

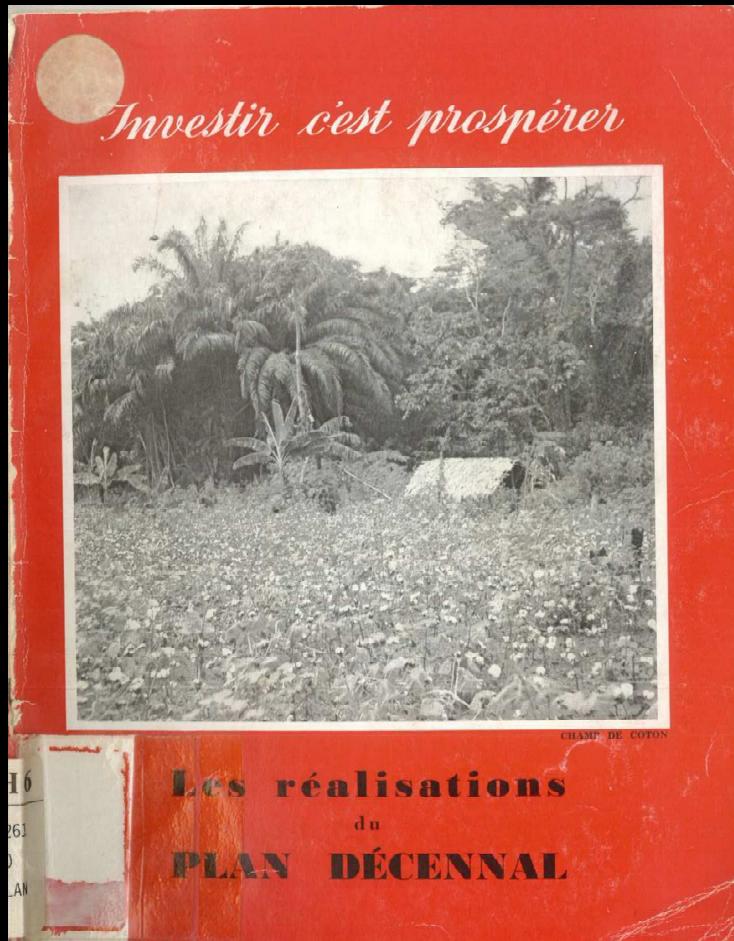
# **Designing segregation in landmarks of colonial health.**

**A spatial lecture of an urban hospital in a *colonie modèle*.**

**Simon De Nys-Ketels, Ghent University**

*More than four million indigenous people have received healthcare at official or subsidized medical centres: an immense effort of organisation, commitment and money, a result of which we can be justifiably proud.*

Governor Ryckmans, *Etapes et Jalons*, 1946.



*Investir c'est prospérer, 1959*

## L'HYGIÈNE ET LES INSTALLATIONS MÉDICALES

### SERVICE MEDICAL

Les établissements de médecine générale en 1950 étaient au nombre de 989 et comportaient 27.546 lits.

Le Plan Décennal a permis de porter, au

31 décembre 1959, le nombre des formations à 2.108 et celui des lits à 58.058.

La capacité hospitalière a donc doublé en neuf ans, ainsi que le montre le tableau comparatif ci-après :

Désignations	1950		1959	
	Nombre établissements	Nombre lits	Nombre établissements	Nombre lits
<i>Etablissements de médecine générale :</i>				
Hôpitaux et maternités de l'Etat . . . . .	117	9.729	190	25.388
Hôpitaux et maternités autres subventionnés par l'Etat . . . . .	59	5.056	174	15.223
Dispensaires ruraux de l'Etat . . . . .	514	4.677	1.273	9.029
Dispensaires ruraux autres subventionnés par l'Etat	299	8.084	471	8.418
	<b>989</b>	<b>27.546</b>	<b>2.108</b>	<b>58.058</b>



Un aspect du nouvel hôpital en construction dans la commune africaine de Kadutu, à Bukavu, chef-lieu de la province du Kivu.



Les bâtiments abritant le laboratoire médical de Luluabourg, chef-lieu de la province du Kasai.

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### NOMENCLATURE DES REALISATIONS

#### Dans les grands centres :

Ont été aménagés et agrandis :

11 hôpitaux généraux à Matadi, Kikwit, Tioville, Coquihaville, Stanleyville, Boma, Paulis, Bulavu, Elisabethville, Luebo et Lusambo.

11 hôpitaux pour classes avancées à Boma, Léopoldville (en cours), Coquihaville, Stanleyville, Buta, Bakau, Elisabethville, Albertville (en cours), Luebo, Lusambo et Luisa.

Ont été construits :

5 nouveaux hôpitaux à : Léopoldville-Ouest, Luluabourg, Elisabethville, Bakau et Stanleyville rive gauche.

15 laboratoires médicaux,

17 dispensaires,

1 grand sanatorium à Makala (Léo),

1 institut de pneumologie à Luluabourg.

#### Dans les zones rurales :

581 pavillons de Centres Médico-Chirurgicaux (C.M.C.) ont été réalisés, ainsi que 102 dispensaires.

Simultanément ont été construits les logements pour le personnel de ces formations rurales, soit 113 et 630 maisons respectivement pour membres du personnel de catégories supérieures et inférieures.

Les Centres Médico-Chirurgicaux sont répartis comme suit :

#### Province de Léopoldville :

Bogata, Balungu, Feshi, Gombe-Matadi, Gungu, Idiofa, Kalimba, Kasongo-Lunda, Kerge, Kimvula, Kiri, Kuta, Lukula, Luizi, Maleko, Masimanimba, Meanda, Mushe, Scké, Banza.

#### Province de l'Equateur :

Banzerville, Basankusu, Befalc, Bikoro, Bokote, Bokungu, Bolomba, Bomomba, Bomongo, Bongandainga, Bosobolo, Budjala, Businga, Djolu, Monkoto, Lisala, Gemena.

#### Province Orientale :

Abs, Ango, Aru, Bafwasende, Banaïla, Bondo, Dungu, Doruma, Ganga, Gombari, Mombasa, Opala, Poko, Ponthierville, Yabaondo, Yahuma.

#### Province du Kasaï :

Banika, Beni, Fizi, Goma, Kabambare, Kabare, Kasongo-Kibombo, Kirotche, Lokandu, Lubero, Lubutu, Lusangi, Muenga, Pangil, Rutishure, Shabunda, Uvira, Walikale.



Hôpital de l'Institut médical évangélique à Kinshasa, dans le Katanga.

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***Investir c'est prospérer, 1959***

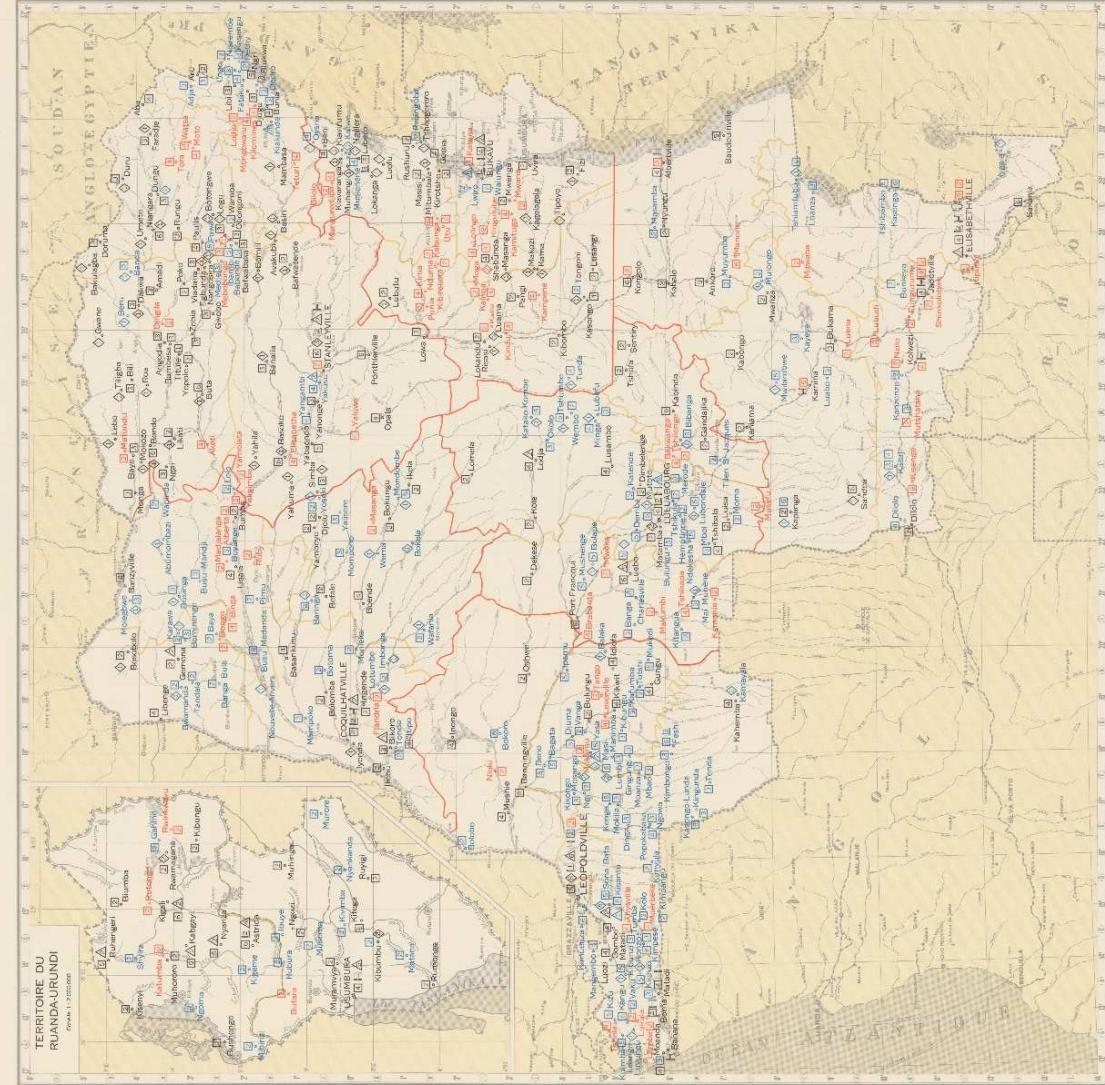
CARTE DES ÉTABLISSEMENTS MÉDICAUX IMPORTANTS

DRAAFT VAN P. A. DUCHIN

KONINKLIJKE ACADEMIE VOOR KOLONIALE WETENSCHAPPEN  
KONINKLIJKE CENTRALE COMMISSARIÉE VOOR DE  
ALGEMENE AALIS VAN CONGO  
INDEX OF 1881

