. In 1983, the *Raad voor maatschappelijk welzijn* under the chairmanship of J. Wlomainck (the centre bears that name) decided to restore the complex. Work began in 1986 and

took four years. The costs were proportional to the work: 389 million old Belgian francs. The OCMW establishes 36 living units here: twelve beds for delinquents, five rooms for activities, the chapel for special events, as well as the fine Renaissance gardens.

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*Etienne Boussemart*



## DOORNIK/TOURNAI, HOSPITAL NOTRE-DAME

RUE DE L'HÔPITAL NOTRE-DAME 12-14

*Hospital listed as a monument on 15 September 1936,  
the cloister on 26 August 1943*

There are no records of a hospital in Tournai prior to the 9th century. The *Hôpital Notre-Dame*, called *de la Charité du Gué*, hails from that period. After the escape from the Norsemen in 881, the institution is brought back to life. The hospital expands thanks to gifts from the canons Marcel and Gedulphe in 1112 and from other maecenas, such as Pope Innocentius II, in 1139. The management of the hospital is in the hands of a canon. It is certain that from 1197 onwards, the personnel consists of hospital sisters.

In the French Age the management of the hospitals transfers from the Church to the *Commissie voor burgerlijke godshuizen*, established in 1796. This change of management has repercussions for the management of what will henceforth be called the civil hospital. This has 52 beds for men and 24 beds for women, numbers which could be doubled in a time of need. In 1810, in addition to the actual hospital, a separate department is opened for patients with skin or venereal diseases; furthermore, a maternity clinic is opened in 1824, a department for *pauvres débiles* in 1825 and in 1873 an institute for eye diseases. A hospital dispensary is established in 1801. In 1824, courses for training in surgery and pharmaceuticals are given, followed in 1854 by a training for midwifery. In that period the black sisters are gradually replaced by qualified lay nurses. The institution for abandoned children (*Tour des enfants abandonnés*), from 1811 housed in the town hall, was transferred to the civil hospital in 1820. Up to the abolition of that institute, in 1835, the hospital admitted a total of 1226 children. On 19 July 1880, the *Commissie voor burgerlijke godshuizen* decides to build a new hospital to replace the rather unsanitary, medieval building. The architect from Kortrijk, Beyaert, designs a large complex of buildings, which comprises a series of pavilions with specific functions.

The only thing remaining of the old *Hôpital Notre-Dame* are several archive documents, plans and drawings. The drawings depict the impressive ward, surrounded by the cloister and service buildings. In 1758, an impressive U-shaped construction in Louis XIV style springs up on this site. Today, it houses the Academy of fine arts. The wall is divided

into twelve bays and has two floors, separated from each other by a broad band. The entire structure rests on a substructure, which connects to the wall division. Above the imposing portal a Madonna with child from the hand of the local sculptor Nicolas Lecreux (1733-1799) is throned in a triangular fronton. Opposite this building we find the former cloister of the black sisters. The left side of the building has a gable end from the 13th century with adaptations from the 17th or 18th century. The ground floor has two windows, one of which is bricked-up. Three other windows are located on the first floor. One of these is open, the two others are enlaced by a relieving arch. In the roof apex an elegant trio of arch-shaped windows is incorporated. To the right of the current academy the chapel, designed in 1829 by architect Decraene, is located. On the inside, there is a Gothic wall from the 14th or 15th century. Preserved from the civil hospital at the end of the 19th century, are the typical pavilions in the Flemish Renaissance style, towards which architect Beyaert expressed great fondness. They were constructed from Tournai limestone and brick, traditional materials, which were used to make a majestic and harmonious whole. Located at the rear are the hospital buildings from 1970.

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*Etienne Boussemart*





◀ Detail of the pediment of the entrance, decorated with sculptures by N. Lecreux (photo F. Dor © MRW)

▲ Street side view of the main building in Louis XIV-style, presently, Academy of fine arts (photo F. Dor © MRW)

▼ Inner court of the imposing U-shaped building (photo F. Dor © MRW)





## ELSENE (IXELLES), KLINIEK DEPAGE

GEORGES BRUGMANNPLEIN, 29

*Opening of the procedure for registration as a monument on the protected list*

The medical-surgery institute of doctor Antoine Depage (1862-1925) was built in 1903 by architect J. B. Dewin in the district of Berkendaal at the current Georges Brugmannplein. The four storey complex, built on top of high cellars, was symmetrically structured in a geometric art nouveau style. It depicts a rectangular plan, bisected in the middle by an axis, which leads from the entry portal to the staircase, which sharply projects from the rear wall. On each floor a long central corridor gives access to the earlier sick rooms. This is separated by glass doors from the staircase.

The front wall is constructed in white brick with architectonic accents in white or blue Belgian limestone, and displays, in all its symmetry, a subtle hierarchy. In the composition, verticality and horizontalism are in perfect balance, with which a vertical impression is given through the succession of empty surfaces and the marking of the central axis in the front wall, whilst the rows of windows, which per floor decrease in number, stress the horizontality. The attic consists of a frieze of mosaic panels: a floral motif on a blue and gold geometric background, goes all the way up to the central bay. The top floor was quite originally detailed, with glass windows in an arched failure line. The vertical circulation occurs via a spacious stairwell in grey

terrazzo, with black and white mosaics. In the entrance hall the stairs have an elegant banister of geometric wrought iron, related to the style of the front wall. On the floors these stair handrails are simpler: round tubes encircle panels of lattice work. The ends were decorated with a chromed motif in the shape of a shell.

The clinic bears witness to the most progressive views of that period concerning hygiene, lighting and medical technologies. Dewin, who was a trainee in the workshop of G. Hobé, made here his first proof of specialized architecture. In the future he will still design a further fifteen hospital institutions, nearly all located in the Brussels Region.

A. Depage was also involved in the establishment of hospitals in war zones, such as the Red Cross hospital *L'Océan* in De Panne, where, after 1918, he housed, among other things, his private clinic, before it was finally acquired by the Red Cross. In 1922, the *Radiuminstituut* of the Red Cross was also accommodated here, which was at that time under the direction of doctor A. Bayet. After the death of Antoine Depage, Dewin was given, in 1926, the commission by the *Institut National du Sang* to extend this. This extension, situated on the corner of the Stallaertstraat, was drawn by him in an art deco style, which referred to the architecture of the earlier complex. This building, in red brick with strips of cement plaster, is a more plain composition but displays in its details the style characteristics of the architect. During the 1950s and 60s, more expansions were realized to the right of the building from 1903.

▼  
Front,  
Current state  
(photo O. Pauwels)

