The Architectural Heritage of Public Hospitals in Tshwane

Pierre Hugo

Supervisor: Johan Swart

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Department of Architecture

Faculty of Engineering, the Built Environment and Information Technology

University of Pretoria

South Africa

2023/07/24

DECLARATION OF ORIGINALITY

I declare that the mini-dissertation, The Architectural Heritage of public hospitals in Tshwane, which has been submitted in fulfilment of part of the requirements for the module of DIT 801, at the University of Pretoria, is my own work and has not previously been submitted by me for any degree at the University of Pretoria or any other tertiary institution.

I declare that I obtained the applicable research ethics approval in order to conduct the research that has been described in this dissertation.

I declare that I have observed the ethical standards required in terms of the University of Pretoria's ethic code for researchers and have followed the policy guidelines for responsible research.

Signature: Pierre Hugo

Date: 2023/07/24

Abstract

Heritage places and architecture in the city of Tshwane are notoriously undervalued and misused. These buildings are at risk of being lost due to a lack of public knowledge and legislative protection. Losing these places to degradation and mismanagement has a major negative impact on the city and the identity and memory of its people. This study contributes to the documentation and valuation of a critically underrepresented historical part of the city, public hospitals. The study focuses on whether public hospitals have cultural value, what would be the best way to document this value and importance and how this can be communicated to improve further research. By utilizing various informed methods of valuation and hybrid styles of documentation, the study unearths critical values hidden in multiple public hospitals throughout Tshwane. Various themes are identified that connect these public buildings and tell the history of the development of the city, the local narrative of medical practice and technology and the political conflict in the city and its impact on people past and present. The study concludes with extensive findings of heritage value in public hospitals and multiple narratives drawn between buildings, eras, and contexts.

Table of content

1. Introduction

South African heritage tells the story of a diverse country, a young nation that changed quickly. South African cities have seen incredible times of growth, densification, and change (Judin, 2021). With this change comes the possibility of losing memories of places and spaces. This study investigates the layer of public hospitals within the city of Tshwane, one of many underrepresented topics in heritage literature, to determine its cultural value and state of conservation. This study is driven by the fact that very few of the important architectural elements in the city of Pretoria and Tshwane are documented or understood (White, 2018). If the built environment is not documented to represent its cultural worth, it is at risk of being lost, affecting our identity and collective memory.

The research context for this study is basic and aims to improve our understanding of architectural heritage. The paradigm is interpretivist as the research topics dealt with are subjective and the research approach is qualitative. The research design makes use of desktop studies, archival studies, site evaluations and anonymous interviews.

I. Background

Many organisations, education institutes, government bodies, and volunteer groups have made contributions to the documentation and protection of the heritage fabric of the City of Tshwane. There is however still a great need for more work that is based on previous efforts such as the collaborative websites Artefacts (2023) and the Heritage Portal (2023) which aims to list historically significant places and spaces. The specific Architectural heritage context of Tshwane is further documented by the Architectural archives at the University of Pretoria which houses and curates various architectural records. The lack of heritage inventories at the municipal level and protection measures creates scenarios where heritage sites can be affected, altered and lost (Naude, Hart & Rautenbach, 2015). This study will contribute to a heritage inventory of spaces, elements and buildings that can be added to over time that will act as a baseline for conservation efforts in the city of Tshwane.

II. Research problem

With the dangers posed by a lacking municipal system of built heritage recognition and protection (Naude, Hart & Rautenbach, 2015), architectural heritage is at risk of being lost or damaged to the extent of losing the associated cultural heritage value. To minimize this risk, it is crucial to identify and document the existing heritage fabric of the city and compile this information into an accessible and informative collection. Attempting such a task requires an approach that broadly investigates the city to identify suitable areas of study. The information gathered needs to be interpreted for each site individually as well as in the context of similar sites in the city. This collection of sites will be referred to as a heritage layer. Innumerable possible heritage layers exist in any city. By following the categorisations by Marsden and Spearritt (2021), the layer of public hospitals was chosen for this study as according to Wagenaar (2020), hospitals contain specific cultural values that need to be preserved.

III. Research questions

The objective of this study is to determine the cultural value of public hospitals in the city. This can be addressed with the following questions:

Research questions:

Do public hospitals in Tshwane have cultural and heritage value?

What is the current conservation status of these hospital sites?

Research sub-question:

How can cultural value, heritage value and conservation status be documented to be accessible?

IV. Limitations

The following limitations were recognized to have an impact on the study (Table1):

Inherent limitations	
Access to properties	All the researched sites are publicly accessible to limited spaces. Photography is limited as well as certain areas inside buildings.
Access to organizational information	Organisational information of hospitals is restricted
Access to architectural information and drawings	Most sites investigated restricts access to architectural information. Archival information was used to supplement missing data. Military data references and details were collected but the information was not declassified.
Imposed limitations	
Building function	Limitations were placed on the types of buildings investigated. Medical public hospitals and closely related medical academic institutions.
Historical timeframe	The study was limited in historic investigation to the first public hospital built in the city of Pretoria (1890)
Building status	The sites investigated was limited to buildings and complexes that are currently built and functions as medical hospital.

Table 1 Research limitations

Despite these limitations, the key objectives of the study can still be achieved through other methods. Rapid site assessments, archival studies and desktop studies will be utilized.

2. Literature Review

I. The Importance of heritage conservation

Humanities shared Heritage contains assets that are of intrinsic, irreplaceable value. The concept of heritage has evolved to mean much more than the original definition of the monumental remains of cultures. Heritage now encompasses all things including living cultures and expressions (UNESCO, 2021).

The Burra Charter (Australia ICOMOS, 2000) describes the importance of conservation as culturally significant locations enhance people's lives by frequently offering a profound and energizing sense of connection to community and landscape, to history, and to lived experiences. They are essential historical records that serve as concrete representations of identity and experience. The diversity of our communities is reflected in places of cultural value, which also provide information about our identity, the history that has shaped us, and the landscape. They are priceless and unique and therefore essential to be protected.

Stuart Hall (1990) argues that identity is a product of cultural and historical processes and that heritage plays a crucial role in shaping how individuals and communities understand themselves and their place in the world. Other scholars such as Benedict Anderson (1983) and Edward Said (1978) describe the sense of belonging that people feel to a larger, shared culture or history, and the role of cultural representation in constructing and reinforcing ideas of identity and difference. This belonging and identity linked to a larger community is as important as ever and directly related to Heritage, which must be protected.

Not only are Heritage and Heritage assets of significant cultural value, but it also constitutes as a national resource that needs to be managed for the benefit of the communities with which it ties in culturally. The National heritage resources act of 1999 (NHRA) (Republic of South Africa, 1999) defines Heritage as a resource and set forth legislation to protect and manage the tangible and intangible heritage of South Africa.

II. The History of architectural heritage conservation

To be able to investigate a specific architectural heritage layer of the city of Tshwane, one needs to understand the history of the vast base of international knowledge and discourse regarding the field of architectural heritage conservation. By understanding the relevant history, theories and current applications, the complex nature of this fragment of the history and narrative of the city can be evaluated. Contemporary architectural heritage preservation norms and governance were borne from a rich history of heritage valuation dating back to the beginning of civilization. Though not always as sophisticated and prominent, the historical importance of man-made spaces of value has always been protected to some degree. As the most implemented heritage guidelines and legislation in South Africa originated from Western societies, a similarly focused historical background will be given.

The development of Western philosophies over centuries informed multiple conventions and charters of which the 1964 international Charter for the Conservation and restoration of Monuments, also known as the Venice Charter, is regarded as a landmark (Jokilehto, 2011). Legislation such as the Venice charter guides consciousness and concepts of preservation and conservation in the modern world. The development of our thought and understanding of heritage value, preservation and conservation stems from three historical movements of development.

Firstly, the traditional approach to heritage preservation originates with human civilization itself, in essence, preserving structures of importance for as long as they have a valuable use. During this time, changes to buildings regularly bridged generations indicating the continuous efforts of a society to retain the value of a building (Jokilehto, 2011). Monuments gained memorial and symbolic value through the connection of the building's purpose or the memory of its original builder. Changes made to buildings were slow and in harmony with the context in which it was located. These changes however rarely differentiated between existing and new buildings but rather observed the changes as part of a continuous development (Izziv, 2023). Certain buildings of exceptional cultural value gained memorial value which persisted for many years such as the Egyptian pyramids (figure 1) and ancient Greek temples (figure 2).