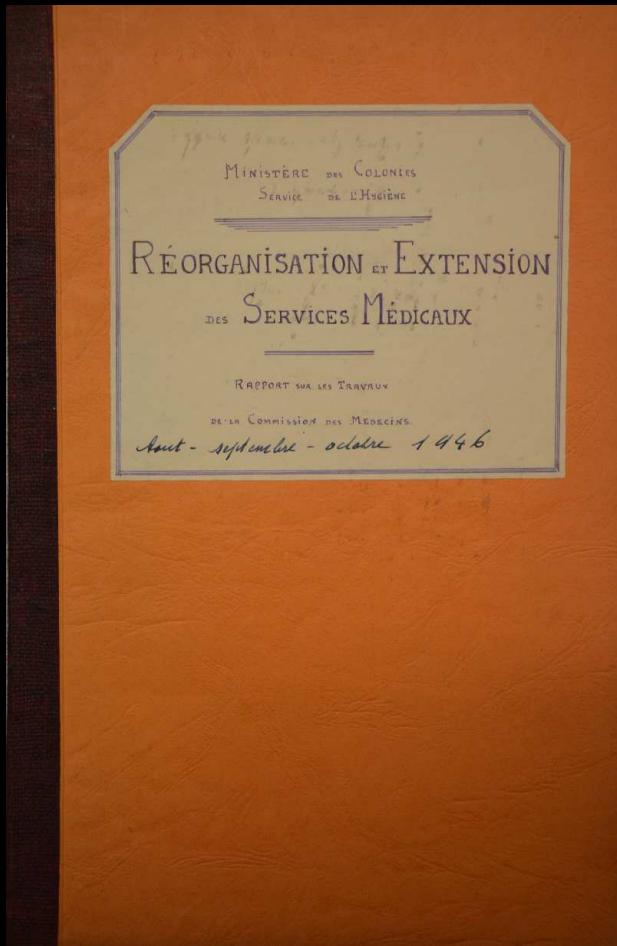
KAART DER BELANGRIJKE GENEESKUNDIGE  
INSTELLINGEN  
OPGEVONDEN DOOR A. DUCHIN

ACADEMIE ROYALE DES SCIENCES COLONIALES  
COMMISSION CENTRALE DE  
L'ATLAS GÉNÉRAL DU CONGO  
PARIS, 1881.



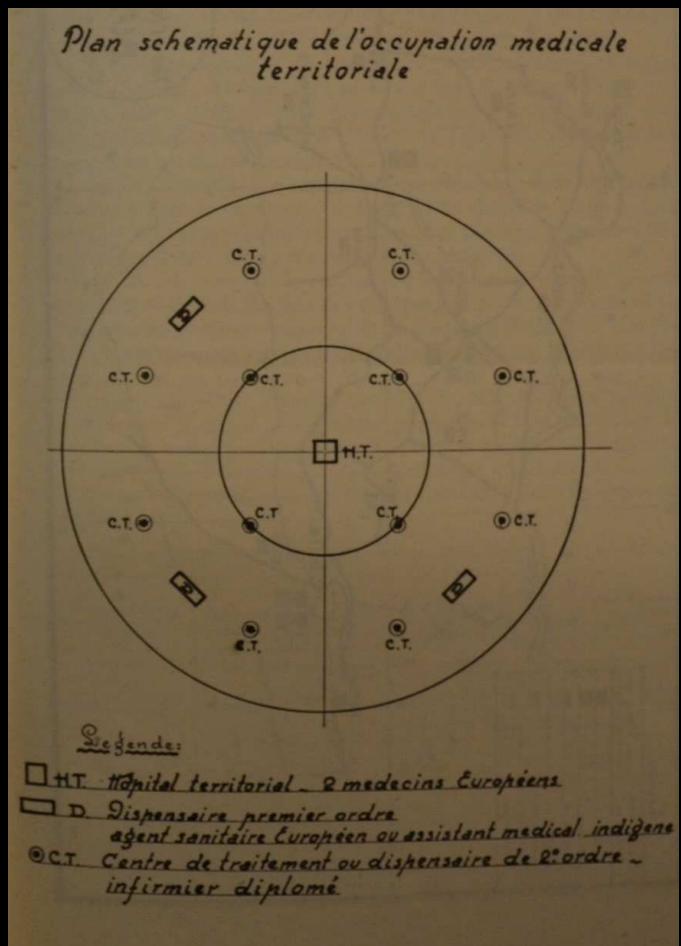
HOOFDKAART DER BELANGRIJKE GENEESKUNDIGE INSTELLINGEN IN CONGO EN IN DE RUBANDA-URUNDI TERRITORIËN

TOEGELEVERD AAN DE KOMMISSION CENTRALE VAN DE AALIS VAN CONGO

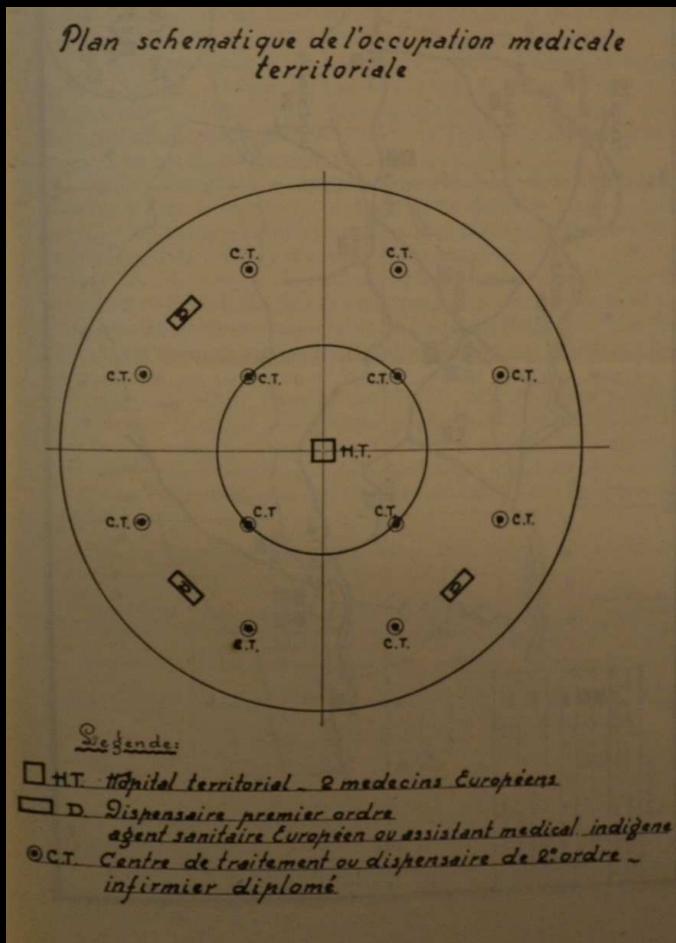


*Commission des Médecins, 1946*

*Plan schématique de l'occupation médicale territoriale*



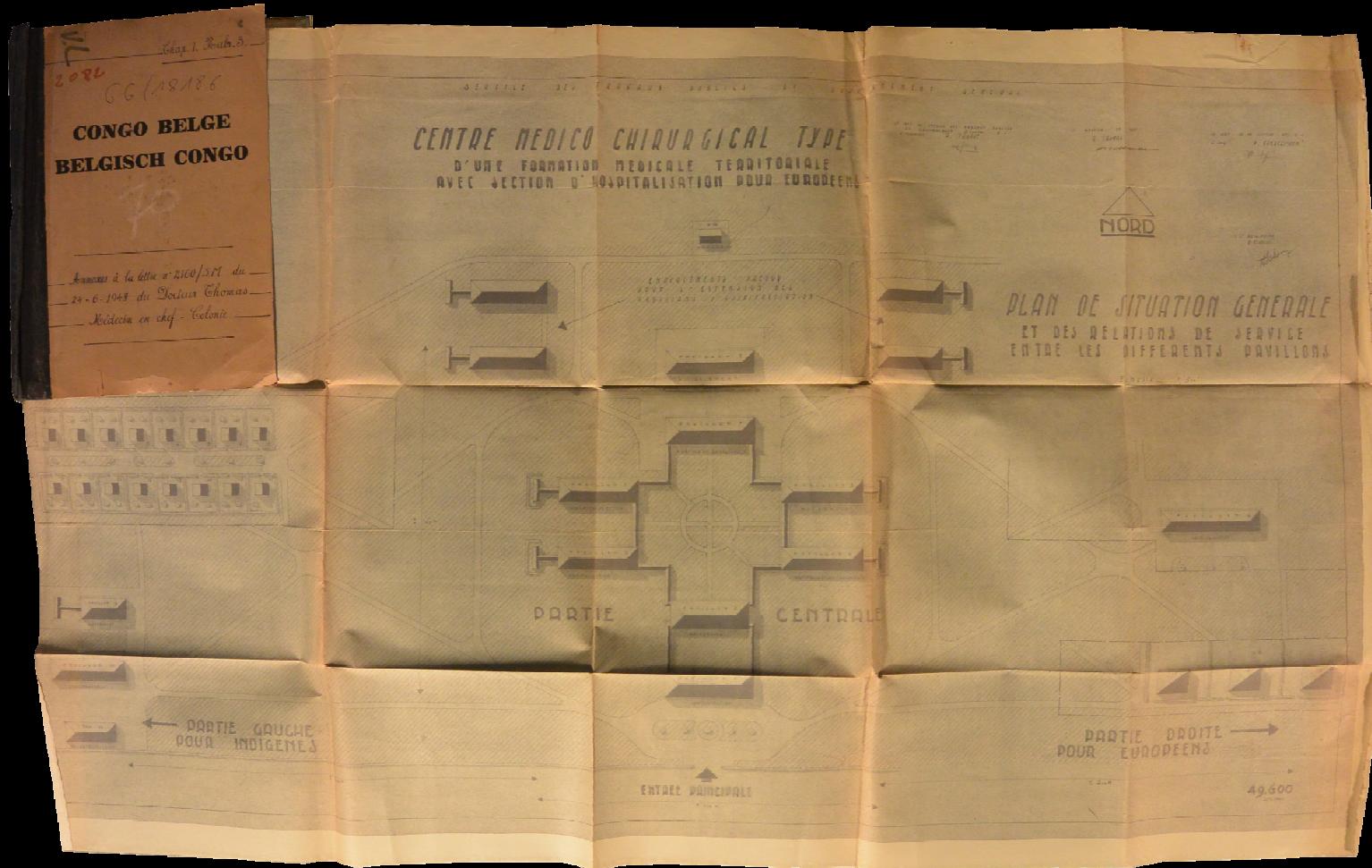
*Dr. Rodhain, 1948*



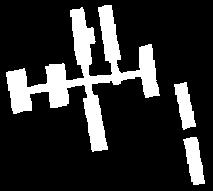
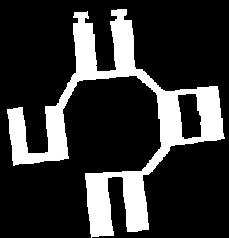
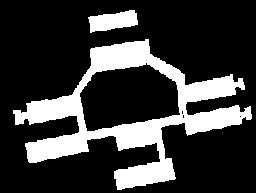
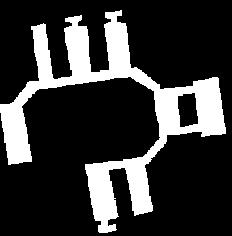
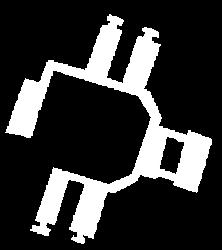
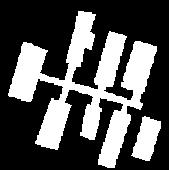
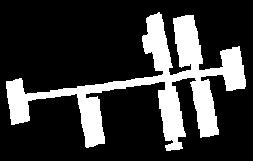
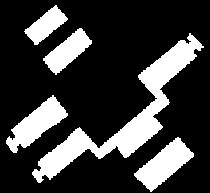
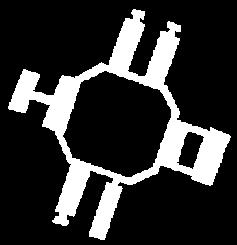
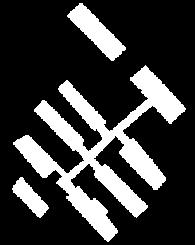
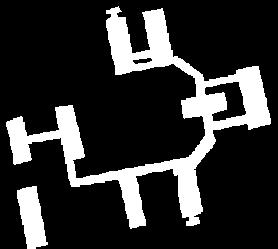
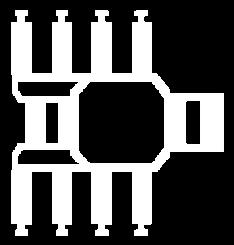
### Rural Hospitals:

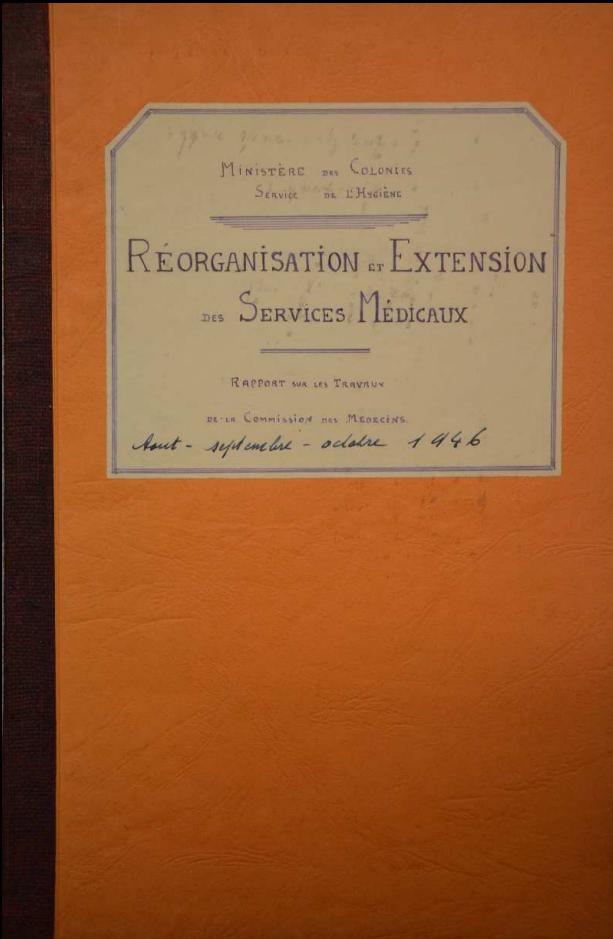
- Administrative division
- Demography
- Nosology (sickness)
- Accessibility
- Use of type-plans

*Dr. Rodhain, 1948*



Type Plan, 1948





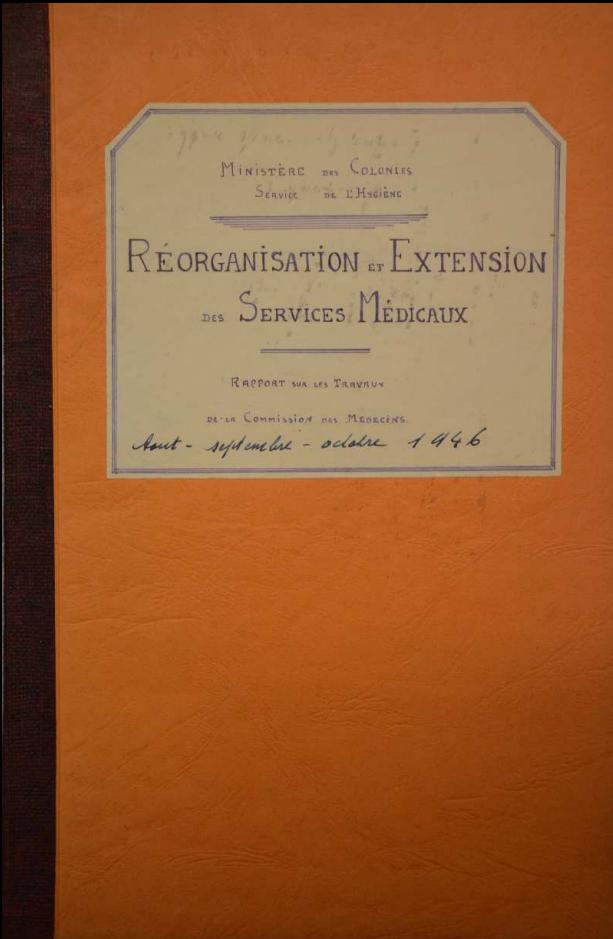
### Rural Hospitals:

- Administrative division
- Demography
- Nosology (sickness)
- Accessibility

### Urban Hospitals:

- *Politique de Rapprochement*

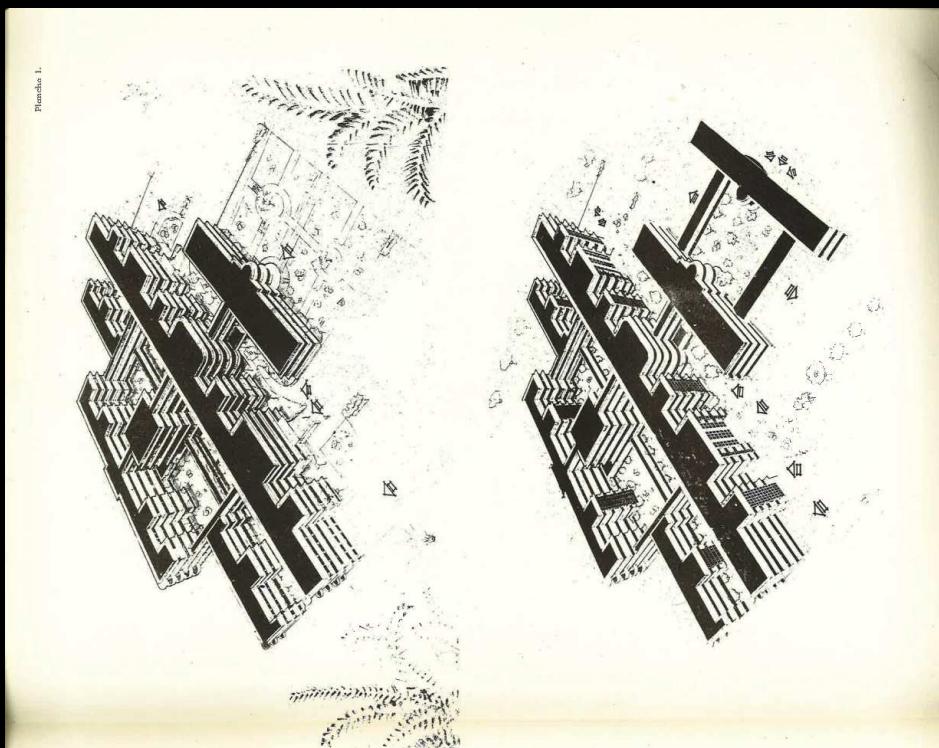
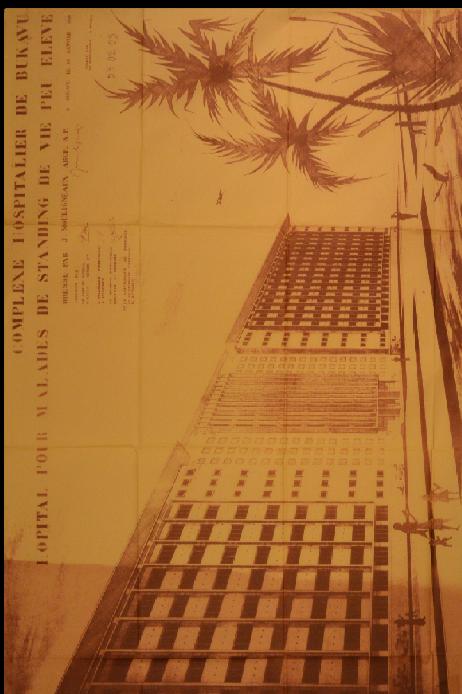
***Commission des Médecins, 1946***



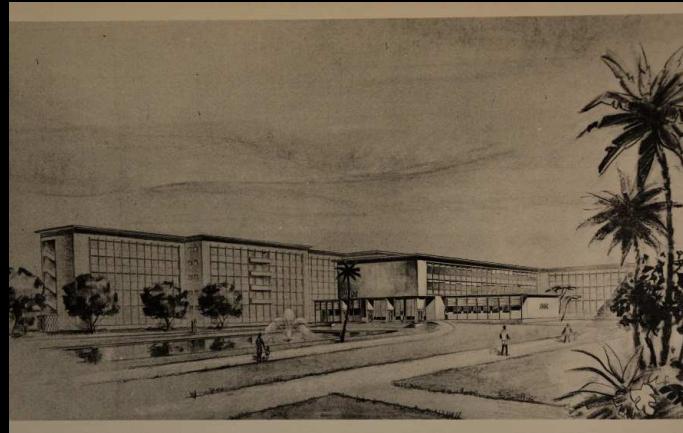
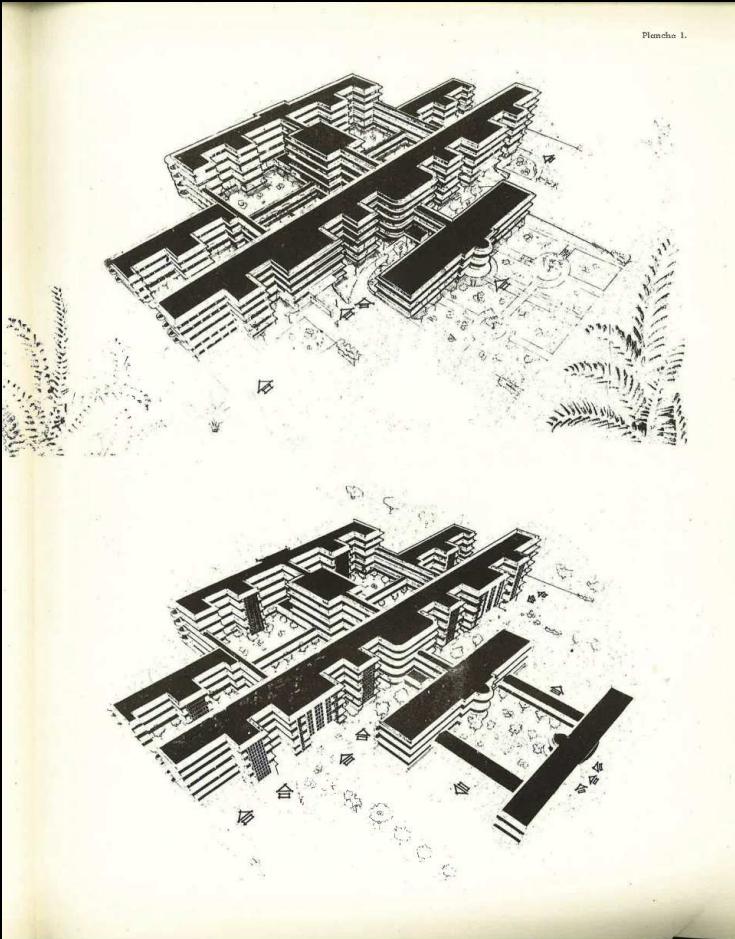
## Urban Hospitals: *Politique de Rapprochement*