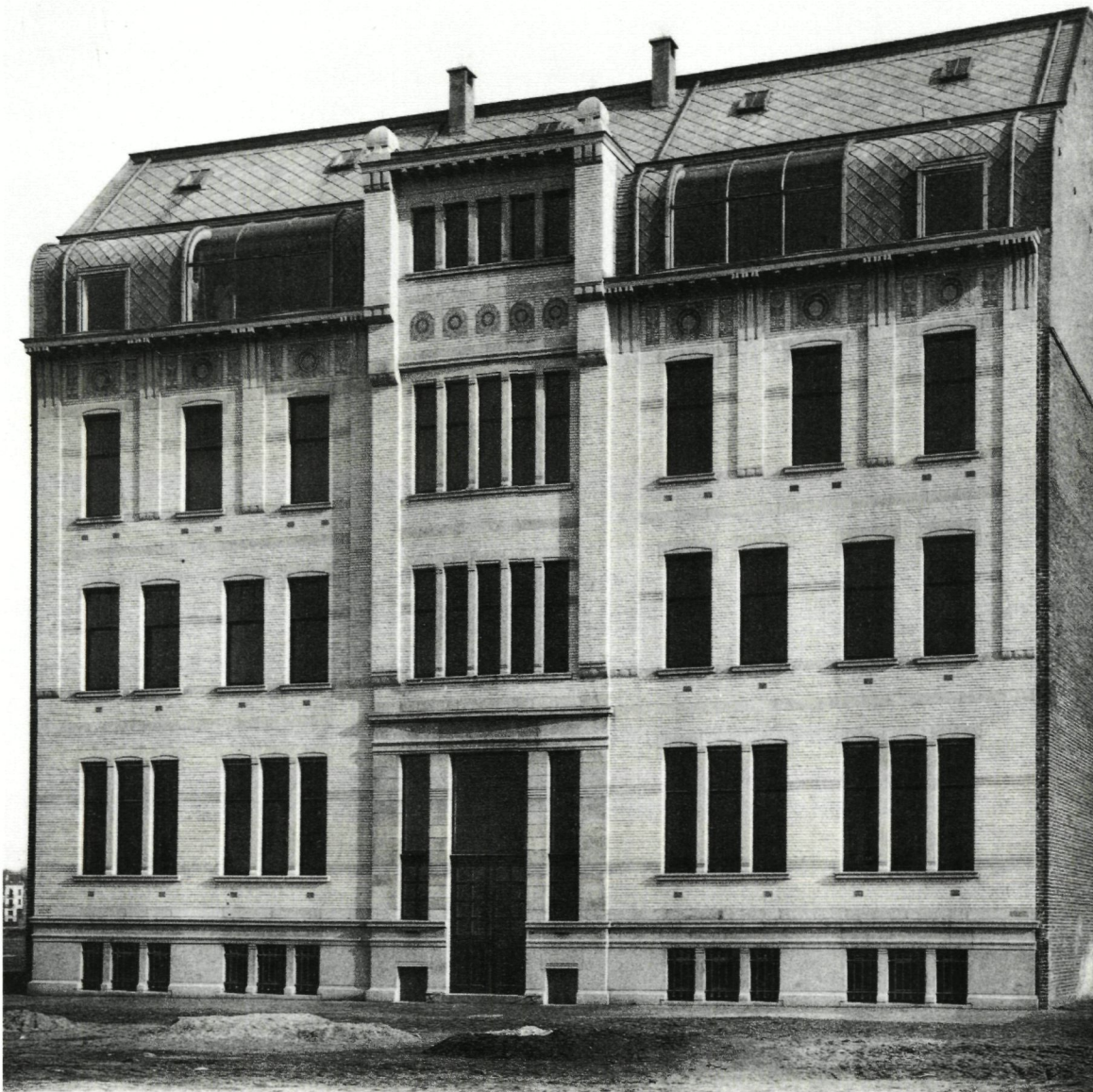


▼  
Achtergevel  
(photo O. Pauwels)





◀ Old photograph of the Depage clinic  
 (© Archives d'Architecture Moderne, Brussel)



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## GEEL, RIJKSKOLONIE

PAS 200

The Public psychiatric hospital (OPZ) is a complex series of buildings and services, spread over the territory of Geel, where about 500 members of staff provide for the care of some 800 patients. Most of the services are centralized on two campuses, situated on an expansive domain between De Pas and Stelenseweg and adjacent to the ring road around Geel. The spatial context has always been a compelling point of departure for the OPZ in Geel. The strong relationship with the community and with the urban fabric always was and always will be a priority, because it is a part of the therapeutic effect.

The history of the OPZ is bound with the world-renowned home nursing of Geel. With this special type of nursing the deranged are not committed to a closed institution but to foster homes. This system certainly dates back to the 15th century, but is probably much older. Up to the French Revolution, the mentally ill were placed under the care of citizens by order of the ecclesiastical authorities. Afterwards, the representatives of towns and municipalities protected the interests of 'their' sick and decided over their placement themselves. From 1838 onwards, foster homes came under the municipal administration, but placement still mainly occurred by the aforementioned representatives. Government control over this was practically nonexistent. With the *Krankzinnigenwet* of 18 June 1850, home fostering was officially recognized and placed under the authority and control of the Ministry of Justice. This Act regulated for all the institutions, among other things, the condition of the buildings, the separation of the sexes, the classing of the mentally ill and the setting up of medical and sanitary services. Each home in which a mentally ill person was nursed, was deemed to be an institution for the mentally ill, which designated Geel as one large *rijkskolonie voor krankzinnigen* [State colony for the deranged].

In 1851, special regulations were outlined for Geel, in which, among other things, placement of the sick and the creation of an infirmary with two departments and a number of observation cells were prescribed. This infirmary was built in 1861, after the plans of the Ghent city architect, Pauli. This architect was inspired by the progressive views with



▲ Garden view of the U-shaped main building, 1861 (photo K. Vandevorst)

Guislain from Ghent (1797-1860). The infirmary needed a capacity of 50 to 60 patients, for both men and women. It opened on 14 March 1862. Entirely in line with the ideas of doctor Guislain, and regulated by law, there is a women's wing to the left and a men's wing to the right.

According to Guislain, the basis of the healing process was formed through contact with nature, handiwork and working outdoors. Hospitals were required to exude a sense of peacefulness, freedom and safety, and buildings were therefore required not to be too tall, with a large part of the terrain taken up by gardens and inner courts. The building consists of a U-shaped front part, a central part and a rear part. Everything was connected to each other by exterior walls with access gates, and galleries, so that numerous inner courts were contrived. Galleries, side-porches and walls were, however, demolished in the 1970s, causing the inner courts to disappear simultaneously. Under doctor Peeters (1876-1909) the domain was expanded and new buildings were constructed. The rear building was extended. On the street side, the doctors' houses appeared. At the rear of the domain, a laboratory, mortuary, shed and two wards were built. These were reserved for patients with contagious diseases. Bathhouses were built in the suburbs of Stelen, Larum, Kievermont and Holven.





▲ Pavilion in cottage-style (photo K. Vandevorst)



▲ Doctor's house (photo K. Vandevorst)

During the years 1920-1926, under doctor Sano, a second period of large scale construction and conversion work followed. A water supply, gas and electricity were installed. The isolation cells in the rear of the infirmary building were demolished and replaced by wards. A floor was added to the centre and rear of the main building. The chapel relocated from the first floor of the front building of the infirmary to the ground floor. The wards for patients with contagious diseases were converted into hospitalization pavilions. Constructed in that period were: a school for the Department of Abnormal Children, a central bathhouse with laundry room, a garage, houses for the driver and nurses and a new laboratory/ mortuary. Characteristic for this period was the cottage style. services. One of the houses, for a while lived in by the family Hoet, will become a *Kunsthuis* [Art Gallery]. The rearmost part of the old main building will then again become the turntable of the Rehabilitation section, whilst the front most part will perhaps be given a cultural purpose.