Figure 1 Pyramids of Giza (Getty Images)

Figure 2 Erechtheion (Getty Images)

Secondly, the Italian Renaissance ushered in a change in preservation approaches known as romantic restoration (Izziv, 2023). Historical works of art and structures were seen as fragments of the past and nostalgic remains from which one can learn, copy and surpass. Memorials were preserved, restored, and completed to provide new functions in a new society (Izziv, 2023). Contrary to the popular perception of the spirit of the Renaissance, medieval art and architecture were respected as achievements of previous generations as can be seen with Leon Battista Alberti's additive renaissance façade on the church Santa Maria Novella in 1450 (figure 3) (Izziv, 2023). Prehistoric structures and elements such as Stone Henge in the United Kingdom were receiving increased attention and protection indicating an interest in histories spanning past the known cultural environment. Architectural restoration was based on historical research and focused on the completion and recreation of a building that aligns with its original intent, effectively freezing the building in time (Jokilehto, 2011). It was a specific moment in history that was seen as historically valuable. The emergence of more complex and involved protection of built heritage originates from this era driven by the interest in historical heritage.

Figure 3 Basilica of Santa Maria Novella (Getty Images)

Thirdly, a concurrent approach developed during the Renaissance focused on the conservation and re-evaluation of culturally significant objects. Preservation of the historical layering and the authentic and non-falsified material use was of importance as opposed to the aesthetic concerns of the second approach (Izziv, 2023). An early example of which is the Basilica of St.

Mary built inside of the ruins of Dioclethians baths in Rome designed by Michelangelo Buonarroti in 1563 (figure 4) following the idea of minimal intervention (Izziv, 2023). This opposing method of preservation and conservation resulted in conflicting viewpoints for many years to come.

Figure 4 Basilica of St. Mary (Getty Images))

This movement regarded the substance of a subject as more important than the form. This led to the influential concept of a distinction between the original and restored parts developed by Johann Joachim Winckelmann (Jokilehto, 2011). It also enabled a shift in the recognition of cultural value to be more than age and memorial related. Through this new approach, the anti-restoration movement developed and was given a clear definition by the likes of John Ruskin and William Morris who highlighted the impossibility of recreating an object with the same significance in a new context (Izziv, 2023). Reconstruction was rarely seen as acceptable, and all new additions were to be distinguishable from the original built form and style. The devastating events of the world wars eventually led historians to synthesise the two conflicting approaches into what can be called "*restauro critico*". The theory takes a critical evaluation of the object and considers all significant phases of history while taking into consideration the historically aesthetic qualities and allows for the restoration of the object if done without falsifying aspects thereof (Jokilehto, 2011). It is this approach that forms the basis of most current international guidelines.

The principles of historic preservation and restoration are constantly debated (Jokilehto, 2011). This is due to the complexity of various cases and the various ways conservation and preservation can feasibly be accomplished within the cultural complexity of each case. The history of the development of architectural heritage conservation and preservation indicates an increase in complexity in understanding and application. The methods and guiding principles driven by these developments became more complex and encompassing over time allowing for the rich assessment of any heritage asset in terms of its inherent and implied cultural value (Fredheim & Khalaf, 2016). The assessment of built heritage and the documentation thereof similarly continues to advance and become more specialized as described in the following section.

III. Heritage Legislation and Guidelines

The development of heritage protection ideals required standardization and legislation which was implemented from the early 20th century. International and local South African Heritage legislation and guidelines are based on the above-mentioned third approach described in section 2(II) which focuses on authenticity and cultural value. The developmental origin of these guidelines is the Athens Charter of 1931 which detailed the preservation of monumental sites (Naude, Hart & Rautenbach, 2015). The Venice Charter of 1964 followed, focusing on the maintenance of monumental sites as well as the important shift in the discourse of distinguishable additions and the protection of original historical evidence. The international legislation transformed through the 20th century with influence by ICOMOS, The Council of Europe, the World Heritage Committee and UNESCO which in parallel culminated in the currently widely used and adopted Burra Charter developed by the Australian ICOMOS in 1979 and revised in 1999 and 2013 (Gaber & Akçay, 2020).

Parallel to these developments, South African Heritage Protection legislation originated in 1923 with the promulgation of the National Historical Monuments Act and the establishment of the Historical Monuments Commission. Even though the act was limited and could only identify monuments and provide the platform to negotiate with the owners of monuments, it was an important step in the development of comprehensive legislation (Ndlovu, 2011). As per Figure 5, local legislation developed up until the National Heritage Resources act 25 of 1999 (NHRA). This act introduced an integrated system for the management of national heritage resources, provided general principles of governance of heritage sites, and provided the opportunity for provinces and municipalities to establish heritage authorities to protect and manage certain heritage resources (Ndlovu, 2011). Under the NHRA, the South African Heritage Resource Agency (SAHRA) was established in the year 2000 along with provincial and local municipal heritage authorities to manage all levels of heritage resources. Along with the regulatory bodies, various provincial by-laws, policy documentation and standard-setting international guidelines play definitive roles in local heritage resource management (Naude, Hart & Rautenbach, 2015).

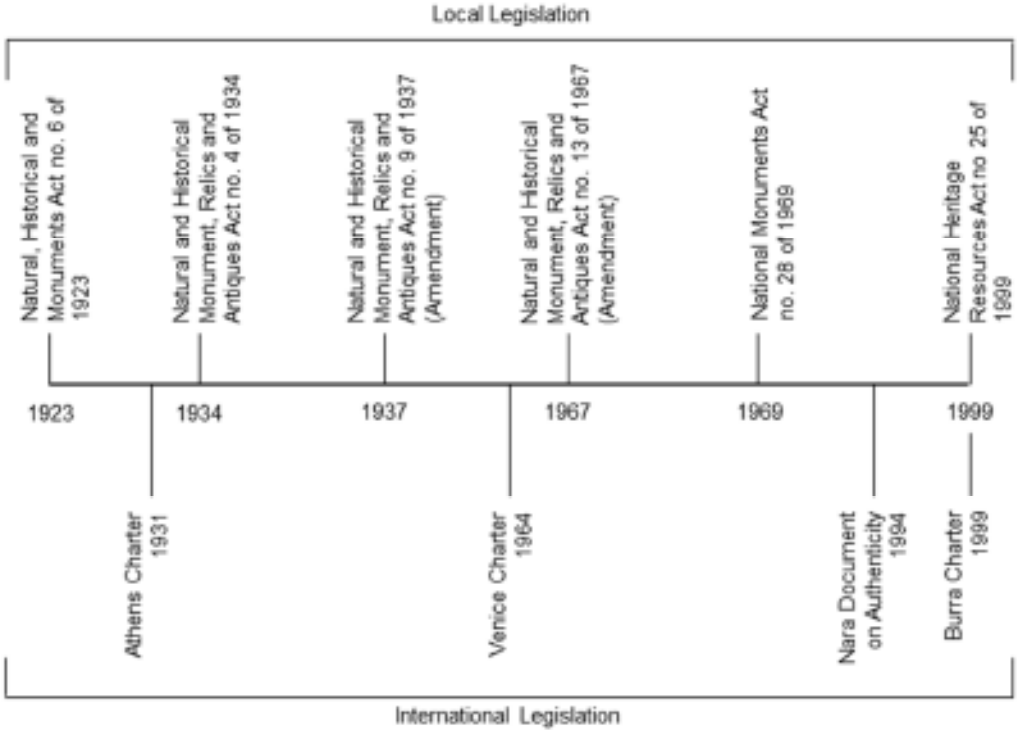


Figure 5 Local and International heritage legislation timeline (author)

The hierarchical heritage structure flowing from international to local can be seen in figure 6 Global governance is implemented by UNESCO and the World Heritage Committee of which South Africa is a member. ICOMOS evaluates properties with cultural values and proposes the inclusion of said properties in the world heritage list as well as providing and improving the doctrine and techniques of heritage conservation. ICOMOS is further branched out into national bodies such as ICOMOS South Africa and ICOMOS Australia. While UNESCO provides guidance and legislation for world heritage sites, local laws and legislation is determined by the NHRA, SAHRA and the affiliate provincial and municipal bodies (Naude, Hart & Rautenbach, 2015).