*Hospitals for Europeans and those destined to indigenous should be juxtaposed, ..., in order to permit common use of technical installations which, up until today, have always been split.*

***Commission des Médecins, 1946***



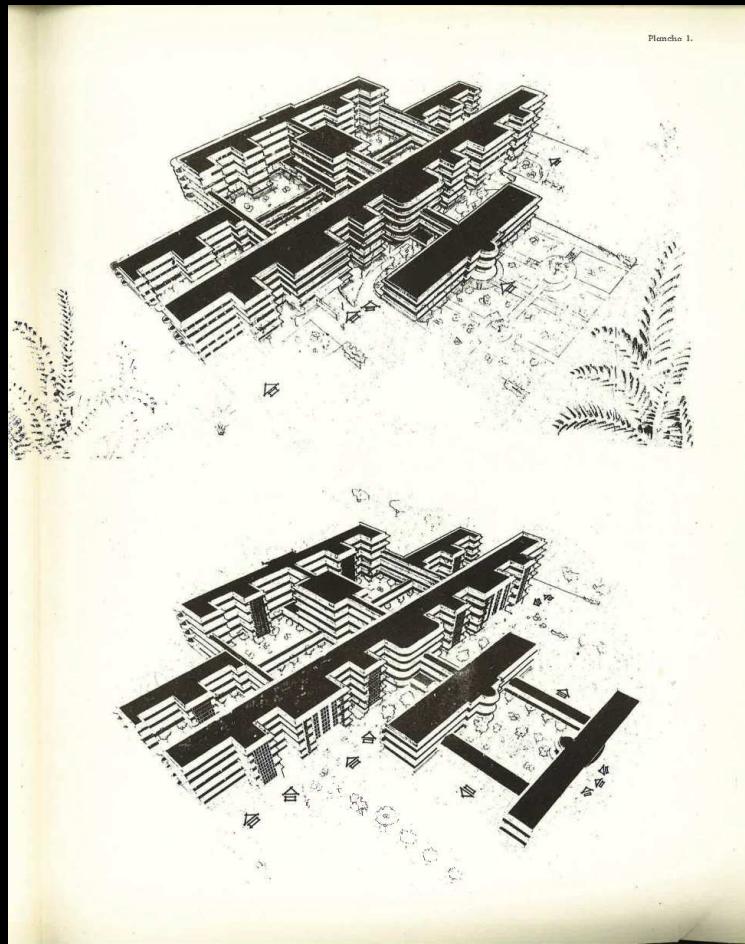
Planchette 1.