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*Willy Andries en Lieve Van de Walle, OPZ Geel*



## GENT, HOSPITALS OF THE BIJLOKE

### GODSHUIZENLAAN 2

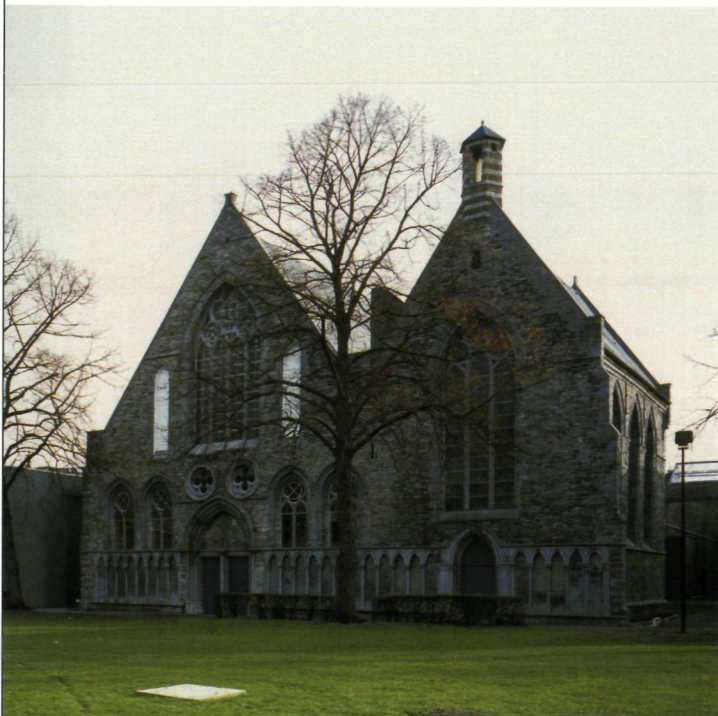
*The monastic infirmary listed as a monument on 29 December 1943; the Bijlokehospitaal, the maternity clinic and the 19th century hospital with Anatomic institute listed as a monument on 17 October 1980; the Bijloke hospital with surrounding as townscape on 17 October 1980*

The Bijloke, on the periphery of the city centre of Ghent, is a unique area with monumental manifestations of seven centuries of hospital history. The historical heart of this Bijloke hospital remained preserved in a zone, located between the Bijlokekaai, the Jozef Kluyskensstraat, the Godshuizenlaan and the Louis Pasteurlaan, surrounded by the route of the late city wall.

The history of the Bijlokehospitaal finds its origin in a house of God which was constructed next to the Sint-Michielskerk, before 1204, by members of the Uten Hove family. The sick, the poor, travellers and other needy persons could call on them for care. In 1228, the family Uten Hove, the counts of Flanders and the bishop of Doornik, came to an agreement to transfer the Mariahospitaal of Onderbergen to the Bijlokemeersen, outside of the town, at that time. The oldest known building of

▼▼  
The monastic infirmary and an abbey façade (photo K. Vandevorst)

▼  
The 13th century medieval ward to the left and chapel to the right (photo K. Vandevorst)



this new hospital, the still preserved majestic ward, dates from the middle of the 13th century.

The oldest core of the Bijloke is a medieval ward of 55.10 by 15.75 metres (interior), with a height of 18 metres in the centre. The ward was largely built in Doornik limestone. The interior finishing of the longitudinal walls was also executed in large bricks (30 x 14 x 4 cm). The original windows and doorways remained well-preserved. Striking is the simultaneous application of round, pointed and segment arches. A notable jack truss, without a ridge purlin, covers the broad ward. A trilobate structure was formed with compass timber, which contributes to the unique shape of the truss. The oak trees from which the roof truss was composed, comes from South Belgium and were cut down somewhere between 1251 and 1255. The markings indicate that the roof truss was constructed in two seasons, from west to east.

On the east side of the ward, there was a wooden tribune with altar, perhaps identifiable with the Sint-Annazolder from the texts. This way, the sick could follow the church services from their beds. Around 1270, a chapel was built against the south-west corner of the ward; its interior was 14.10 by 7.35 metres. This construction of Tournai stone was subject to many more alterations than the actual hospital ward. Unique are the wall paintings with





►  
Gatehouse in the  
Godshuizenlaan  
(photo  
K. Vandevorst)

the depiction of saints in round medaillons, dated from around 1300. The chapel also served as burial grounds.

The 13th century hospital, which could accommodate 40 beds, and its corresponding service buildings were located within a fenced off area and were also situated at some distance from the Cistercian abbey, which due to the relocation of the Mariahospitaal was also established at the Bijlokemeersen. The medieval ward remained in use until the Bijlokehospitaal relocated to the Henri Dunantlaan, in 1983, and is housed there in the AZ Palfijn.

The centre of the neighbouring Cistercian abbey is formed by a cloister and its surrounding cloister buildings, of which the oldest building parts go way back to the beginning of the 13th century. Much less known are the service buildings, which were constructed further from the central core to provide for all the needs of the abbey. On the south side a building is situated, whose exterior, despite 20th century renovation work, still appears 17th century-like. Several construction elements indicate that perhaps already in the 15th century a building stood in this place. This was probably the monastic infirmary which was constructed over the large discharge channel of the abbey, the so-called Bijlokevaardeken. The gallery on the north side, with the Doric columns and the vaults with stuccowork, as well as the coat of arms of the abbess Anna van Crombrughe (1612-1616) still point to the 17th century construction campaign and ensured that the building was, for many years, mentioned in literature as the abbess' house. Through the transformation of the former Bijloke abbey and the construction of a new historical gatehouse at the Godshuizenlaan, the old infirmary acquired a top-rank place, whereas it was earlier situated in a lost remote corner of the abbey. The garden, which is now oriented to the Baroque gallery, was built in the 20th century.

►  
Interior of the  
medieval  
ward, presently a  
concert hall  
(photo  
K. Vandevorst)



The brick hall to the east of the 13th century ward bears the name *Craeckhuys*, according to oral tradition derived from *krank* (sick) or *kraken* (to die). The construction of 25 by 10 metres was built in brick and white sand-lime brick. The exterior wall displays glazed brick motives. A pointed wooden barrel vault covers the hall, which could house twenty beds. It was established on initiative of abbess Maria sKerels (1490-1527), to isolate the more gravely ill from the others.

Along the Jozef Kluyskensstraat a large hospital comprised of pavilions stretches out. The front wall is fully in tune with the Jozef Kluyskensstraat, named after the senior physician (1771-1843), who was the supervisor of the new hospital. Only the





► central part, in the extension of the main entrance, had a floor where paying patients could be accommodated. The general design is somewhat drab, due to a continued repetition of the same modules and the use of dull brick. The dark-red bricks and the Gothic-inspired syntax which, among other things, is expressed in the windows and the decorative friezes, refer to the late 19th century. Housing the hospital in the medieval buildings from the beginning of the 19th century, led to numerous complaints with the *Commissie voor burgerlijke godshuizen*, which since the French period was charged with the management thereof. Many proposals were not followed up and the management finally opted for a completely new hospital. This was realized between 1863 and 1878 after the plans of architect Adolphe Pauli (1820-1895) and covers some 3 hectares between the Coupure and the medieval hospital. The entire plain greenery with symmetrically planted trees between the pavilions, formed a part of the concept. The construction and the concept of this civil hospital was, at that time, considered to be very progressive architecture. The somewhat older

▼ Maternity clinic  
(Pauli, 1864-1866)  
aan de Bijlokekaai  
(photo  
K. Vandevorst)



hospitals in Bordeaux, Paris, Plymouth and the Sint-Jan in Brussels have clearly inspired Pauli's concept. This complex had eight hundred beds and acted for more than a century as a civil hospital in Ghent.

A broad classic building, with a striking middle ressaunt, indicates the place of the former school for midwives and the maternity clinic. This rectangular block plan, of thirteen bays over two complete





floors and an attic, originated in 1864-1866, after a design by architect Adolphe Pauli. This independent wing accommodated a provincial school of nursing and from 1924 to 1965 it housed the obstetrics department of the university. The maternity clinic connected to a white-plastered enclosing wall around the closed inner areas of the 19th century hospital. The current Jan Palfijnpark, on the corner of the Godshuizenlaan and the Bijlokekaai, is a very recent creation for which the neoclassic architecture was required to partially give way.