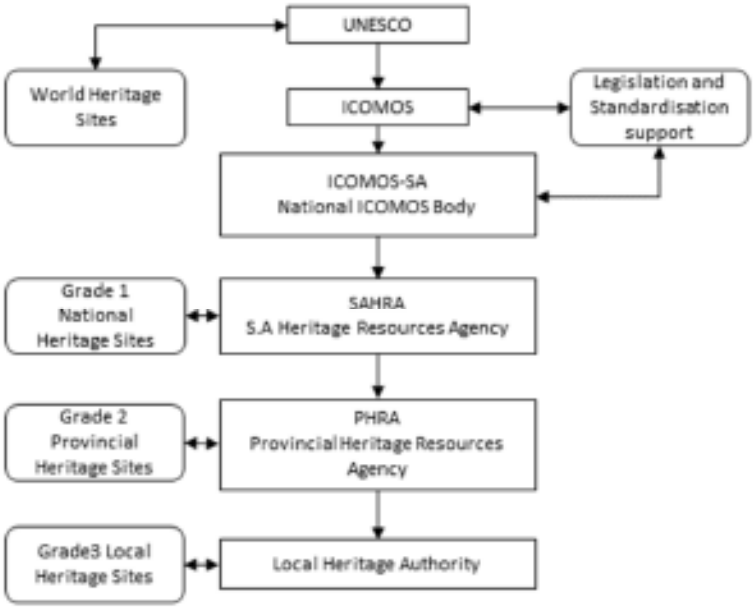


Figure 6 Heritage authority flow chart (author)

To ensure the protection and proper use of tangible and intangible heritage all the above-mentioned guidelines need to be taken into consideration. The differentiation of Heritage resources grades by the NHRA (Republic of South Africa, 1999) and the focus of international bodies on exclusive lists such as the world heritage list (UNESCO, 2021) ensures that identification of the applicable heritage authority per case is not vague or confusing. However, this compartmentalising of levels of heritage significance creates opportunities for gaps within the process and the potential for heritage resource loss. As identified by Naude et al. (2015), the local sphere of government in South Africa is crucial to the proper function of the overall NHRA and achieving its objectives. Unfortunately, very few local municipalities have functioning departments to carry out the required work and build the needed databases of Heritage assets within their scope of governance (De Rust Heritage, 2019). This highlights the importance of other organisational entities such as owners and research initiatives to document and manage any culturally significant heritage assets in their possession within the provided guidelines of the NHRA and industry-leading charters.

The focus of this study to document underrepresented heritage layers within the city therefore falls within this gap of legislative protection. The places and buildings investigated are mostly unrecognized as being of cultural value and therefore not protected by the extensive legislation in place.

IV. Methods of documentation

The process of valuation of heritage objects and places and their assessment follows the process illustrated by Mason (2002) (figure 7). The three categories, 1, Identification and description, 2, assessment and analysis and 3, response starts with the documentation and description of the site in conjunction with the aims of the assessment. Documentation of sites provides the information needed to determine any action going forward and is a critical part of the life span of a heritage object or place as it guides the maintenance, management, monitoring and future educational endeavours (Letellier, 2015). Heritage documentation also carries the responsibility of contributing to heritage research in local and global contexts and should therefore be accessible, understandable and potentially standardised (LeBlanc & Eppich, 2005).

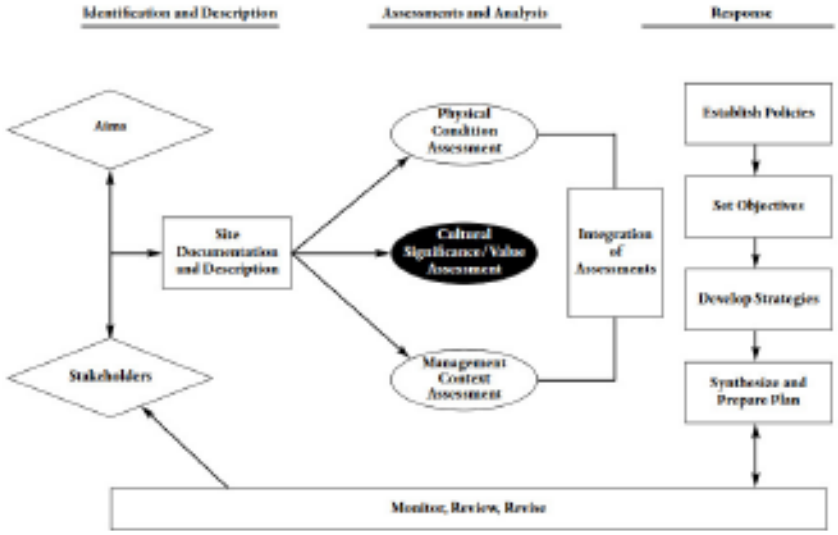


Figure 7 Heritage conservation process (Mason, 2002)

The importance and need for architectural heritage documentation dramatically increased after the second world war due to reconstruction efforts (Jokilehto, 2011) and was much later reflected in the Nara document on authenticity of 1994 which called for reliable information in conservation efforts (ICOMOS, 1994). ICOMOS identified this need for proper documentation as a primary method of giving meaning, understanding, definition and recognition to the values of heritage places and published a comprehensive list of key elements of the reasons, responsibility, planning, content and management, and dissemination of documentation (see appendix A 1) (ICOMOS, 2012). Similar guides were published by the Getty Conservation Institute detailing the requirements of recording, documentation, and information management for the Conservation of Heritage Places (Letellier, 2015). This set of principles provides the fundamental guidelines for the documentation and information management of heritage places. Above the extensive information management guidance provided by the document, a succinct summary of analysis documentation requirements is provided including the reasons for recording, responsibility of recording, planning for recording, contents of records and the management, dissemination, and sharing of records. This full list is provided in Appendix A.2

This list of requirements ensures that projects are initiated with a standard set of information that is relatable to other projects and can be communicated in the discourse of heritage conservation (Letellier, 2015). This preliminary list of information is however not sufficient to establish the heritage value of a place and uncover the nuanced and hidden features be they tangible or intangible. To achieve a thorough assessment, a more in-depth process needs to

be followed. Kuipers and de Jonge (2017) developed a methodology of observation and analysis that is based on Steward Brand's (1994) framework of shearing layers (figure 8).

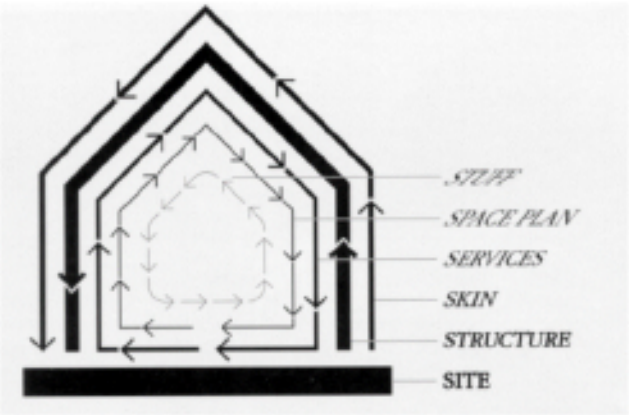


Figure 8 Shearing layers of a building (Brand, 1994)

By using and slightly altering Brand's framework, Kuipers and de Jonge (2017) creates an in-depth method of analysis of a physical building and its context. The analysis is broken down into categories with provided guiding questions to uncover details of each layer. The documentation of value within these layers is achieved through the combination of determined values and the shearing layers within a matrix (figure 9). The resulting matrix provides comprehensive documentation of heritage values related to the different aspects of the object.