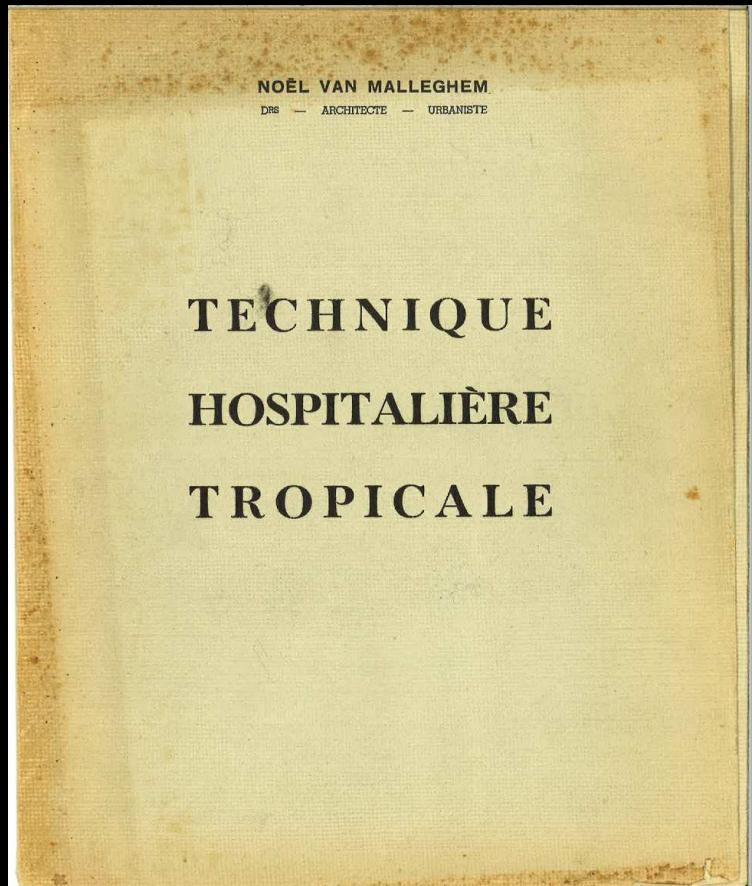
Hôpital des Congolais, Léopoldville



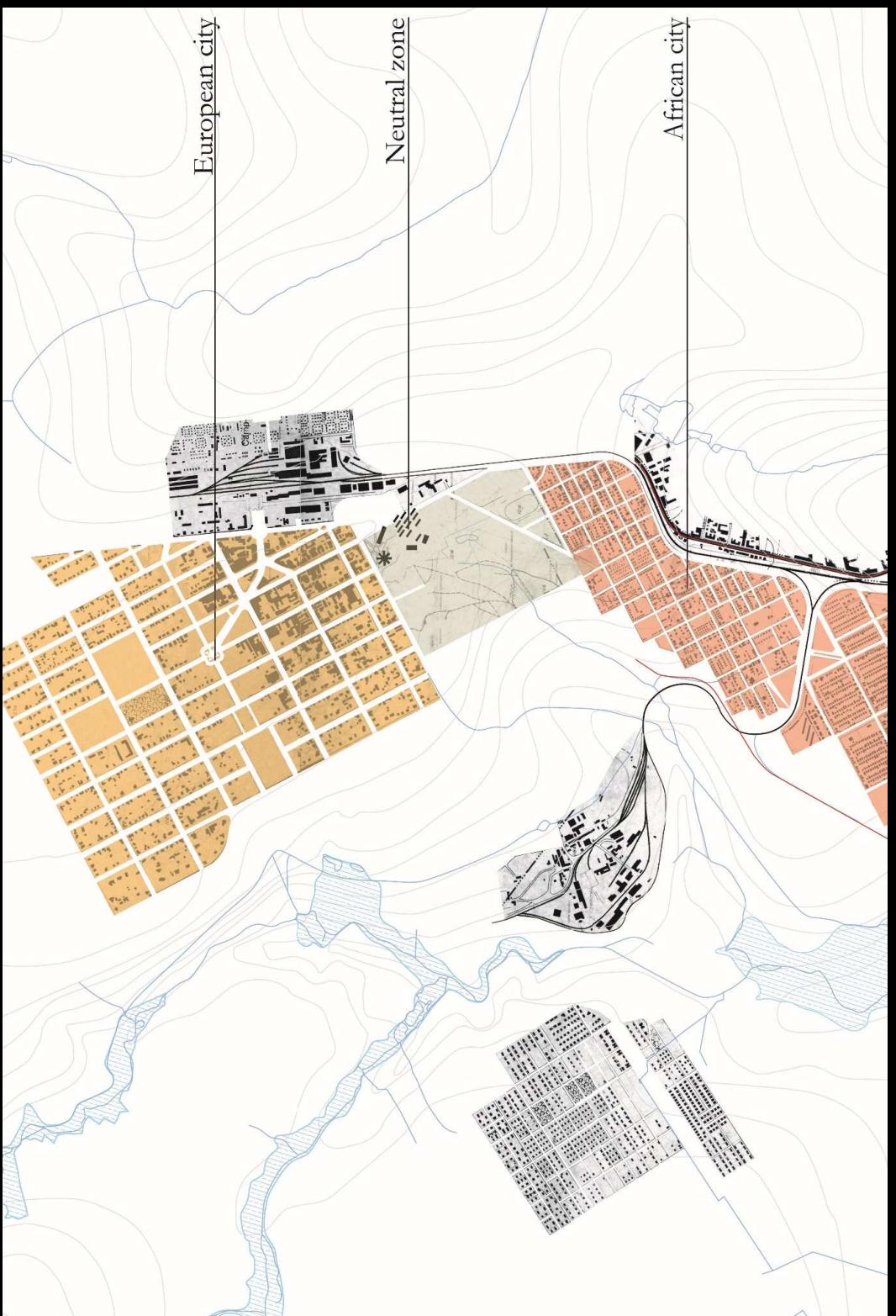
Complexe Hospitalier, Bukavu

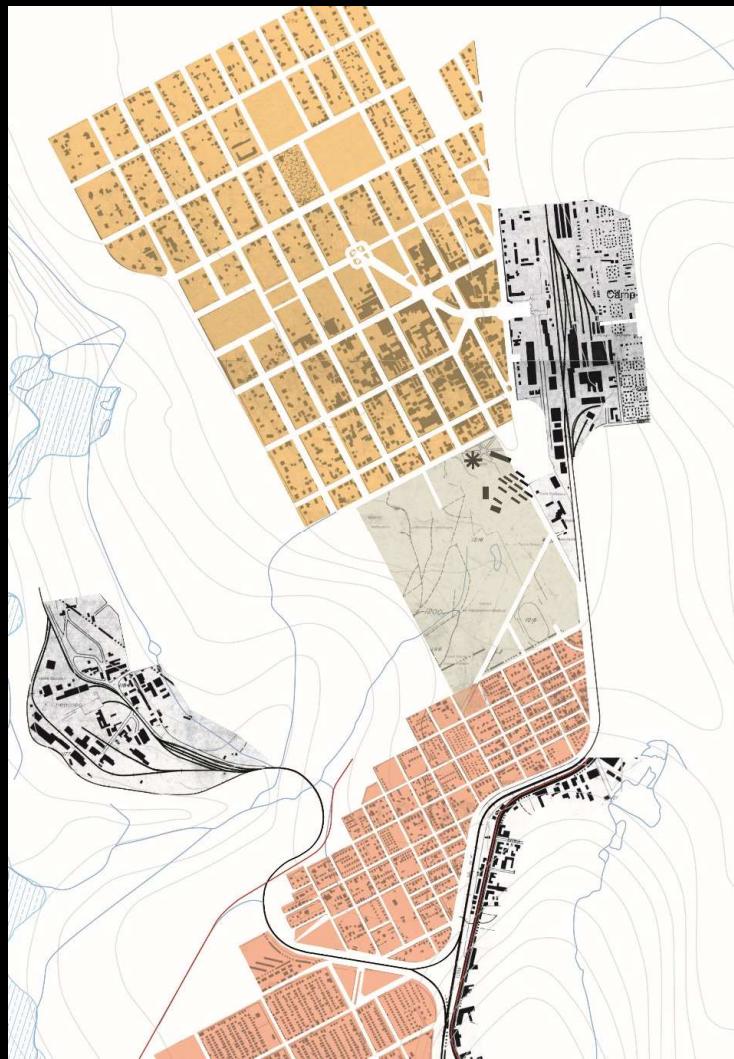


Hôpital des Congolais, architect Van Mallegem, Elisabethville



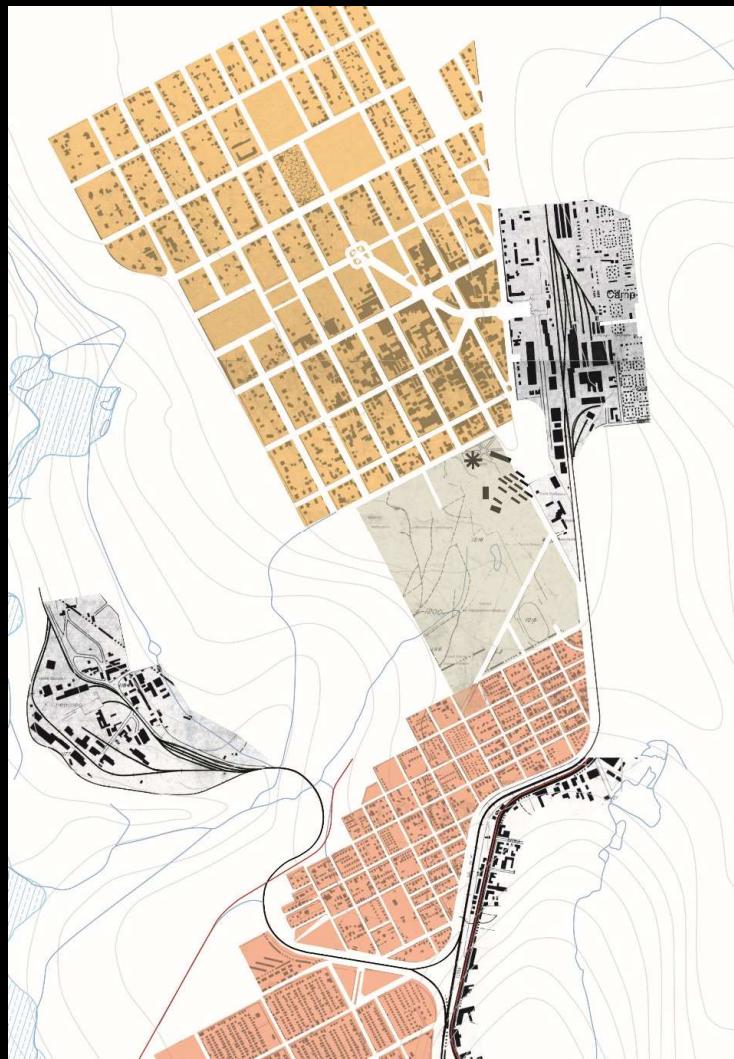
*Van Malleghem, 1954*





*[A juxtaposition] will bring about great inconveniences: masses of indigenous Congolese in the proximity of the hospital of Whites, funeral jeremiads, etc...'*

Comité Urbain, 1944



*'The reasons are efficient use of equipment and personnel in the common services. It's impossible to double all the specialists, this is absolutely necessary and the whole medical staff agrees on this subject.'*

*'Grouping the two hospitals is also necessary for political reasons: there can be no politics based on the colour of skin.'*

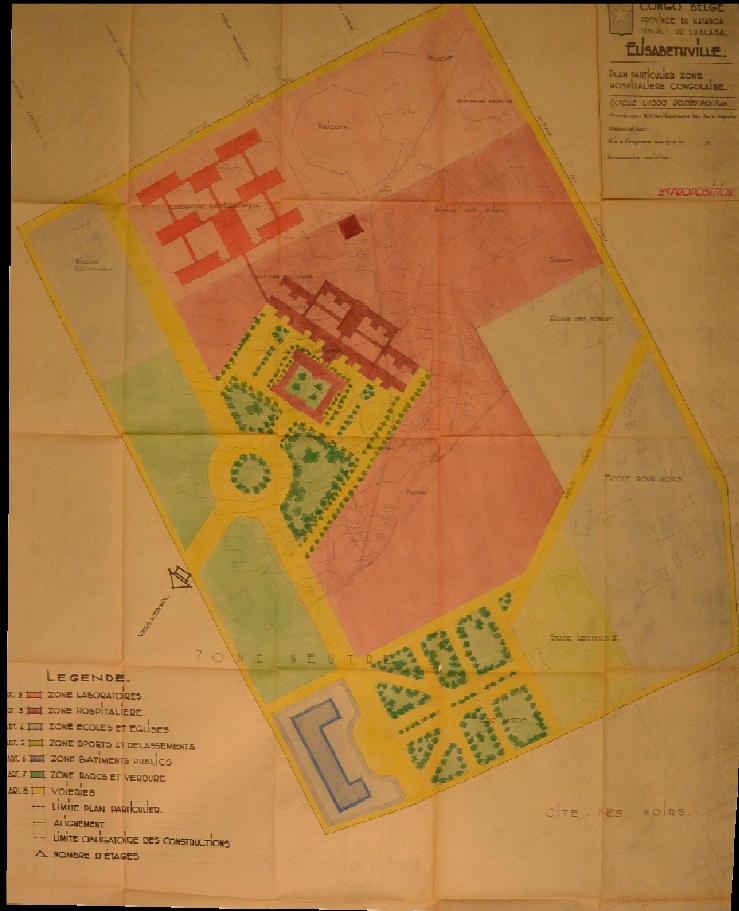
Inspector General of Medical Service, 1951



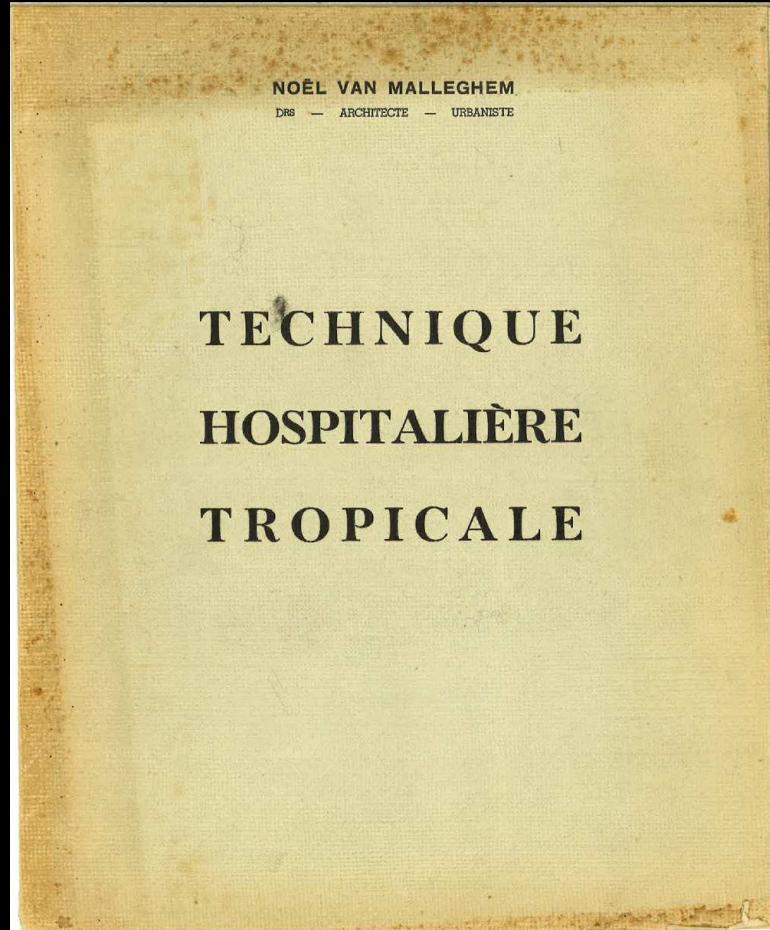
*'I think that we have to denounce juxtaposing hospitals for non-civilised Blacks and for educated persons of two colours on the terrain available.'*