To the south of the 13th century ward, a splendid anatomic auditorium was preserved. It is a part of the *Anatomisch instituut* or *Instituut voor ontleedkunde*, which architect Adolphe Pauli in 1876-1877 designed for the training courses in medicine, which were added in 1816 to the civil hospital. The original building plans and the specifications, retained in the archive of Ghent University, depict how well the entire construction and the twenty-seven benches were preserved, despite the neglect of the last decade. Only the central dissection table disappeared. In 1959, with

the establishment of the University Hospital, the university functions disappeared from the Bijloke site. This unique auditorium, surrounded by white-plastered neoclassic architecture, is being converted into a small concert hall.

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*Marie Christine Laleman, Dienst Stadsarcheologie*  
*Stad Gent*

▼  
 Dilapidated  
 anatomic  
 institute with round  
 auditorium  
 (Pauli, 1876-1877)  
 (photo  
 K. Vandevorst)





## GHENT, PSYCHIATRIC CENTRE AND MUSEUM DR. JOSEPH GUISLAIN

JOZEF GUISLAINSTRAAT 43

*Buildings from before 1930 listed as a monument on  
6 October 1999*

At the edge of the city centre of Ghent, somewhat hidden in a tangle of small streets, stands an imposing complex of buildings: het *Guislain*. The buildings now have several functions: there is firstly the current Psychiatric Centre. Het Vormingcentrum [Educational centre] Guislain organises courses, study days and symposia about health care. There is a school for psychiatric nursing. The *Museum dokter Guislain* is a nationally recognized museum, with the history of psychiatry as a main theme. The so-called *Guislaingesticht*, earlier called the *Krankzinnigengesticht voor mannen*, was established by professor Joseph Guislain (1797-1860), one of the precursors of modern psychiatry, who as one of the first in Belgium considered mental illness to be a treatable one. This moral treatment was comprised of a sympathetic and humane organization and practice with respect to mentally ill persons. In 1824, Guislain drew up a plan for a mental hospital, for which he was awarded a prize from the *Société des beaux arts* in Brussels. In 1828, he was appointed as head physician for the mentally ill by the city of Ghent and was thus the first officially recognized psychiatrist in the Southern Netherlands. He also helped structure the Act on treatment of the mentally ill of 1850, which subjected the treatment of the mentally ill to new, more scientific and humane regulations.

During the *Ancien Régime*, the mentally ill were locked up in the town gatehouses or in the house of God of the *Sint-Jan-ten-dullen*. In 1773, the male mentally ill were transferred to the *Geraard de Duivelsteen* and in 1828 they relocated to the Alexians cloister. In 1851, the Ghent municipal council and the *Commissie van burgerlijke godshuizen* decided, under the impulse of doctor Guislain, to construct a mental institution accordant to the new insights of moral treatment. For the establishment of a new institution, Joseph Guislain set different conditions. The new building was to be built outside of the city, in a peaceful environment.

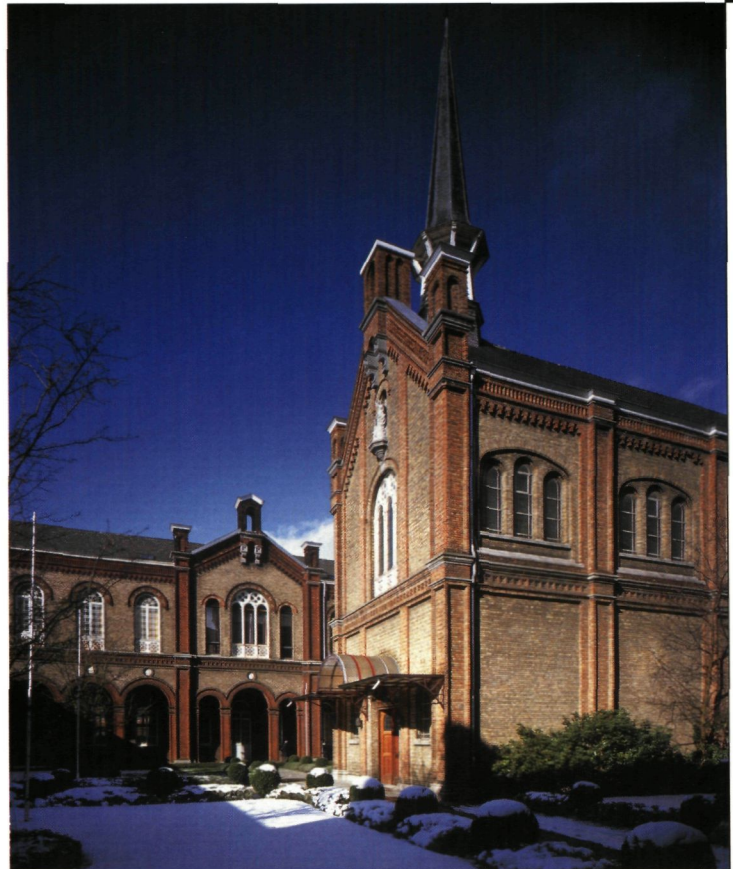
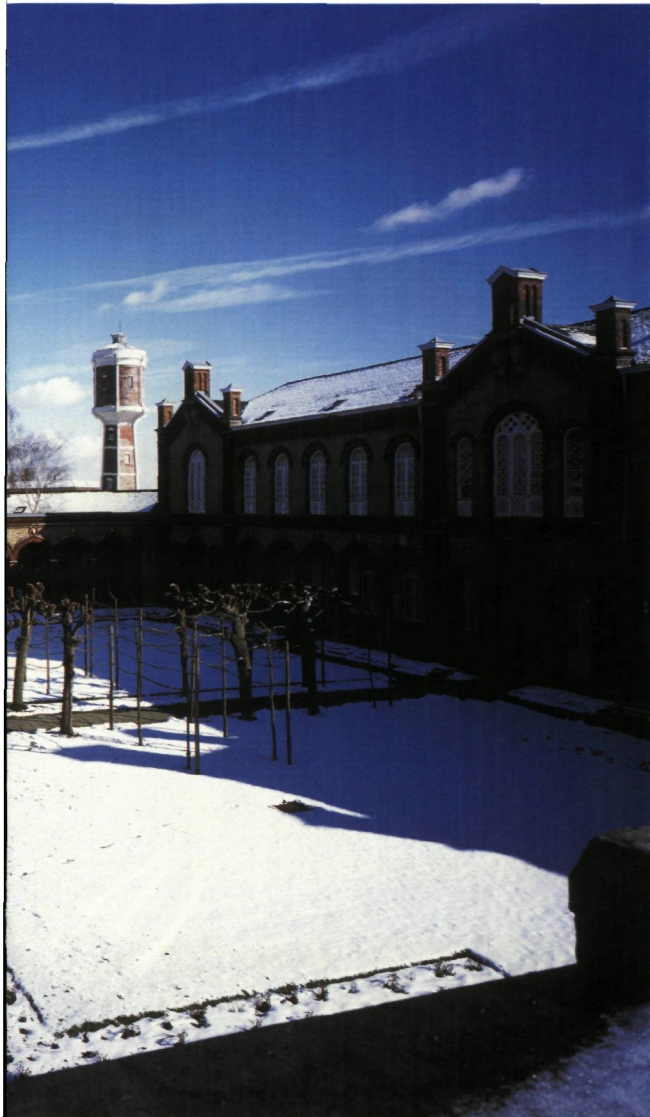
The choice fell on a district to the north of the Bruges poortwijk [gate district], at that time still



completely rural. The ground was the property of the *Commissie van de godshuizen*. The terrain was about 9 hectares. For therapeutic reasons, these buildings were required to emanate the impression of tranquility, freedom and safety. They could therefore only be two storeys high, and had to be surrounded by gardens, fields and inner courts.