BRAND + / RIEGL +	AGE value	HISTORICAL value	INTENTINAL COMMEMORATIVE value	NON INTENDED COMMEMORATIVE value	USE value	NEW-NESS value	(relative) ART value	RARITY value [+]	OTHER relevant values [+]
SURROUNDINGS / SETTING [+]									
SITE									
SKIN (exterior)									
STRUCTURE									
SPACE PLAN									
SURFACES (interior) [+]									
SERVICES									
STUFF									
SPIRIT of PLACE [+]									

Figure 9 Heritage valuation matrix (Clarke & Kuipers, 2017)

Kuipers and de Jonge (2017)'s method of documentation delves deeper into attributed heritage meaning and value, which enables a broader opportunity for further assessment following the documentation phase. The complexity does however suggest that such an approach might be problematic in terms of standardisation. While layer-based observation provides more depth, it would be beneficial to incorporate a standard information document such as Letellier's (2015) defined list of documentation requirements that provides repeatable clarity.

In the South African context, the Department of Environmental Affairs (DEA) published the Cultural heritage survey guidelines and assessment tools for protected areas in South Africa (2016) that provide guidelines, tools and templates for heritage documentation. The guidelines for documentation follow a similar structure to the ICOMOS (2012) guide but condenses the information and adds locally significant fields, especially in the heritage value category. The categories relating to this study are the site report form, assessment of significance form, and the recording of immovable cultural heritage resources form. See appendix A.3 for the form templates. Sections of these forms will be used to complete this study's documentation phase.

V. Cultural Significance in heritage conservation

To engage with Heritage assets and their conservation, one needs to determine which tangible and intangible elements are of value. Assessing Heritage value and cultural significance forms part of the conventional assessments and analysis phase of the proposed heritage management process in both the Burra Charter (2000) (figure 10) and the Getty conservation institute guidelines (Letellier, 2015) (figure 7).

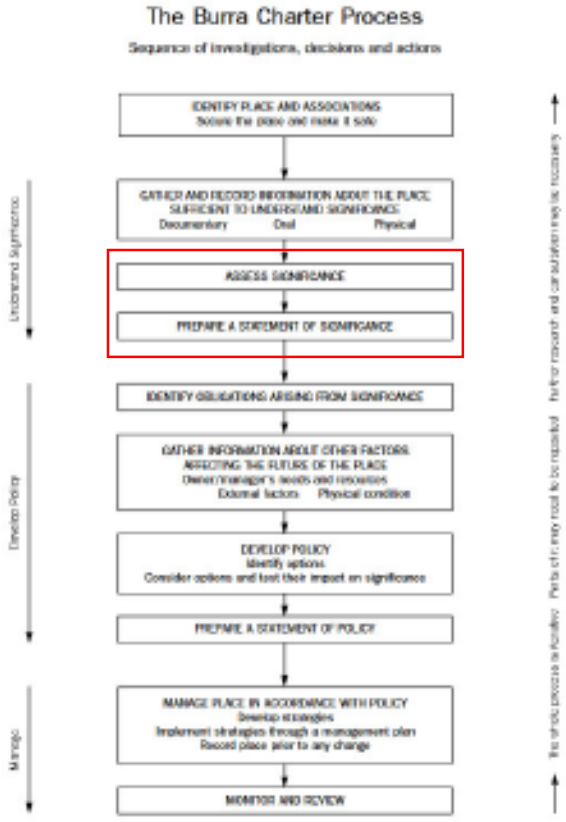


Figure 10 Burra Charter process (Australia ICOMOS, 1999)

This study takes a position on the definition of value as positive qualities and characteristics from an anthropological viewpoint including the full range of values composing an object or place's heritage. This fundamentally aligns with contemporary views of heritage value detailed in literature by Mason (2002), Australia ICOMOS and the Burra Charter (2000), Kuipers and de Jonge (2017) and the NHRA (1999). The collection of these values is usually referred to as "cultural significance" and is placed at the pinnacle of importance by the Burra Charter as characteristics that should be identified, conserved, managed and safeguarded (Australia ICOMOS, 2000). The NHRA also makes use of the umbrella term of cultural significance to encapsulate heritage value and cultural value (Republic of South Africa, 1999). The determination of these values is an extensive and involved process that is central to the proper understanding of the valuation of a place. It is within this process that we are again confronted with the dialectic ideas of conservation versus restoration that places value on two very different approaches. Alois Reigl (1903), explains these opposing views and developed a dialectic system of essential heritage values that combines past values with present values (figure 11) and argues that by creating this distinction provides the basis of how to act towards the heritage object. For example, if the age value is predominant, the building might be left in a state of decay to reflect this attributed value. Alternatively, the object might be restored to perfect condition to enhance the "newness value". The reality of Heritage conservation is however far more complex and has progressed over the years since Riegl's publication. However, the antithetical values determined by him are still foundational to determining heritage value. This criterion of valuation is beneficial in the process of architectural heritage adaptation, reuse or demolision. However, as this study aims to define the value of many sites in a broad and specific contextual sense, the criteria set out by the NHRA and the Burra charter will be used.

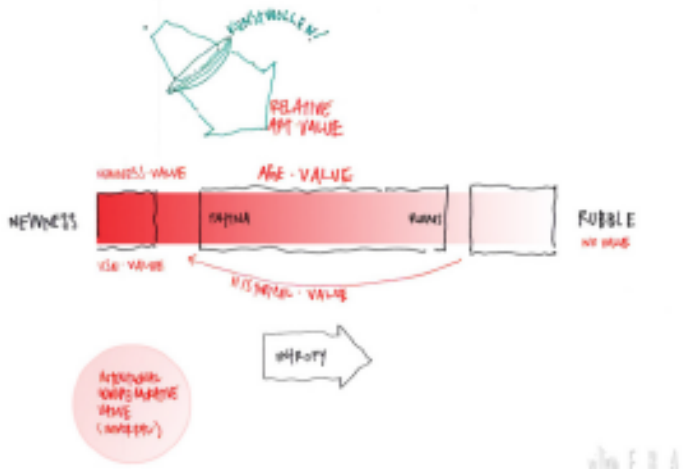


Figure 11 Spectrum of heritage values (Lamprakos, 2014)

The idea of Heritage value is based on two characteristics, firstly, values are multivalent. A building such as a church could for example be valuable in multiple categories such as spiritual, aesthetic, economic and political. This naturally suggests a pluralistic approach to value assessments. Secondly, Heritage value is contingent and not objective. Values are not found and unchanging but rather produced by the interaction with its context (Mason, 2002). Values are therefore experienced through the lenses of social, spatial, and historical contexts. This broadens the field of heritage conservation by introducing other forms of knowledge such as social change, economics, and public policy. However, the dialectic problem again resurfaces as Heritage value cannot be seen as purely extrinsically defined and formed only by the

contexts of the object as there is still intrinsic value to the traditionally defined heritage aspects (de la Torre, 2013).

The treatment of Heritage values has in the past been done in one of two ways. Firstly, the dominating value of an object will take precedence over other values which leads to secondary or less obvious values being lost or even physically removed over time. The second approach was to pool all the values together in a collection of significance. This can unfortunately lead to some values being obscured and neglected (Mason, 2002). The complexity of the numerous kinds of values needs to therefore be treated in an agreed-upon way of characterization. Mason (2002) suggests the use of typologies of heritage values to enable all parties and stakeholders to engage and contribute equally to the assessment and valuation of the heritage object. Typologies can be a clarifying translator of the views of citizens, experts, governments and communities. This typological categorization also allows for contingency in value change over time and provides a safety net for changes within the typology without the need for recategorization as would be the case if the value was determined objectively as singular elements or parts.

The practical benefits of typological organisation of values include the better ordering and organisation of knowledge which enables researchers to build upon previous research by enabling comparability to the evaluation of other heritage projects. This enhanced knowledge base and categorised set of values allow for better communication and understanding between all stakeholders (Fredheim & Khalaf, 2016). There are, however, still imbalances between the typologies suggested by most practitioners. When ordering values by typologies, some values are inherently overshadowed, minimized, or elevated. Considering the historical categorisation of values by Riegl (1903), Frey (1997), Lipe (1984) and the Burra Charter (2000) one can identify the following distinct categories: economic, historical, spiritual, political, educational, aesthetic and artistic creating a broad spectrum of possible assessments.

The value categories used in this study were simplified from this collection with more emphasis on the typologies suggested by the Burra Charter (2000) as well as incorporating typologies from Riegl (1903). Table 3 indicates the typological categories used.