Secretary General Sand, 1951

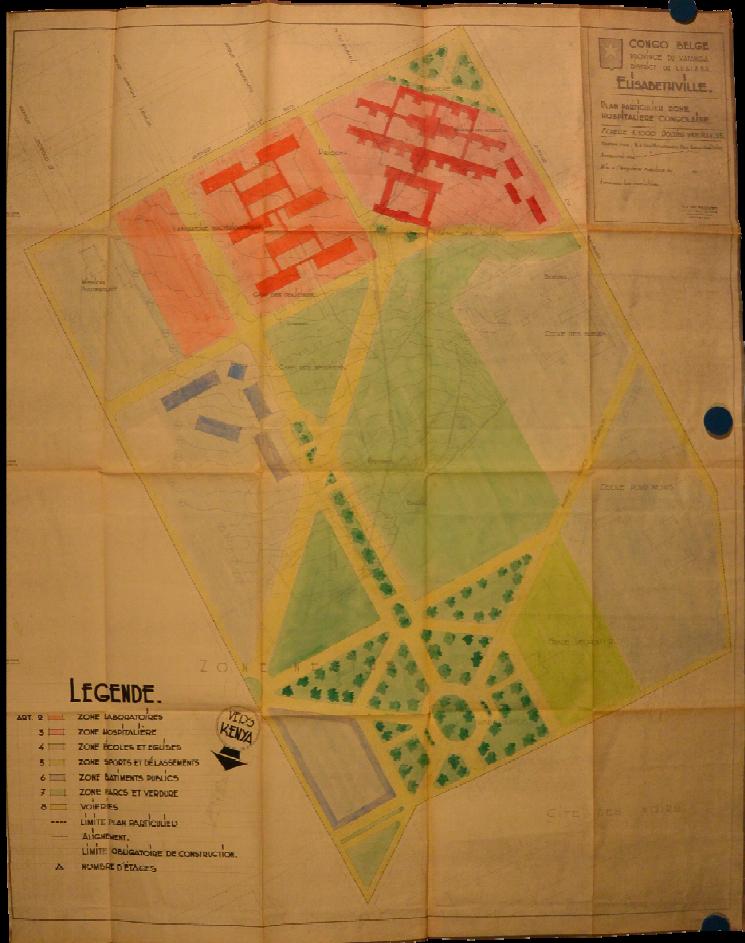
*Preliminary proposal, 1951*

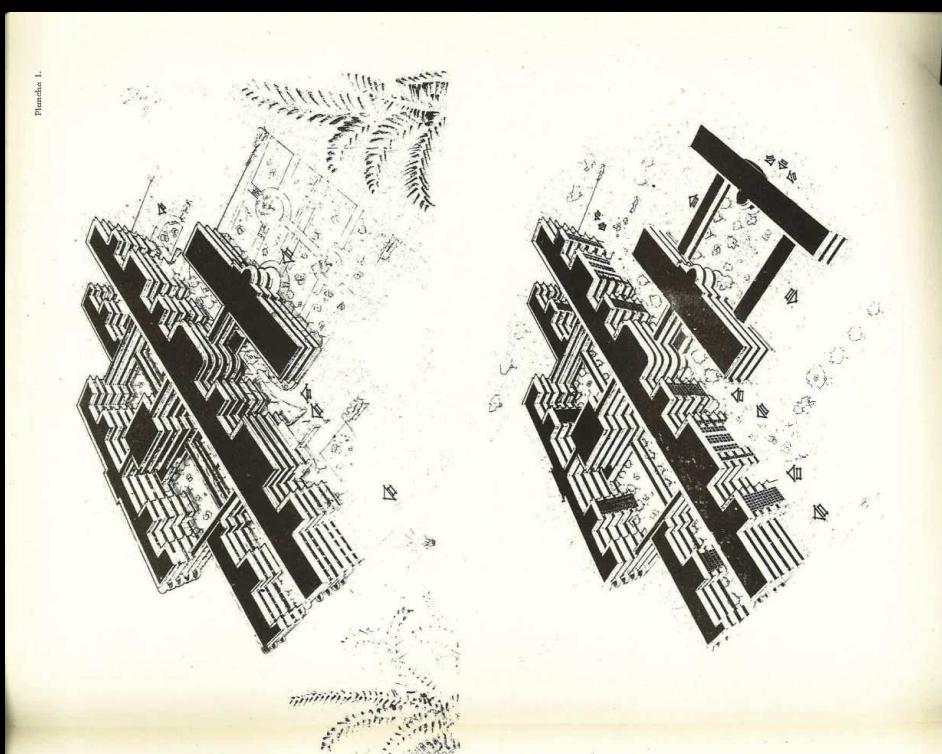


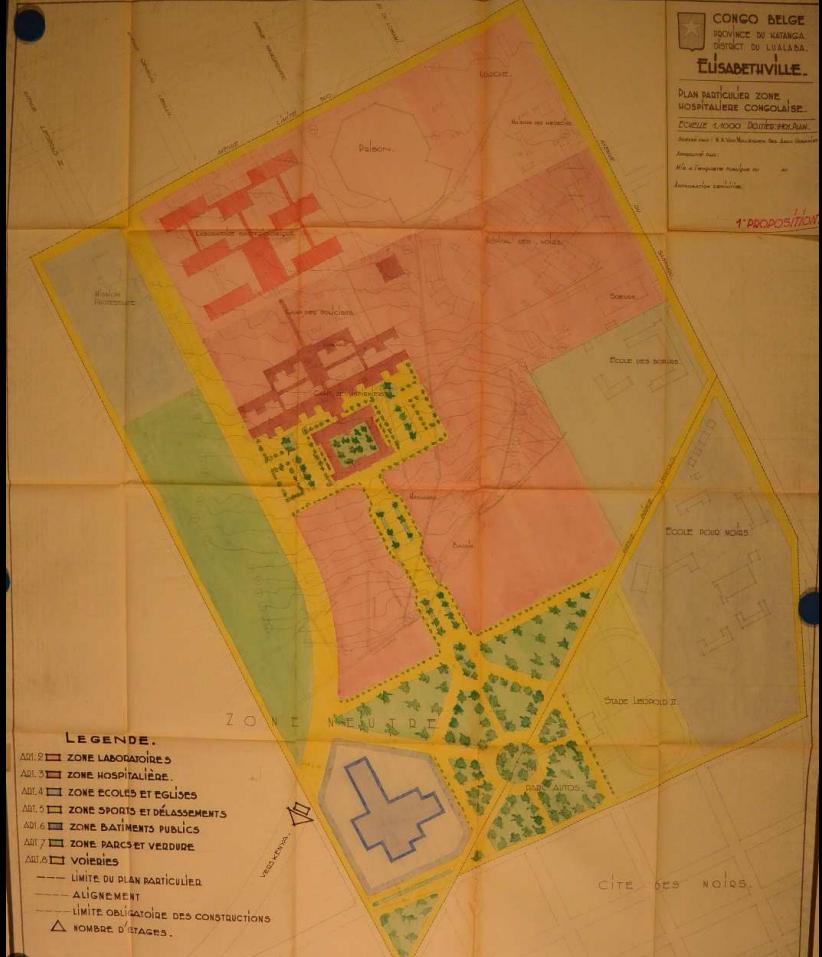
*Preliminary proposal, 1951*



*Final proposal, 1954*





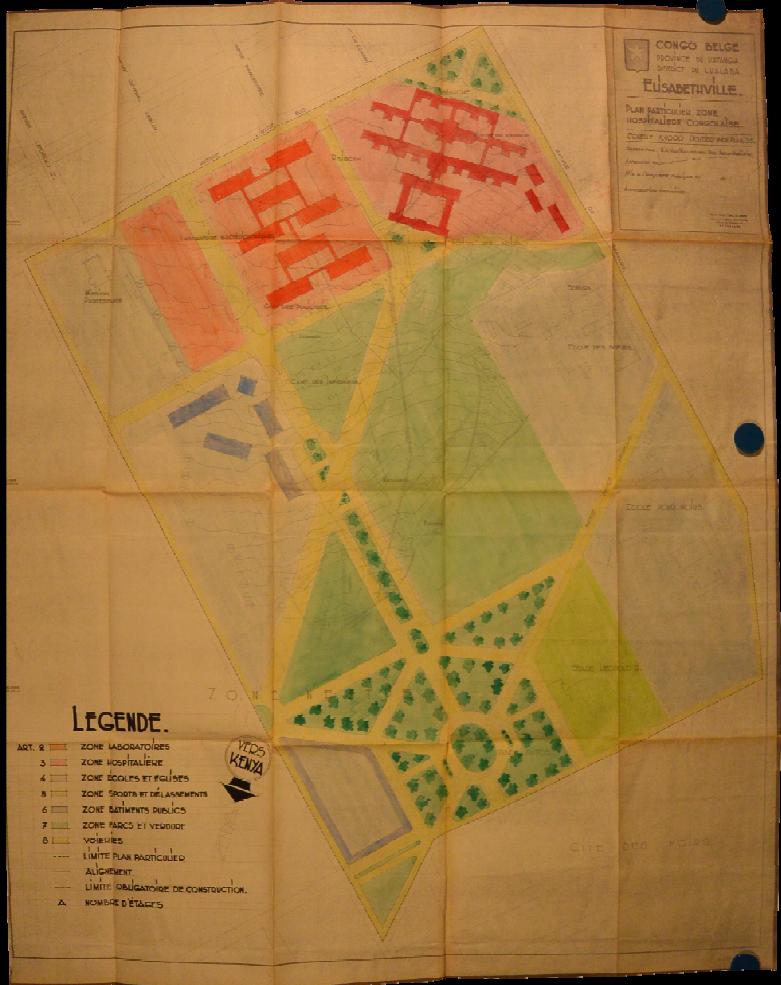


*'A first project envisioned the implantation of the hospital symmetrical to the existing road network. ...'*

*'The orientation was exclusively dictated by the symmetrical structure of the plan.'*

Van Malleghem, 1954

**1<sup>st</sup> Proposition**

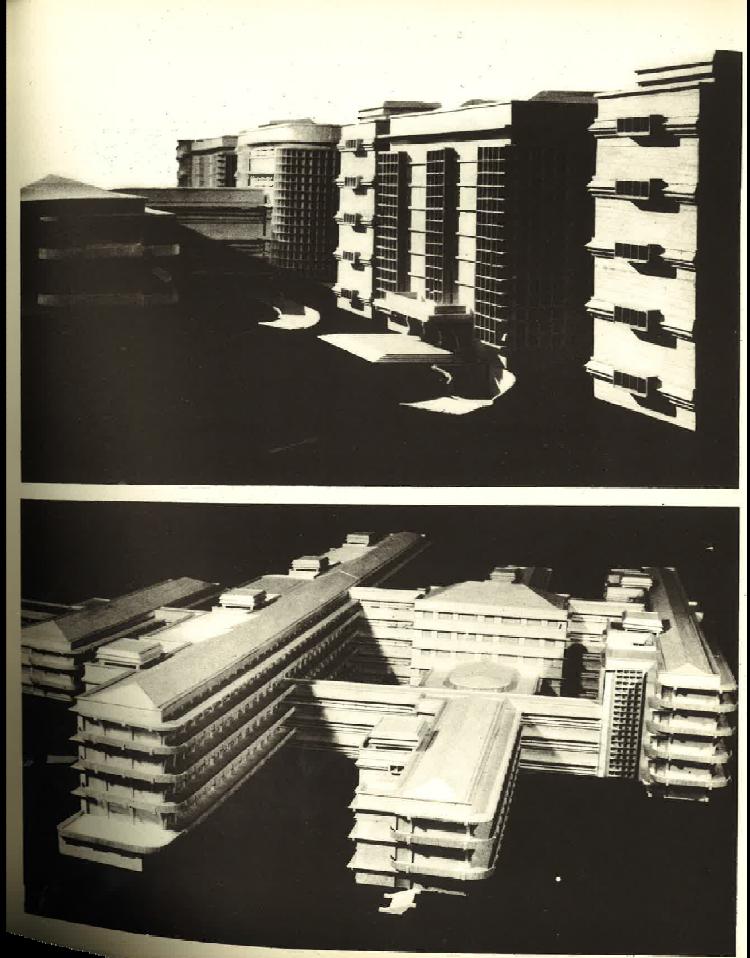


*'A first project envisioned the implantation of the hospital symmetrical to the existing road network. ...'*

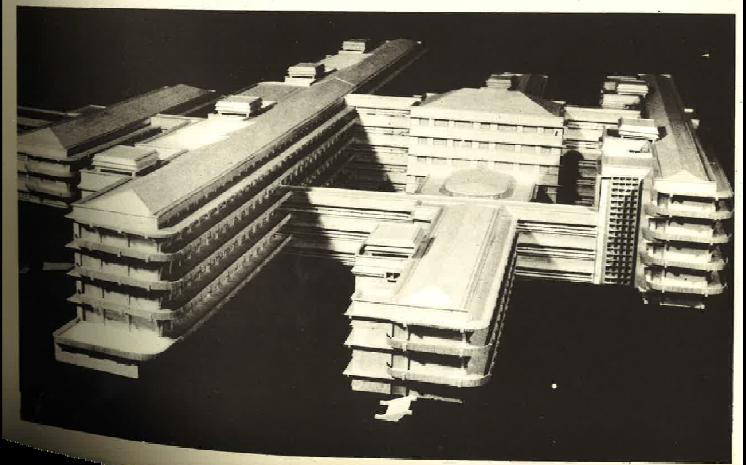
*'The orientation was exclusively dictated by the symmetrical structure of the plan.'*