In 1852, after various preliminary designs, the design from architect Aldolphe Pauli was chosen, drawn in close consultation with Guislain himself. Engineer-architect Aldolphe Pauli (1820-1895) was appointed as first professor-director in architecture at the *Gentse Academie voor schone kunsten*. He was the city architect of Ghent from 1856 to 1867. During this period he built various city schools and buildings for the *Commissie van burgerlijke godshuizen*. At Ghent University, building took





◀ View of the second Innergarden, with water tower in the background (photo K. Vandevorst)

▲ Chapel from 1928 (photo K. Vandevorst)

place under his supervision, in the period of 1883 to 1890. Construction continued from 1853 to 1876. The first patients were admitted in 1857. The hospital was the first real mental institution in Belgium and was deemed to be a model institution, with Joseph Guislain as its first director. The workshops, including a joinery, a blacksmith, a clothes-making shop and weaving shop, a shoemaking shop, a clothes warehouse, a mattress-making shop and a warehouse were additionally built in 1866 and situated around the various departments. A department for *onzindelijken* [the muddled] – it is striking how the psychiatric professional jargon of that time differs from the current jargon – and a farmstead were respectively constructed in 1875 to the left and right of the closed department der heftigen [of the intemperate]. In 1928, after two fires had caused serious damage,

the main wings were restored and here and there certain extras were added, among other things, to the stairs and sanitary facility. At that time, in front of the main entrance houses were built for both physician and chaplain. On the first inner court a new chapel was constructed. A water tower was built to the east of the complex. In the last decade the institution saw the birth of several new pavilions. In 1997, to the north of the old hospital, a completely new hospital was built. In 2003, a guests quarter was added to the complex. New buildings are being constructed, which meet contemporary expectations with respect to therapy and comfort. The old building is used increasingly more to accommodate the museum and the administration of the psychiatric centre. From the start, the patients were nursed by the Brothers of Charity. This congregation, established





▲  
 Museum, original  
 setting of the  
 dormitory  
 (photo  
 K. Vandevorst)

by Canon Triest in 1807, already took care of the male mentally ill in the *Geraard de Duivelsteen* in Ghent. By the taking the new institution into service, Guislain insisted that the nursing be entrusted to this congregation. The collaboration between the scientific world and the christian organization was an attractive idea for the extending of new psychiatric institutions. Up to 1985, the building was the property of the City of Ghent. Thereafter, the congregation became the owner of the complex.

The original ground plan attests to the harmonious interaction between architect and physician. The spatial layout of the symmetrical plan is in keeping with the scientific-founded ideas of Guislain, which, in essence, can be reduced to the shape of a cross.

Two elongated wings enclose a spatial inner area and are, in the southwest, closed by a gallery with porch, as by a semicircular-shaped wing in the northeast. On the outside of the terrain, there are various right-angled annexes, the so-called pavilions, in accordance with a symmetrical ground plan. The workshops came to be located next to the building. In the past, the terrain was completely walled-in, a second green belt, nearer to the buildings, enclosed the vegetable gardens.

The important role of hospital architecture, more specifically, the hospital with pavilion constructions, as an elementary component of nursing, was the subject of many studies in France. The fire in 1772 of the *Hôtel-Dieu* in Paris was the incentive for this. The geometric layout of the plan with pavilions at either side of a rectangular inner court and with the ends thereof being open arcades, can again be seen in the rational design system elaborated in the publication entitled *Précis de leçons* by J.L. Durand, who exercised a significant influence on the great architects from the first half of the 19th century.



The ground plan of the *Guislaininstituut* depicts, for example, also a striking resemblance to the *Hôpital Lariboisière* in Paris, designed in 1839 by M.-P. Gauthier and built in 1846-54.

Guislain foresaw a strict layout, with one department for each disease and curativeness, in turn divided into paying and non-paying patients, the latter group being at the expense of the *Commissie van burgerlijke godshuizen* or poor relief. Each department was comprised of a hospital for the treatment, a home for the incurable, a house for moral and physical upbringing, a primary school, shops for handiwork and an isolation area for the sick. The meeting areas, the workplaces and the classes were housed on the ground floor. The dormitories were housed in the top floors. A Belgian limestone staircase connected both floors.

The complex of buildings was constructed in eclectic style with a mix of neo-Romanesque (round arch windows and brick friezes), neo-Gothic (pinnacles and crockets) and neo-Renaissance (round arch gallery around the inner courts) elements. The beautiful brick masonry with yellow bricks from Veurne and red bricks from Boom, is finished with tuck pointing. For the windows, use was made of iron windows and parapets, which gave both a decorative and functional effect. Guislain did not want bars in front of the windows: the patients were not to feel as prisoners. In 1986, former director and current conservator, brother René Stockman, took the initiative to start with a museum about the history of psychiatry on the site itself. The *Dokter Guislain Museum* desires to inform a broad section of the public and sensitize it to themes such as normal/ abnormal, healthy/ sick and exclusion from society. The museum desires to stimulate and keep active a debate concerning normality. The history of mental health is that of much despair, wrong practices and sometimes that of unjustified euphoria. The psychic sick poses some serious questions. How do we deal with the other/ the others? Or, perhaps better, how do we deal with ourselves, with the other within us? The quest through the history of psychiatry is, at the same time, a search for how humans, science, organization talent and humaneness find each other in this larger-than-life task: dealing with insanity. Clarity, openness and a sense of nuance and criticism are key concepts. The permanent collection of the *Museum dokter Guislain* comprises three parts. A first part is the history of psychiatry. Richly illustrated and described in this permanent collection is: how, in primitive cultures, insanity



▲  
Wall of the  
inner court  
(photo  
K. Vandevorst)

was attributed to the influence of an evil spirit and how furthermore, in the Middle Ages, the devil was exorcized and witches were burnt and finally, how psychiatry developed as a science in the 19th and the 20th century.

The second part is the collection of photographs about life in psychiatry from 1860 onwards. The aim of these photographs is not only to illustrate the history and the changes, but especially to shatter stereotypes about the mentally ill. The third and final part of the collection is that of outsider art or art brut. This has evolved from a modest collection, with work from persons with a psychological problem, to a very extensive collection of outsider art. This broader concept encompasses the work of artists, who, each in their own way, are occupied by art.

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*Museum Dr. Guislain*



## GHENT, UNIVERSITY HOSPITAL

DE PINTELAAN 185

The Academic hospital of Ghent, now the University hospital of Ghent was once called “*de meest spectaculaire verwezenlijking van de RUG op het gebied van de ziekenzorg*”, a classic example also of modern hospital construction. A key figure in 20th century modern architecture was Henry van de Velde, who also played an important role in this project.

Since the beginning of the 19th century, the Faculty of Medicine made use of the medieval Bijlokehospital, extended in the second half of the 19th century with new wards and medical institutes. In 1929, the clinical training year for fourth-year doctoral students in medicine was obligated by law. Ghent University had to urgently find an alternative for the cramped and dated accommodation in the Bijloke. In 1930, under the initiative of Frans Daels, the *Facultaire studiecommissie voor het academisch ziekenhuis (FSAZ)* is established. In 1932, it had already broadly traced out the new hospital: an original combination of a block system and a pavilion system, with the clinics, the outpatient clinics, the socio-medical facilities, the technical services and the institutes each of which grouped in separate buildings.