Value Typology	Description
Historic	“Historic value encompasses the history of aesthetics, science and society, and therefore to a large extent underlies all of the terms set out in this section.” (Australia ICOMOS, 2000: 12)
Aesthetic	“Aesthetic value includes aspects of sensory perception for which criteria can and should be stated. Such criteria may include consideration of the form, scale, colour, texture and material of the fabric; the smells and sounds associated with the place and its use.” (Australia ICOMOS, 2000: 12)
Scientific	“The scientific or research value of a place will depend on the importance of the data involved, on its rarity, quality or representativeness, and on the degree to which the place may contribute further substantial information.” (Australia ICOMOS, 2000: 12)
Social	“Social value embraces the qualities for which a place has become a focus of spiritual, political, national or other cultural sentiment to a majority or minority group.” (Australia ICOMOS, 2000: 12)
Newness	Any new additions or alterations to the building that improved the function or value of the building fabric or its use
Use	The value of the current use of the building for its occupants, its context and its community

Table 2 Value typologies

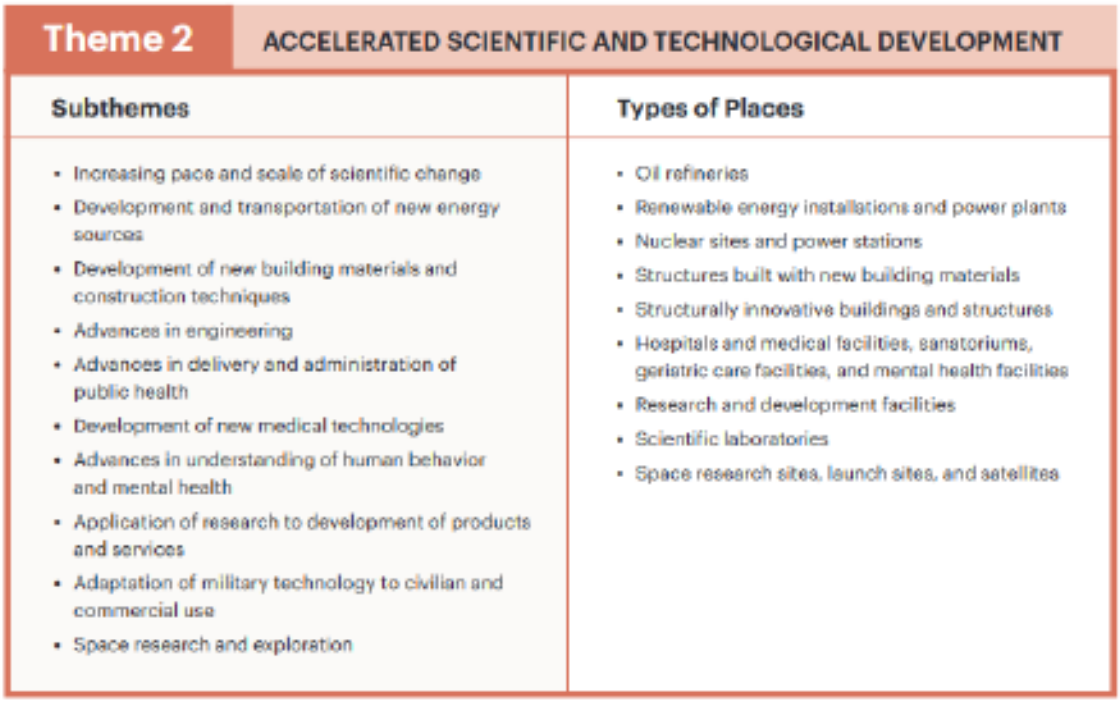
VI. Introduction to Heritage Layers

Cultural significance and heritage value can be found in singular instances or in a collection of subjects. This study proposes that richer results will be found in the investigation of multiple sites. Investigating a specific subsection of a city inevitably leads to the identification of certain valuable sites framed by a defining factor. Age, typology, programmatic use, architectural style, cultural meaning, or any other value category can be used to isolate layers of a city. In the case of Pretoria, most buildings were constructed during the 20th century. This provides a very focused context that rapidly changed. With this rapid change in the urban fabric, any chosen layer can be traced across the last century to investigate changes in value. Combined with the dramatic changes in public policy and spatial policy of South Africa, any chosen layer will inevitably show signs of the tumulous past.

Investigating Heritage in layers or themes was formalized by Marsden and Spearritt (2021) who developed a toolkit of 20th-century historic thematic framework analysis. They state that due to the underrepresentation of 20th-century heritage places in surveys and protected lists, these places are under threat of being lost or damaged. Marsden and Spearritt (2021) also states that by investigating through a thematic approach, the survey outcomes are broadened by the analysis of linkages and extended historical contexts. It also allows for a deeper analysis of underlying social, technological, political, and economic drivers that shaped this part of the city. The framework allows for unconventional sites to be included in a study due to the broad scope of topics engaged with as opposed to sites of importance in terms of chronological analysis or architectural history alone.

Figure 12 Heritage themes (Marsden & Spearritt, 2021)

The layer investigated in this study is public hospitals in the city of Tshwane. This falls under the “accelerated scientific and technology development” theme (figure 12). The study will analyse public health facilities within the city from the oldest remaining Hospital to the latest public specialist health facility. The time frame of sites stretches from 1890 to 2006 encapsulating predominantly the timeframe Marsden and Spearritt’s (2021) framework was developed for. Figure 13 details the places included in this theme as well as the relating subthemes that are of interest. These subthemes provides focus points when analysis the sites as well as providing a guide to site selection.



Theme 2	ACCELERATED SCIENTIFIC AND TECHNOLOGICAL DEVELOPMENT
Subthemes	**Types of Places**
• Increasing pace and scale of scientific change • Development and transportation of new energy sources • Development of new building materials and construction techniques • Advances in engineering • Advances in delivery and administration of public health • Development of new medical technologies • Advances in understanding of human behavior and mental health • Application of research to development of products and services • Adaptation of military technology to civilian and commercial use • Space research and exploration	• Oil refineries • Renewable energy installations and power plants • Nuclear sites and power stations • Structures built with new building materials • Structurally innovative buildings and structures • Hospitals and medical facilities, sanatoriums, geriatric care facilities, and mental health facilities • Research and development facilities • Scientific laboratories • Space research sites, launch sites, and satellites

Figure 13 Heritage theme details (Marsden & Spearritt, 2021)

VII. Medical Architecture History

The hospitals engaged in this study are based on Western medical practices and hospital designs, therefore the history of Western hospital development will be investigated. The history of hospitals spans from ancient Greece to the highly specialised contemporary facilities being built today. Hospitals have over time evolved to such an extent that the only shared aspect is the connection to human life and the betterment thereof as almost all physical characterisations and spatial uses have changed (Wagenaar, 2020). The hospital typology only started focusing primarily on the curing of patients in the late 18th century and functioning as progressive medical facilities in the last half of the 19th century (Wagenaar, 2020). Modern hospitals continue in this function as settings where medical specialists with advanced equipment treat patients with a focus on science (Costeira, 2015). Investigating modernity and medical architecture together reveals a fitting synergy between the ideology and inherent drive of Modernism and the development of the architectural program. Both share an interest in a scientific approach to solving well-defined problems while breaking away from outdated and irrational views (Wagenaar, 2020) . Hospitals have always reflected society and how we view sickness, recovery and death, the perception of which changed dramatically during the Enlightenment. The manifestation of this change in thought was hospitals that no longer act as charities for the urban poor but purposefully designed medical facilities where science is used to cure (Wagenaar, 2020). An early example of this change in thought was the design competition entry by Antoine Petit in 1774 for the Hôtel-Dieu which was described as a “healing machine” and represented a radial design (figure 14). The other influential design originating from this era is the pavilion design seen in the *Hôpital Lariboisiere*, built between 1839 and 1854 in Paris by M.P. Gauthier (Figure 15).