Van Malleghem, 1954

***Final Proposition***



*Maquette, 1954*

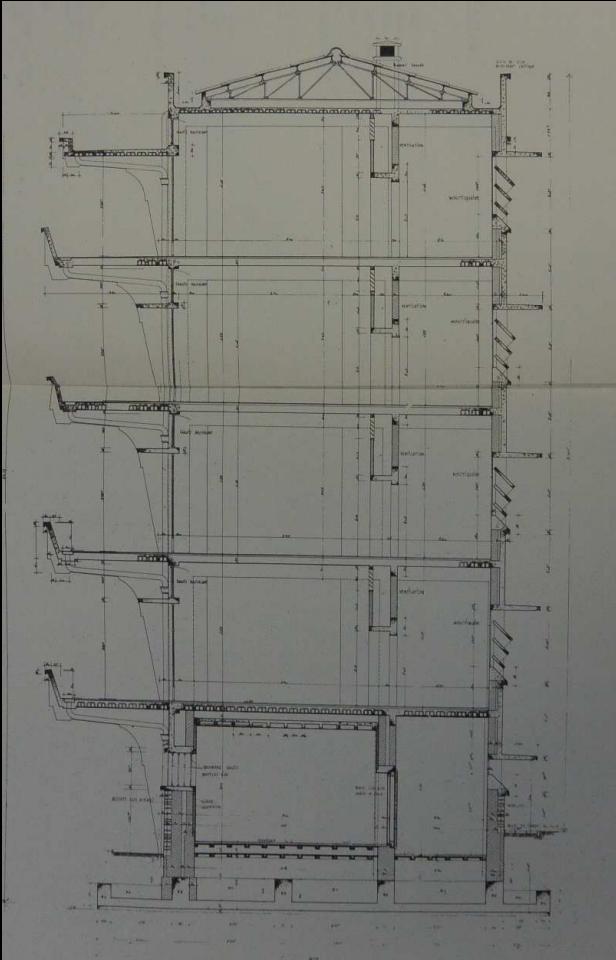


*'The blacks are cold. We need to find a way to capture the calorific power in the early morning..'*

*'The verandahs ... also fulfill the function of modulating insulation.'*

Van Malleghem, 1954

***Maquette, 1954***

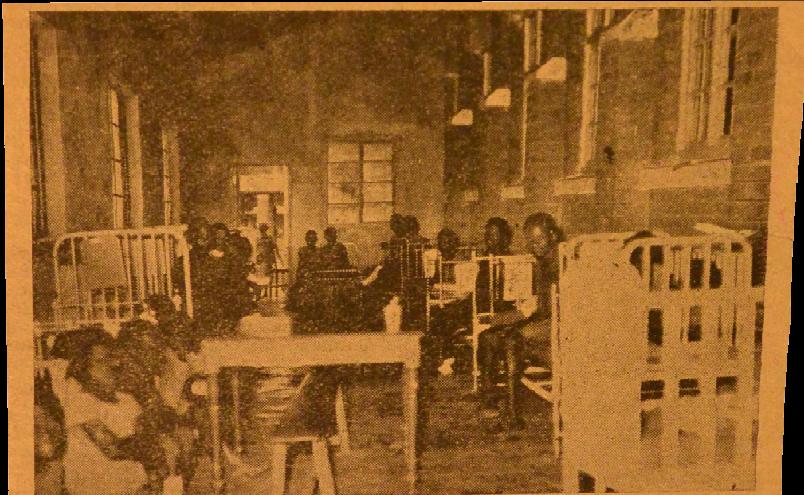


*'I was never personally convinced of adopting such type of luxurious construction.'*

*'The service in a hospital of the vertical type, completely modern, is not possible at the moment, and will not be for a long time, with autochthonous personnel still very close to its primitive life.'*

Secretary General Sand, 1954

***Rooms for upper class Congolese***



(Photo et cliché Essor du Congo)

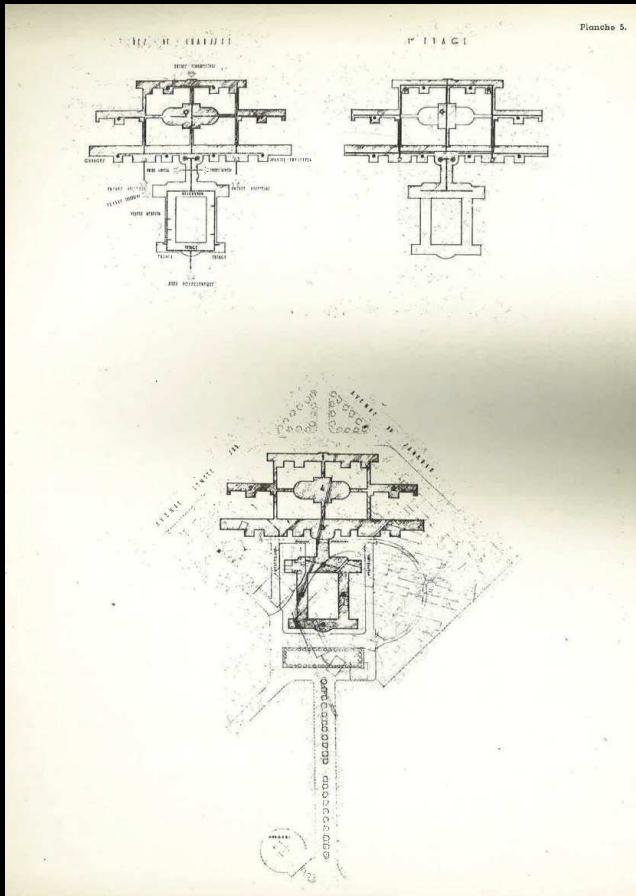
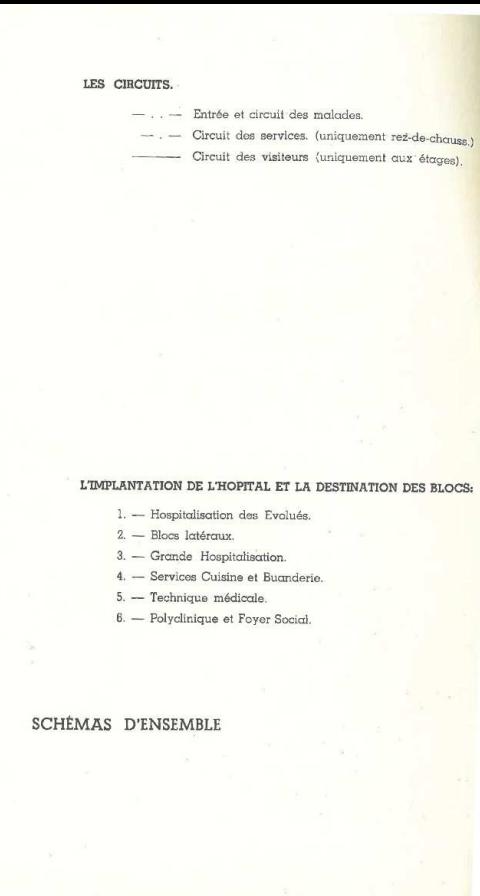
Avec des moyens de bord, une salle supplémentaire a été aménagée en fermant une barza. Les lits s'y entassent cependant encore et certains d'être eux sont occupés par plusieurs malades.

*With preliminary means, an additional ward was constructed by closing the verandah. Nonetheless, the beds still are still piled up together and some of them are used by more than one patient.*