At the beginning of 1936, the College of Architects was established for the academic hospital (CAVAZ), consisting of Henry Van de Velde, Armand Cerulus, August Desmet, Jean-Norbert Cloquet and Gustave Magnel. Van de Velde was responsible for the general concept of the building and the artistic supervision over the implementation: The concept of 1932 was further specified as: “*een groot, centraal complex met aan de noordzijde een lang voorgebouw met de ‘tanden’ van de poliklinieken, parallel hiermee de kliniekgebouwen aan de zuidkant en tussen beide in drie grote verbindingsvleugels voor de behandelings- en operatieblokken*”. For paediatrics, psychiatry and stomatology, several buildings were provided because these departments “*zich door hun bijzonder programma en door de specifieke architectonische eisen moeilijk lieten integreren in het hoofdcomplex*”.

In November 1936, CAVAZ was instructed not to wait for the implementation plans, but to deem the approved preliminary design as to being final and on the basis thereof to prepare the tender dossiers.

In March 1937, the first Franki-foundation pile was driven. The structural work progressed quickly, but final decisions as to the finishing and interior furnishings and fittings had to wait so that further invitations for tenders had to be postponed. The Second World War began on 10 May 1940, but work was continued. The work, however, came to a standstill in December 1942. It was resumed in 1948, although sluggishly. It was only from 1954 that the work accelerated. On 13 October 1959, the Childrens’ Clinic – at that time the first modern childrens’ hospital in Europe – and outpatient clinic I was inaugurated and taken into use. Henry Van de Velde did not live to witness this. In 1970, the original building programme was entirely completed but it was only in 1975 that all the clinical departments of the Bijloke were relocated to the new AZ. The original hospital complex has since then been further extended, however this without much consideration for the original building complex: their business-like architectural expressive impact and clear urban coherence was considerably affected by this.

Van de Velde clearly appeared to have the desire to place his mark on the final result, right up to the finishing touches. The outer cladding of the buildings was effected in facing stone masonry of light-yellow brick, with windowsills and cordons in *petit granit* [blue Belgian limestone] and concrete lintels. These are traditional and modern materials, which characterize Van de Velde’s modern architecture of his so-called Second Belgian Period, which commenced with his own house, La Nouvelle Maison in Tervuren from 1927-1928, and which was followed by the world exhibition pavilions in Paris (1937), New York (1939) and the Technische school in Leuven (1936- 1942).

The architecture of the Academic Hospital shows even more typical Van de Veldian aspects: canopied entrances, steel windows, large expanses of glass for the stairwells and the sectional zinc roofing. Time and again, Van de Velde opted for a simple, regular constructive structure in reinforced concrete or in steel, which modulates the functional complexity of the buildings and converts it to a comprehensible entity on the inside as well as on the outside. In the Academic Hospital, this is translated to a balanced, somewhat monumental, stepped arrangement for the exterior, with stern volumes, housing seven, three and two floors on the surface. What is striking about the walls, is that of the entirely regular grid of identical, rather horizontalizing windows, only





▲  
Buildings of the  
UZ in Gent  
(photo  
K. Vandevorst)

vertically interrupted by the steps of the staircases. The horizontality is further reinforced by the distinct setting of the windowsills, cordons, lintels and projecting cornices. Only the Childrens' Hospital displays, almost naturally, a less stern structure, with a third floor which has been partially implemented as a roof terrace and with beam-shaped and ovolo [i.e. quadrant] volumes.

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## GERAARDSBERGEN, ONZE-LIEVE-VROUW HOSPITAL GASTHUISSTRAAT 2

*The oldest parts of the hospital were listed as a monument  
on 23 April 1985*

The hospital was established around 1200, with the help of Boudewijn IX, Count of Flanders. In 1255, Nicolaus III, Bishop of Kamerijk, gave the hospital a rule, which was extensively amended in 1609. In the beginning, six sisters and two brothers took care of the sick. Possibly in the 15th century, the brothers left the hospital, meanwhile, whereas the number of Augustinian sisters had increased to ten in total, in the 18th century, their numbers dwindled, till finally, in 1796, there were scarcely four members left. The bishop appointed the father confessor, who, at first, was a secular priest of the principal parish in Geraardsbergen and later a Carmelite father. The financial control was effectuated by two lay persons and the dean. According to the rule of 1255, the hospital was accessible to the poor who could not longer beg, poor women who had just given birth and abandoned children. Over the centuries this was extended to those who were contagious, and temporarily also to the mentally ill (16th century), soldiers and transients. The beds were sometimes so few in number and the sick so great in number, that one usually slept in a bed with two or even three other persons (1561). In the second half of the 18th century, several practices came under scrutiny. The town magistrate accused the Colins family (1744-1781) of behaving more like an abbess than a prioress and of admitting too few sick people. Moreover, there were hardly six beds available back then and the hospital was practically reduced to a house for transients to the city, that used it to house the Academy of Communal Art.

The existing buildings on the south side of the Gothic property, are the oldest remaining. The property was built in three phases: 1530-1532, 1596 (from the church to the kitchen) and 1636-1637 (from the church to the ward). Another part is a 20th century conversion. On that same south side, we find a cloister wing that dates back to 1661. On the ground floor there is a lovely bishop's chamber with a polychrome stucco ceiling, which is geometrically laid out. In 1896, the walls were painted with neo-Gothic paintings, which depict themes from the rich hospital history. The chapel was built in 1761 after a plan of J. H. Lefevre of Ath

and P. J. Depret of Zinnik, who used a lot of Belgian limestone for the front of the building. The interior is richly furnished in rococo with bas-reliefs of G. de Ville and an organ by P. Van Peteghem.

The old complex is currently dominated by three more recent buildings, of which the neo-Gothic wings are the most imposing. On account of the substantial legacy from G. Verhaeghe in 1900, the hospital management could commission architect F. Van Damme of Geraardsbergen to construct this building in red brick and white stone from Gobertange. A second building in yellow stone, was designed in 1964 by architect A. Verschaffel.

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*Geert Van Bockstaele*





◀ Bishop's hall  
(photo  
K. Vandevorst)



◀◀ Chapel from 1761  
(photo  
K. Vandevorst)

◀ Interior of the chapel  
(photo  
K. Vandevorst)



## HASSELT, SINT-BARBARADAL AND THE FORMER GREY SISTERS CLOISTER

THONISSENLAAN 75 EN GASTHUISSTRAAT

*The old wing from 1664 listed as a monument on  
24 February 1975*

The earliest mention of a hospital in Hasselt is from a document of 1261. This hospital was a very modest institution. In 1603, there were only six beds for men and two for women. The arrival of the grey sisters would bring change to this.

That the grey sisters established themselves in Hasselt, the town can attribute to Herman Vander Ryst, the priest of the beguinage, who in 1625, in his testament, provided for an annual interest of 150 guilders for cloister sisters, who came to Hasselt

▼  
Former inner court  
(now covered) and  
hallway in the  
fashion museum  
(photo  
K. Vandevorst)



to take care of the sick. On 28 May 1626, three grey sisters came from Diest to Hasselt. Four months later, the Prince-Bishop of Liège granted his approval for the new institution and for the construction of a cloister with a house of worship. The town council immediately issued a patent with which the town donated to the sisters the *pestbogaert*, an orchard with several houses, situated near the town ramparts, between the Molenpoort and the Kempische Poort. The twelve trade associations donated an amount of 974 guilders and the sisters were exempted from all town levies. Thus, the delapidated houses could be repaired. In 1626, the cloister and the chapel were dedicated to Saint Barbara and from then on, this was called the Sint-Barbaradal.

The sisters had to provide home care for women who were sick, even those with contagious diseases. For female plague sufferers, they had a separate plague house at their disposal, where the nursing cost one guilder per day. For the free care of the poor sick, the town council provided the sisters annually with three sacks of rye and one thousand faggots or the countervalue of this in twigs, coal or money. Furthermore, twice a year, they were permitted to go out to town and beg.