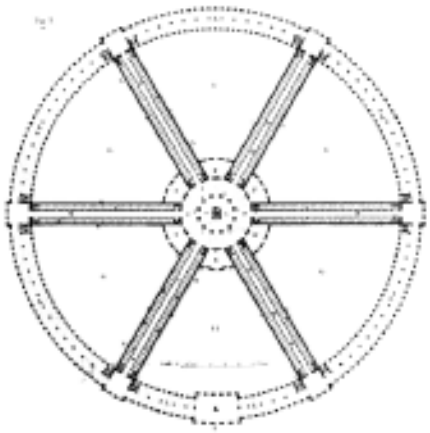


Figure 15 Design for the Hôtel-Dieu in Paris (Wagenaar, 2020)

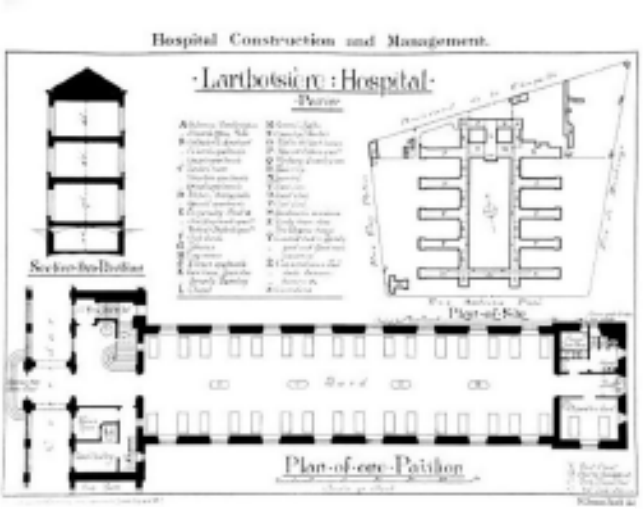


Figure 14 Hôpital Lariboisiere plan *(Wagenaar, 2020))*

The complete shift of hospitals to medical institutions (providing care that is exclusive to the typology) came with the inclusion of surgeries. The development of anesthetic, hygienic practices and sterilisation ensured that hospitals were the only facilities that could facilitate surgery (Wagenaar, 2020).The shift in thought to mechanistic architecture was the precursor to the modern hospital. The drive for scientific clarity did, however, spill over to the patient. People were treated as passive recipients of the medical process, eliminating the perceived unforeseen and unnecessary element of human need other than pure scientific intervention (Wagenaar, 2020). This is evident in the development of modernist hospitals that aimed for efficiency in space use by utilizing technology such as long spanning building methods and artificial ventilation. Deep span plans, multi-floor blocks with patient towers on top became the norm for modernist hospitals. This change limited patient and staff access to natural light, ventilation and increases patient transport times (Burpee, 2008). The conceptual evolution of the hospital typology from home to modernist building can be seen in figure 16. Further development resulted in the decentralization of the hospital buildings to form better urban landscapes and to break up the monolithic hospital structure to allow for better urban integration and patient environments (Burpee, 2008). Tshwane's public hospitals unfortunately did not enjoy this approach. In essence, the hospital typology has shifted from a source of therapy itself to a tool, from a recognisable familial experience to complex, business-driven organisations. Architectural form changed to accompany the new focus resulted in the discarding of low-level pavilion ward buildings with large all-included rooms to multistorey buildings with specialised rooms where doctors, staff and patients would move to and from (Kisacky, 2017).

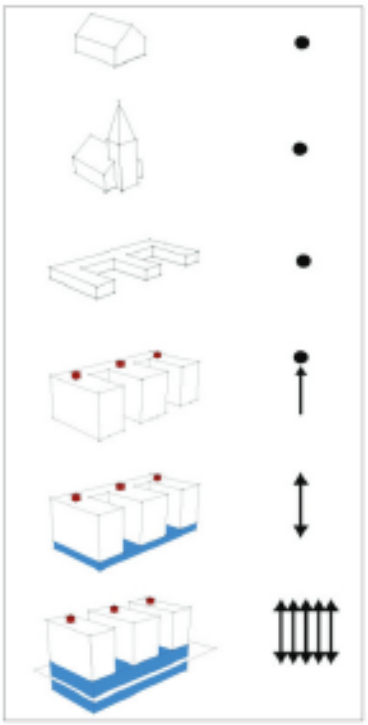


Figure 16 Typology development (Burpee, 2008)

VIII. South African medical history:

Medical history in South Africa has been split between indigenous knowledge and Western influence since the first colonisers arrived. A contemporary focus on traditional and indigenous medicine since the fall of apartheid has brought some junction between the two spheres of human care. However, as this study focuses on the development of hospitals within Tshwane, the history and development of Western medicine and medical facilities in South Africa will be investigated.

The development of healthcare in South Africa was defined by the influence of two major countries, the Netherlands and Britain. After their involvement, the Apartheid government became the major role player (van Rensburg, 2012). Initial non-indigenous healthcare in the Cape was based on colonial traditions and the few doctors that they had. When the British came to power in the Cape, major health reforms were made with many acts promulgated which included laws that prohibited lay people from practising medicine if not educated and registered (van Rensburg, 2012). With further settlement of the country by the Boers, and the establishment of the Zuid Afrikaanse Republiek (ZAR), these independent people were able to establish their laws and practises. In 1852 the ZAR house assembly granted any lay persons the ability to practice as doctors and sell medicine. Only in 1862 was a list compiled of doctors who may exclusively practice medicine (van Rensburg, 2012). After the first British occupation of ZAR the Transvaal Medical Committee was formed which controlled medical regulation to keep quackery in check. After the ZAR regained independence, they kept the British laws to keep control of the medical service sector (Burrows, 1957). Between 1795-1910 healthcare turned its focus towards hospitals and their development. With the repeated pattern of development emerging for towns and cities: first, missionary hospitals were established, then small “cottage” hospitals and only then were larger hospitals built. All of these hospitals were segregated by race, and some provided different care to different races (van Rensburg, 2012).

The union of South Africa in 1910 brought about a new era, healthcare administration fell under each province, which meant that each could decide how to provide healthcare for their population. Clinics and preventative healthcare administration was relegated to municipalities (Delobelle, 2013) As with the rest of the world, healthcare in this era (20th century) focused on technological and medical advancement and specialization. Facilities became technologically driven and institutionalized care became favored over preventative and primary care. This placed the healthcare focus largely on hospitals. Racial segregation intensified with the denial of training of non-white doctors in 1928 and the relegation of non-white people to receive healthcare only at designated facilities in their appointed “homeland” during the years of apartheid (1948-1994) (van Rensburg, 2012). The political change in 1948 had a direct adverse effect on healthcare for the majority of South Africans. This segregation of services and people coupled with an overly complex administrative system resulted in inadequate and substandard care for the black population (Horwitz, 2013). The resulting restrictive healthcare for non-white South Africans led to a patient-to-doctor ratio of 15000 to one vs 1700 to one for white citizens (Digby, 2008). Segregation of healthcare was enacted on various levels, the most damaging of which was the exclusion of the majority of people from well-established urban hospitals (Digby, 2013). The situation worsened from the 1960s onward as the apartheid government moved its focus to Bantustans and rural development as opposed to urban development for the black population. This led to a stagnation of healthcare development for an already majorly disadvantaged majority of the population (Horwitz, 2013). These policies were worsened by the overarching political spirit of the time. Segregation and restriction of mobility on various levels such as ward allocation, patient numbers allowed, and quality of care can be seen in records and histories of some of South Africa's earliest hospitals (Kistner, 2023).

Racial segregation in healthcare was however not exclusively the product of apartheid policies, three centuries of racial segregation compounded the problem by introducing fragmentation on a structural, functional, and geographical level. These effects changed South African healthcare massively and the effects can still be seen today in the unbalanced and unequal provision of services to different areas and income groups. The privatisation of healthcare was introduced and encouraged with the healthcare act of 1977, this act did not solve any of the public healthcare problems but decreased the financial burden of public healthcare on the government (van Rensburg, 2012).

IX. South African Heritage Discourse

The complexity of the South African historical and political context creates a unique scenario for public heritage. The heritage, tangible and intangible, of the majority of South Africans, has been neglected by the government, legislation, and the ruling minority thesSouth Africa. Throughout this imbalance of representation and protection, other places have been monumentalized by either colonists or the apartheid government (Bam-Hutchison, 2017). The architectural representation of this can be seen in most South African cities. Various spatial approaches affected non-white South Africans and their heritage. The implementation of the physical segregation of communities and the destruction of unique architectural heritage due to the group's areas act of 1950 and the rise of Modernism as a "*tabula rasa*" approach was used to create monumental architecture that reflected the Nationalist government's power and control (Harris & Lipman, 1998; de Klerk, 2021).