Essor du Congo, February 4, 1956



# *Final proposal, 1954*

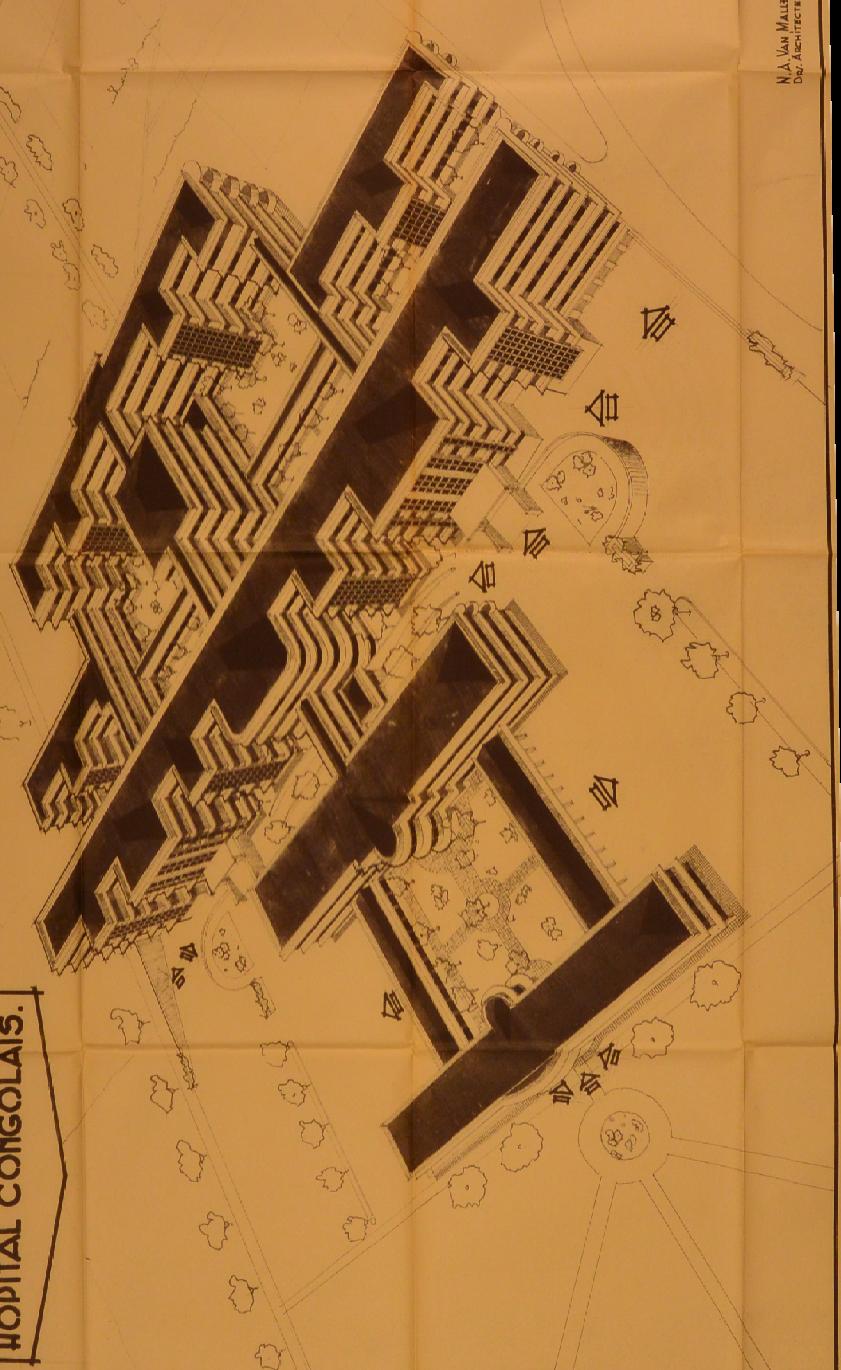


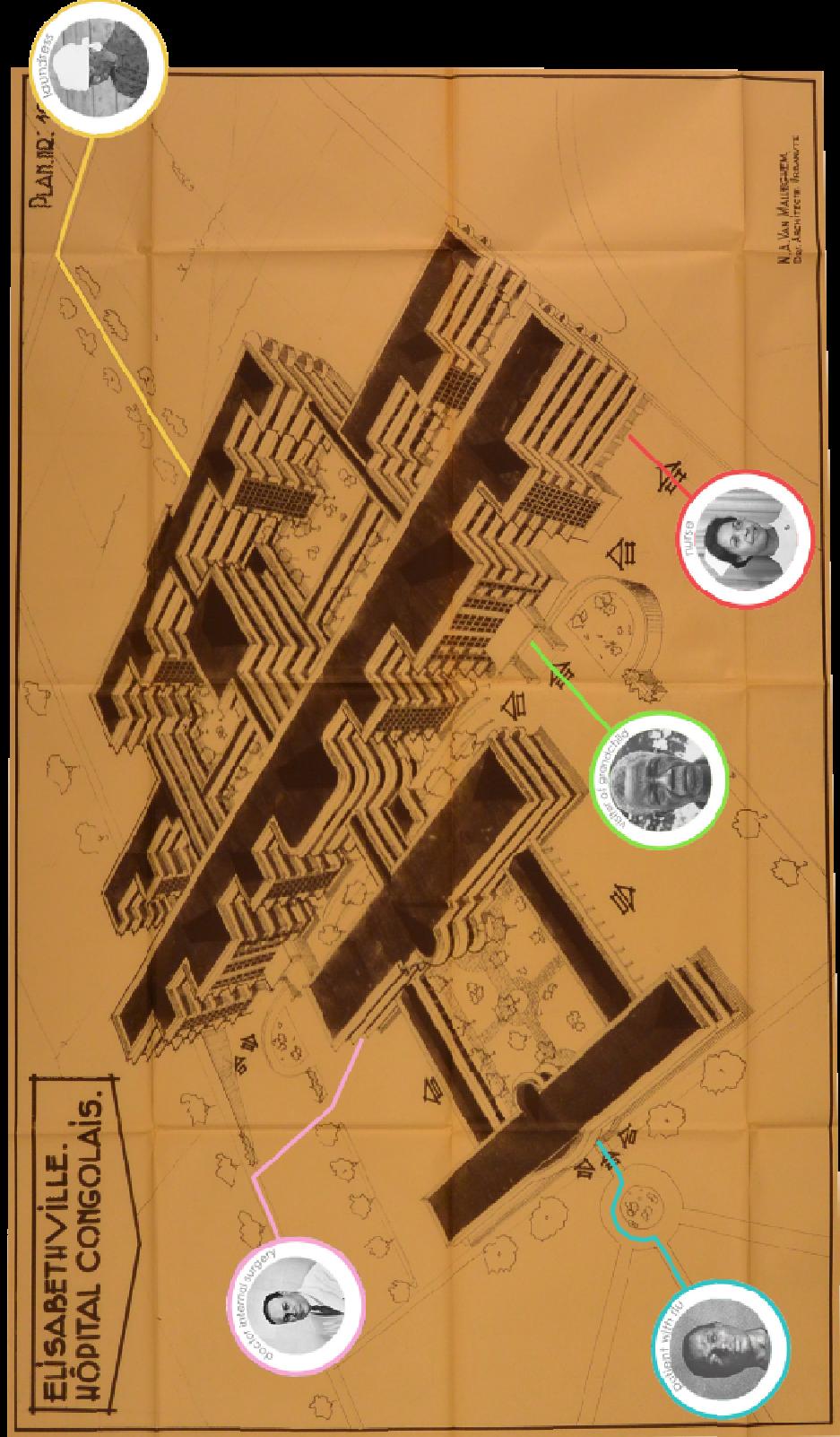
*Final proposal, 1954*

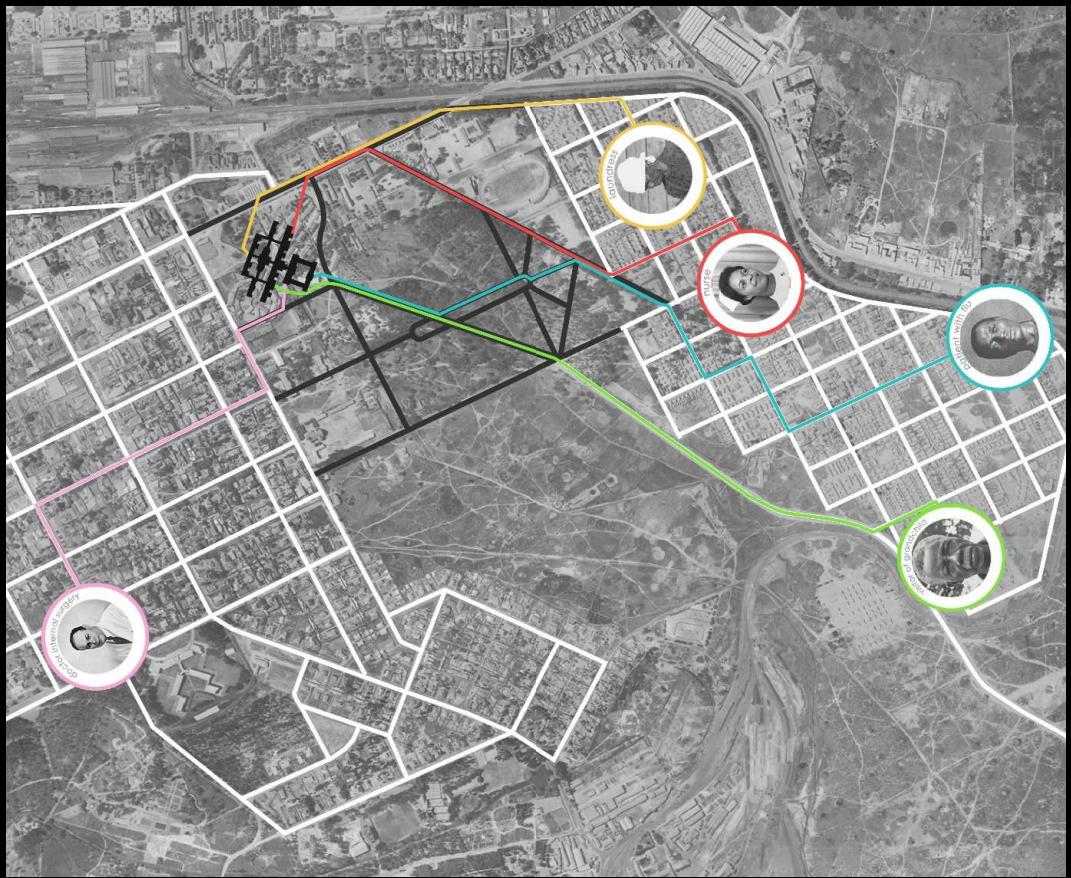
**ELISABETHVILLE.**  
**HÔPITAL CONGOLAIS.**

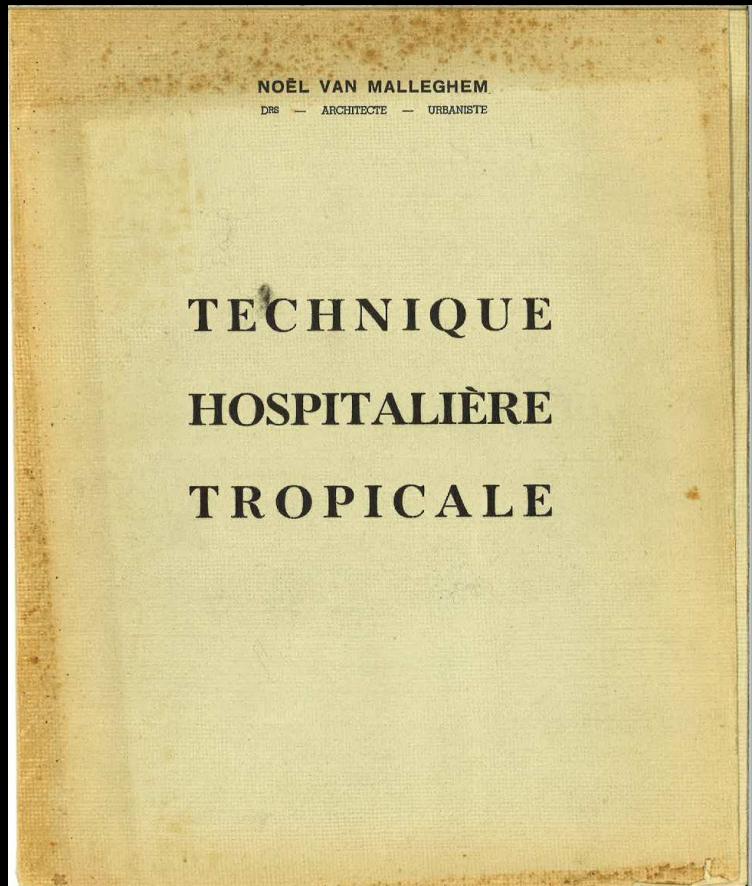
PLAN N° 16.

N. VAN MAESHEM,  
Des Architectes à Bruxelles



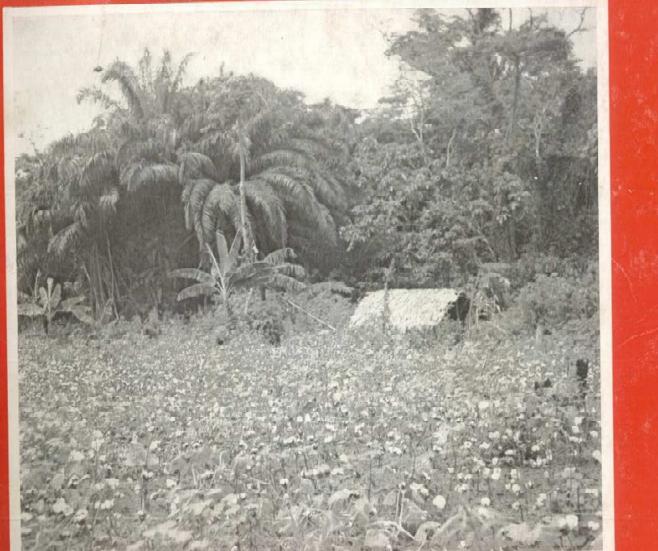






*Van Malleghem, 1954*

*Investir c'est prospérer*



CHAMP DE COTON

H6  
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PLAN DÉCENNAL

**Les réalisations  
du  
PLAN DÉCENNAL**

*Investir c'est prospérer, 1959*