In 1640, the grey sisters in Hasselt already had twenty members. The available living space was too small and in 1663 the sisters began building a new cloister. The first wing of the complex was already finished a year later, which can still be read from the wall anchors. The costs for the new construction were paid by quite substantial donations from the town council, the prince-bishop and the townsfolk of Hasselt. It is uncertain whether wards were provided for the new complex as well. The old plague house probably remained in use up to 1720, when the town decided to demolish it. The promised construction of a new hospital, nevertheless, failed to occur. When in 1796 the cloister community was dissolved by the French, no mention of any wards was made in the inventory of the buildings. In 1823, Willem I granted permission for the grey sisters to return to Hasselt to run a hospital. Several sisters again came from Diest, instructed to take care of the needy sick. Two wards were fitted out in the cloister, one for men and one for women. During outbreaks of typhoid and cholera, several additional rooms had to be looked for, because the hospital was too small. Of the 114 typhoid patients, who were nursed by the sisters in 1866, only 33 stayed in the hospital itself. The other patients were accommodated in, among other buildings, the old prison of the former cloister of the Alexian brothers.



In 1861, the urban administration had commissioned architect Herman Jaminé (1826-1885) to elaborate plans for an expansion of the hospital. It wasn't until twelve years later, in 1872, that the new buildings along the Thonissenlaan were ceremoniously inaugurated. The realization of the plans of Jaminé were each time delayed due to the high cost price, some 150,000 francs. After making an appeal to the prosperous citizens of the town, a small sum of 50,000 francs was collected, encouraging the town to go ahead with the construction. It became quite an elegant complex with, for that time, contemporary, neo-Maasland style characteristics, in harmony with the 17th century buildings. In the new construction, maristone corner bands and hood mould were used together with wall anchors in wrought iron, which form the year 1868. The monumental portal bay displays neoclassic characteristics and has a bent fronton, in which the coat of arms of Hasselt is incorporated between two reclining female figures.

A number of adaptations and renovations were carried out over the years that followed. Buildings in the vicinity, such as the former slaughterhouse, were integrated into the hospital complex. Halfway the 1950s, the buildings finally lost their function as a hospital. Since 1995, the urban trends museum is located on the oldest part of the site. On the east side an office building arose. The 19th century north wall from architect Jaminé is incorporated into the complex.

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▲  
The 17th century  
cloister



## HERENTALS, HOSPITAL

NEDERRIJ 133

*Main entrance, chapel and old cloister with its enclosing wall (wall unlawfully pulled down in 1966) listed as a monument on 13 April 1953;*

*Shed listed as a townscape on 11 September 1979*

In the late 12th century, a first guesthouse community came about near the River Nete. Earlier during this century, artisans and traders had established themselves in the surrounding area. It was there that, in 1204, Hendrik I founded a freedom of establishment. This formed the specific urban centre, from which the town of Herentals developed. In October 1209, Herentals acquired rights of freedom as the result of an agreement between the chapter of Sint-Waldetrudis of Bergen and Hendrik I, Duke of Brabant. An important factor in the early growth of the Brabant town was undoubtedly the establishment of hospitals, originally shelters for travellers, the poor and the sick. Through an intervention by Nicholas de Fontaines, bishop of Kamerijk, the first semireligious

community was, in Augustus 1253, converted into a real regular double cloister of seven sisters and three brothers. During the late 14th or early 15th century, the brothers gradually left the hospital. The hospital was originally named van Onze-Lieve-Vrouw, but from 1482 on, the current name of Sint-Elisabeth hospital was permanently adopted. In 1527, the Bishop of Kamerijk introduced a radical cloister reformation. The sisters were issued new statutes, identical to those of the hospital at Mechelen of 1509. From then on, the sisters were required to profess the three vows in conformity with the rule of Saint Augustine: chastity, poverty and obedience.

The hospitals of the Ancien Régime can hardly be called real hospitals. Up to the 18th century the state of medicine was at an all time low. The sisters admitted all the needy to the hospital, both the poor sick, as well as the elderly cripples, widows, orphans and pilgrims. According to the statutes of 1527, they were required to pay special attention to the care of the sick, which, leading up to the end of the 18th century, mainly consisted of a varied and nutritious diet, supplemented with unguents and

▶ Gatehouse  
from 1677  
(photo  
K. Vandevorst)



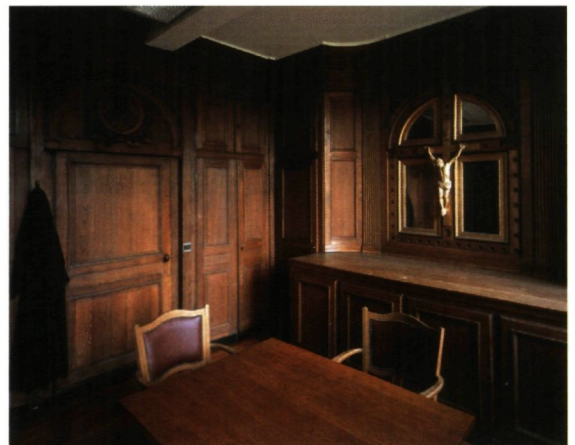
▶▶ Chapel and cloister  
(1529-1627)  
of the Sint  
Elisabeth hospital  
in Herentals  
(photo  
K. Vandevorst)



▶ The chapel from  
1529-1627 and the  
cloister as seen  
from the south side  
(photo  
K. Vandevorst)



▶▶ Sacristy of the  
chapel  
(photo  
K. Vandevorst)





potions, a greater hygiene, prayer, solace and personal care.

From the 13th to the 16th century, the hospital amassed extensive real property, consisting of farmsteads, fields, meadows, moors and woods. By the onset of the Eighty Years' War (1568), the hospital had five farmsteads: the inner farmstead, two lease farmsteads in Wolfstee, the Haanheuvelhoeve and the farmstead at Sassenhout in Vorselaar. Before 1685, a farmstead is also built at Lille. Finally, in the 17th century, a lease farmstead at Poederlee and the windmill in Noorderwijk were, among other things, purchased with money from the foundation of dean Flamen. At the end of the Ancien Régime, the entire surface area of the real property amounted to more than 336 hectare. In the 16th and, more notably, in the 17th century, this financial prosperity enabled the hospital to conduct an intensive building policy. The buildings of the impressive monumental complex on the banks of the small River Nete, still remaining today, are: the chapel from 1529-1627, the hospital entrance from 1677, the old cloister from 1670, now the administrative centre of the OCMW, and the 18th century shed. Between 1978 and 1985. The remains of the old hospital, except for the shed, were restored under the supervision of architect P. Gevers.

In the 19th century, the sisters gradually laid less of an emphasis on the care of the poor sick, but they increasingly went over to general nursing duties. This evolution was completed at the beginning of the 20th century. This new approach was connected with the progress made in medical science as well as with the consequential improvement in quality of hospital nursing. This historic evolution also led to an increase in the number of patients, greater employment and to an intensive building policy. All these factors were correlated with each other. In 1787, there were sixteen cloister sisters and in 1936,

when the numerus clausus was abolished, their number rose to nineteen. In the 1950s, they grew to a total of 49. Until 1963, the hospital was solely run by sisters-nurses and up to 1961, the mother superior was also the superintendent of the hospital. Later, the sisters increasingly required to call upon the services of lay personnel, as the number of vocations dwindled. The first lay nurse arrived in the hospital in 1963. Barely thirty years later, the sisters left their cloister in the hospital.