The turning point of South Africa into a democratic nation sparked a post-colonial state heritage practice focusing on reparation, recovery, and the acknowledgement of the past that was always present but hidden under colonial and apartheid rule. The new state employed laws, legislation, courts, universities and heritage institutions to empower itself with unity, longevity, exaltation, value, origin and destiny (Harris & Lipman, 1998). The essence of this new program was to focus on the victims and the battle for freedom through multiple actions such as the renaming of towns, streets and sites and the introduction of legacy projects. The contentious past was however not destroyed but rather retained as a record of apartheid to be set in dialogue with the new and critically inclusive sites. The spirit of this change was the demonumentalisation of colonial and apartheid monuments through the action of redress.

This goal to redirect the historical narrative of a country is, however, not an easy feat to accomplish. Identity plays a central role in the experience of Heritage. If a story is to be told, whose story should it be? Whose heritage should be communicated? This problem is highlighted by (Harris & Lipman, 1998) who states that by trying to repair the damage done to our cities by Modernist driven segregation, more than often, post-modern methods are used to enforce rootedness and identity. The idea of universal and intrinsic value and identity in long-standing architectural traditions and elements does not resonate with the average South African whose identity has been formed and changed by the historic struggle for freedom. The same concepts are reflected in Heritage conservation where the balance between history, identity and social and spatial justice needs to be found for each context and site to enable public agency in the experience and process of conservation.

This complex identity and history of South Africa is also reflected in the economic problems of the country. Due to the lack of funding, Heritage legislation is more often than not poorly implemented due to the vast scope of work that is needed in local municipal contexts (Naude, Hart & Rautenbach, 2015). As previously discussed, this places Heritage places at risk of damage, degradation and destruction. Economic drivers further affect Heritage practices and places through the need to retain high economic value which limits the attention given to other

value categories (Mason, 2002). South African heritage places cannot simply survive as protected spaces, the local financial difficulties dictate that spaces need to be continuously used to remain relevant and feasible. This creates opportunities for reuse and tourism which can be positive or degrading of the value content of a heritage place (Zyl, 2005; Snowball & Courtney, 2010). Heritage conservation on an urban scale also has the danger of resulting in gentrification (Donaldson et al., 2013) which circles back to the previous problem of whose heritage and history are we protecting and who should benefit from it.

The unique local history and heritage context influences the documentation and assessment phase of this study. Various values and topics need to be looked at more closely as they will influence the site selection as well as the cultural value assessment. The study site selection will be influenced by the possibility of politically important sites that contains the narrative of the political past of the country as well as previously ignored sites or features due to their connection to the historically oppressed majority population.

The South African context and historical events in Tshwane creates the opportunity for this study to capture complex cultural heritage through the analysis of vital public buildings. This process will focus on multiple hospital sites in differing urban and social contexts. The focus of the study will be directed towards the hospitals as a layer of heritage by investigating similarities between the sites, common themes emerging and shared or conflicting histories.

3. Methodology

The research strategy is divided into four steps:

1. Identify the heritage layer context and history.
2. Identify representative sites within the heritage layer.
3. Investigate sites through desktop study, archival study, rapid site assessment and interviews.
4. Analyse collected data from the sites and determine the value, cultural significance, state of conservation and possible recommendations of the heritage layer.

The research strategy for this study includes multiple levels of investigation of the selected heritage layer to enable the compilation of a heritage value assessment and combined value assessment of the chosen layer. To obtain informative and representative sites, it is important to understand the comprehensive narrative and context of the heritage layer in its context. This was achieved through a literature search and review that was completed as a desktop and archival study.

The initial literature search was completed in the databases of Google Scholar, UP Library, JSTOR and SABINET. The topics engaged were chosen to accomplish steps one and two of the research strategy. The keywords used were: Architectural heritage conservation history, South African heritage conservation, heritage conservation values, Modernist architectural heritage conservation, heritage conservation legislation, and architectural heritage documentation. These keywords were varied in language and location specificity (City of Pretoria, City of Tshwane) to gather more relevant results. The second literature search was done in the same databases for the following keywords: Medical architecture heritage, hospital architecture history, medical history. These keywords were varied in language and location specificity (City of Pretoria, City of Tshwane) to gather more relevant results.

The combination of these two searches gathered a large amount of literature which was filtered qualitatively. The parameters used to filter were relevance, location of subject studied, language and date published. Figure 17 indicates the process followed.

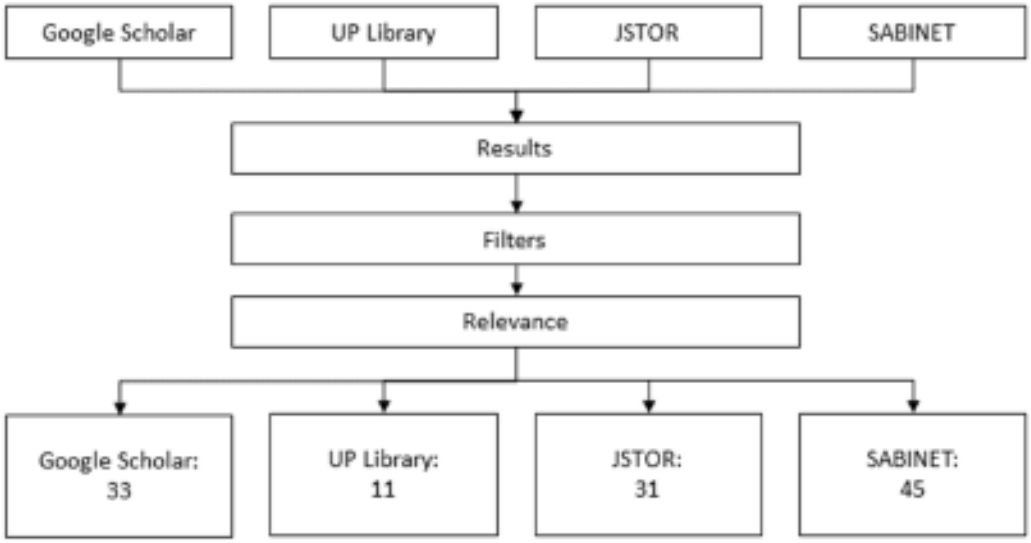


Figure 17 Literature search method (Author)

The qualitative analysis of the search results enabled an understanding of the historical narrative of the heritage layer. From this understanding, relevant themes were extracted which guided the decision of which heritage sites to investigate. The choice of sites was also guided by the principles described by (Marsden & Spearritt, 2021) as well as a qualitative analysis of the potential heritage values according to the framework developed by (Kuipers & de Jonge, 2017) as well as the value categories determined by (Australia ICOMOS, 2000). Figure 18 details the site selection process. The sites are grouped by relevance in each category. The sites with the most significant combination of unique characteristics were chosen for analysis. This process eliminates sites that would deliver repeating or similar results.