The development of the hospital history in Herentals also left its traces on the buildings. During the 19th and the 20th century, new constructions sprung up on the old hospital site, whilst many old buildings were demolished or adapted to the new requirements. The physiognomy of the Sint-Elisabeth hospital is now mainly determined by the large 20th century building constructions: the red-stone hospital from 1937-1939, the new cloister from 1952, the new modern hospital from 1966-1972 and the new D-wing from 1991. These modern structures literally and figuratively overshadow the historic relics of the old hospital. To satisfy the hunger of the intensive building policy of the last two centuries, some beautiful hospital gardens were willy-nilly sacrificed. Fortunately, in the year 2003, the Sint-Elisabeth clinic can bask in the lush greenery of the adjacent park and arboretum of the Ter Vesten domain. This green oasis was extended on the other bank of the River Nete, around the Le Paige castle from 1892.

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## KORTRIJK, ONZE-LIEVE-VROUW HOSPITAL

BUDA STRAAT 37

Listed as a monument on 19 April 1937

The Onze-Lieve-Vrouw hospital of Kortrijk was founded at the end of the 12th century. It was an urban institution, run by a semi-religious community of brothers and sisters, who concerned themselves with the *arem siecke mans* [poor sick persons]. From the second half of the 13th century, the brothers disappeared and already before 1302 the sisters adopt the rule of Saint Augustine.

The original hospital comprised the accommodation of the sisters, a chapel and a ward. In 1325, a part of the town was reduced to ashes, as was the hospital. Still visible remains from that period, are the Belgian bluestone piles in the inner courtyard and a storage cellar. A second calamity hit the hospital when, in 1382, the town was set alight by French mercenaries. During the subsequent decade, the hospital was, due to the nigh permanent state of war betwixt successive battle-waging parties, reclaimed. Especially the French sieges of 1646 and 1648 caused great damage. To set things straight, the hospital complex was, during the period 1651-1660, extensively renovated to its current appearance. All the buildings around the inner courtyard were rebuilt or have been extensively restored.

The northern wing was completed around 1651. The exterior wall, in Flemish Renaissance, was constructed in red brick, with decorations in white natural stone. Two cartouches, now illegible due to erosion, indicate the year of construction as to being ANNO 1651. Next to the Baroque door rises the gable of the dormitory. In the gable end there are cut two round spanned doors of the garner floor. One of the doors is still covered over and has a pulley with which the sacks of grain were hoisted. The western wing, with three roof dormers on the slate roof, bears in wrought iron anchors the year 1655. The ground floor windows are finished with Tudor arches and framed with triple bricked bands. the floor has seven Tudor arch-covered windows with double bands. The middle window was replaced in the 19th century by a round-arched alcove in which the statue of *Maria Onbevlekt Ontvangen* [Immaculate Conception] is displayed. In 1776, a stairwell was built against the side wall.

The eastern wing, with the imposing entrance building in late Gothic style, also dates from 1655. In the leaves-decorated, sculpted meeting stile of the doorway on the street side, under the buste of Saint Monica, mother of Saint Augustine, the year 1658 is carved. Above the porch there is a small chapel with Madonna and Child.

On the left, next to the entrance building, a broad door gives access via a hallway to a chapel. Above the broad doorway, in an alcove, stands a statue of Saint Augustine. The hospital chapel, probably built between 1651 and 1680, forms the southern wing. The side walls each have five windows, framed by triple bricked bands. The neoclassic front wall on the street side, in Augustine style, displays all the characteristics of the colossal order. Four pilasters of white stone shore up a pediment on Corinthian capitals and divide the red stone wall into three bays. The pediment has an oculus and is decorated with two fiery vases. In a central alcove stands *Onze-Lieve-Vrouw van Smarten*.

The interior of the chapel was completed in 1719, with a striking monumental wooden Baroque altar. On both sides of the altar, three Corinthian columns on high bases support the entablature and the crowning. Under the altar table one can marvel at a showpiece of the hospital: the Lamentation of Christ. It is a composition of three biblical scenes, in white stone by Avesnes and is believed to date from the beginning of the 15th century. The handsome organ from 1752 is from the hands of the Kortrijk organ builder, Pieter-Jozef de Rijckere.

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*José Vanbossele*





▲ Street view of the chapel and portal (photo K. Vandevorst)



▲ Inner court with a view of the western (1655) and northern wing (1651), with Baroque door, dorter and granary (photo K. Vandevorst)



◀ Interior of the chapel from 1719 (photo K. Vandevorst)



## LA HULPE, SANATORIUM LES PINS

CHAUSSÉE DE TERVUREN

In 1897, doctor Gustave Derscheid began to give, in his outpatient clinic in Brussels, free consultations and indications to prevent the spreading of tuberculosis. In 1900, his initiative, supported by several of his colleagues, would lead to the establishment of a first society against tuberculosis. In 1902, doctor Derscheid wins over more supporters for his society, which now, under the new name of *Société des Sanatoria Populaires*, has a clearly outlined objective: the establishment of the first privatized Belgian sanatorium. On 5 November 1905, the first pavilion for men is inaugurated, situated in the Zoniënwoud, in a park of 10 hectares with pine woods, near the castle of Argenteuil. The architect E. Janlet judiciously integrates all the functions into the concept of this pavilion. In the front, the ground floor protrudes a little, so as to form the basis for the sun terrace of the first floor. In the centre, a monumental staircase descends to the garden. The entire wall is strongly rhythmized through the verticality of the windows as well as the horizontality of the string courses and the dynamic relieving arches, both in pale brick. There is also a porter's house and a doctor's house situated in the park. They are, with the same vision in mind, provided with decorative details, so that from the domain emanates a strong sense of uniformity. The accommodation of the personnel is located under the roof of the main building; in the rear of the building both hearth and laundry area are logically brought together. For his design the architect was awarded the golden medal at the *Exposition Internationale d'Hygiène de Paris* in 1904.

In 1912, the sanatorium was ready for its first expansion: farther down in the park, a pavilion for women and children was built. It is a simple, symmetric construction with an external cure gallery on both sides. The building is given a similar rhythm as that of the men's pavilion, but the facing stone has a more pronounced relief effect due to the protrusion of the string courses, window frames and keystones. The sanatorium is further extended during the following year thanks to a donation by the nobility. A chapel with annex and a house for the priest are built. In these buildings, again the relief arches of the first building phase return, with certain fragments of timber framing. It is a subdued whole, which stands out warmly against the green



edge of the woods. After the Second World War, funds are released by the *Coopérative nationale contre la tuberculose* to raise the fight against tuberculosis. Through this the sanatorium of La Hulpe receives sufficient credit to double the size of the women's pavilion. This architectural intervention was carried out in a respectful manner. The two phases in this building are difficult to detect. The design is the same and one can find but few building joints. Two indicating elements are: the roof dormers, which, on the right-hand side, differ in form from the older left-hand side, and the central stairwell, right next to the central axis, built in a single building campaign, which is believed to have rotated around this axis. The health galleries were demolished and replaced by larger versions, divided over two floors. In 1935, a small extension for surgical operations is added. During the 1990s, both buildings were radically altered. Yet, despite the preservation of a number of elements, such as terrazzo floors and glass windows, the women's pavilion lost much of its original interior because of





▲ First pavilion for men  
(photo G. Focant  
© MRW)



▲ Chapel and pastor's house  
(photo G. Focant  
© MRW)

this. Visually, the effects of the renovations had a much larger impact on the exterior of the building; the building is now plastered with a colour that aims to imitate French masonry. The health galleries, always a weak point at sanatoria, were preserved, but where, after closing up the openings, integrated into the inner courtyards. The beauty of the site was, however, safeguarded: it is still situated in its splendid park and still lies safely secluded in the woods.

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