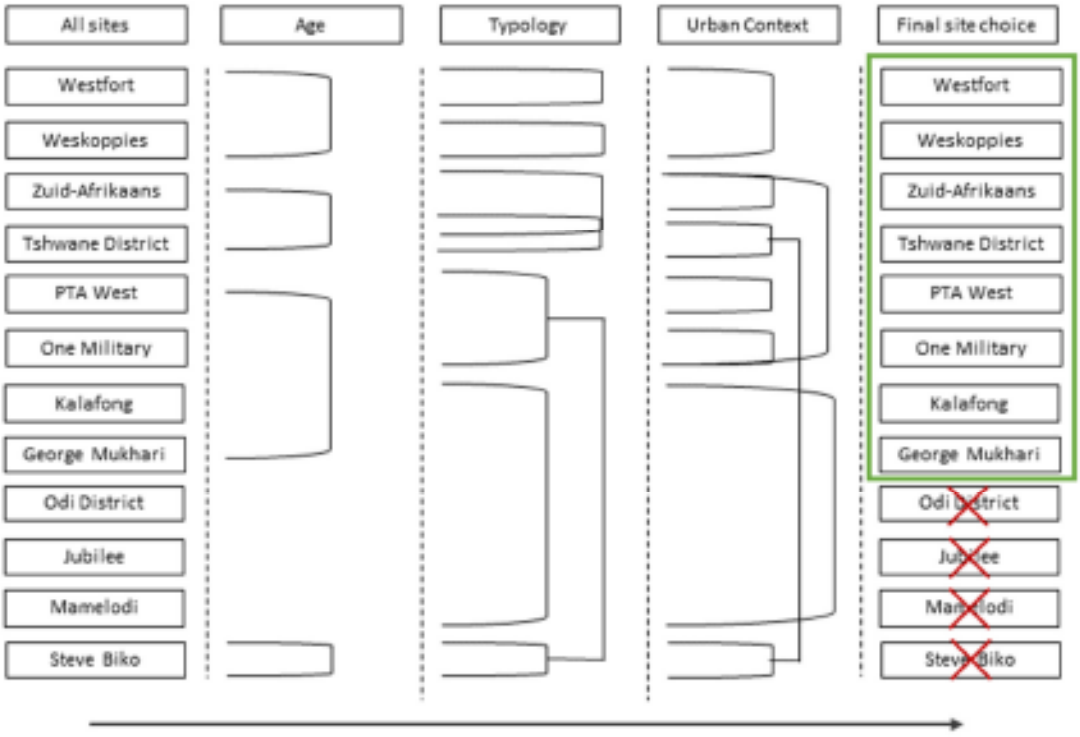


Figure 18 Site selection method (Author)

Each site was researched and analysed to determine the cultural value of the tangible and intangible elements on and around the site. This was completed through desktop studies, archival studies, and site assessments. The same literature databases were consulted with each site's details as per figure 19. The National Archives and Records Service of South Africa (NARSSA), Department of Defense archives (DoD archives) and University of Pretoria Architecture Archive (AAUP) were consulted and searched for details regarding the sites. Figures 20, 21 and 22 lists the reference numbers of found archival material.

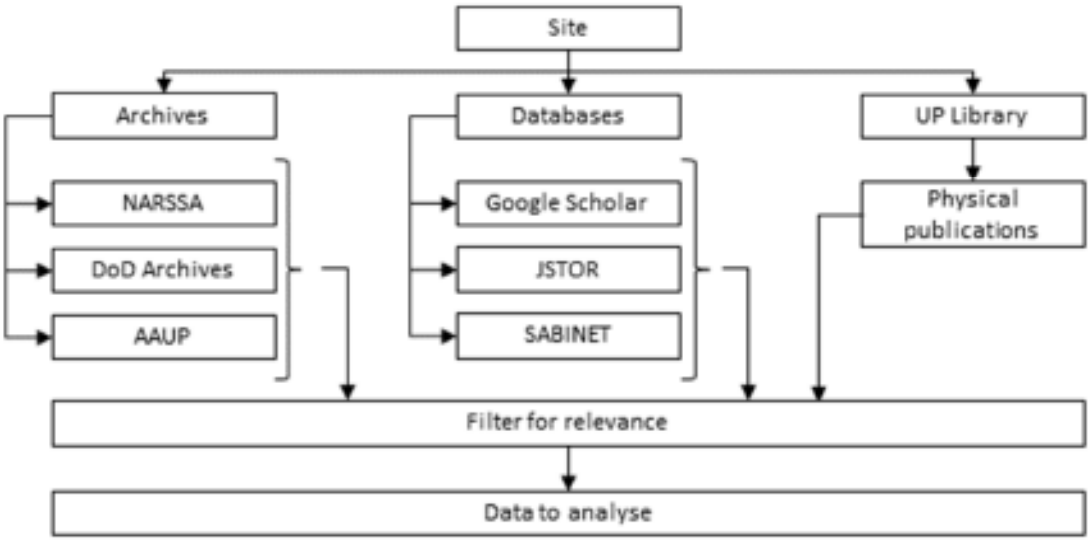


Figure 19 Site data collection method (Author)

Source	Volume	Reference	Discription
BAO	7448	P122/1547/2_1	GA-RANKUWA HOSPITAAL PRETORIA.
BAO	7449	P122/1547/2_1	GA-RANKUWA HOSPITAAL PRETORIA.
BAO	7450	P122/1547/2_1	GA-RANKUWA HOSPITAAL PRETORIA.
BAO	7451	P122/1547/2_1	HOSPITALE GA-RANKUWA HOSPITAAL PRETORIA.
BAO	7451	P122/1547/2_1	GA-RANKUWA HOSPITAAL PRETORIA.
GES	1335	223/19_1	MILITARY HOSPITAL ROBERTS HEIGHTS.
HER		970	PRETORIA-WES-HOSPITAAL
KOG	663	AOD1123_1	MILITARY HOSPITAL ROBERTS HEIGHTS.
PWD	1002	2464_1	PRETORIA VOORTREKKERHOOGTE MILITARY HOSPITAL
PWD	1002	2464_2	PRETORIA VOORTREKKERHOOGTE MILITARY HOSPITAL
PWD	1006	12/2464_1	PRETORIA VOORTREKKERHOOGTE MILITARY HOSPITAL . ADDITIONAL WARDS . CONTRACT NUMBER 5
PWD	3124	2/12600_3	PRETORIA . ROBERTS HEIGHTS . DEFENCE DEPT . ERECTION OF MILITARY HOSPITAL
PWD	3204	12828_2	PRETORIA HOSPITAL. ERECTION.
PWD	3307	30/14697_1	PRETORIA NEW GENERAL HOSPITAL . ERECTION OF ADMINISTRATION BLOCK FOR MILITARY SECTION
SAB		17009	Vooraansig van die Mediese Universiteit van Suid-Afrika
SAB		18391	Die eerste sooi word gespit deur mnr. MC Botha vir die oprigting MEDUNSA
SAB		16090	Studente oppad na die swart mediese universiteit va
SAB PWD	1007	21/2464_1	PRETORIA VOORTREKKERHOOGTE MILITARY HOSPITAL . NEW DETENTION WARD
SAB PWD	1432	5/4479_2	PLANS GENERAL. CRITICISM OF HOSPITAL PLANS. TRANSVAAL.
SAB PWD	1432	5/4479_1	PLANS GENERAL. CRITICISM OF HOSPITAL PLANS. TRANSVAAL.
SAB PWD	3061	36/11920_1	PRETORIA MENTAL HOSPITAL. ERECTION OF NEW HOSPITAL BLOCK AND ADDITIONS TO LAUNDRY.
SAB PWD	3124	2/12600_3	PRETORIA . ROBERTS HEIGHTS . DEFENCE DEPT . ERECTION OF MILITARY HOSPITAL
SAB PWD	3124	3/7083	PRETORIA . ROBERTS HEIGHTS . DEFENCE DEPT . ERECTION OF MILITARY HOSPITAL
SAB PWD	3124	2/12564	PRETORIA . ROBERTS HEIGHTS . DEFENCE DEPT . ERECTION OF MILITARY HOSPITAL
SAB PWD	3204	12828_2	PRETORIA HOSPITAL. ERECTION.
SAB PWD	3298	14697_1	PRETORIA . NEW GENERAL HOSPITAL . ERECTION
SAB PWD	3298	14697_2	PRETORIA NEW HOSPITAL . ERECTION - ADMINISTRATION
SAB PWD	3299	5/14697_3	PRETORIA NEW HOSPITAL . EUROPEAN WARD BLOCK
SAB PWD	3300	6/14697_1	PRETORIA NEW HOSPITAL . ISOLATION WARDS
SAB PWD	3300	8/14697_1	PRETORIA NEW HOSPITAL . CASUALTY , OPERATING AND KITCHEN BLOCKS
SAB PWD	3302	5/14697_1	PRETORIA NEW HOSPITAL . EUROPEAN WARD BLOCK
SAB PWD	3302	3/14697_1	PRETORIA NEW GENERAL HOSPITAL . OUT PATIENTS BLOCK
SAB PWD	3304	5/14697_2	PRETORIA NEW HOSPITAL . EUROPEAN WARD BLOCK
SAB PWD	3308	2/12600_1	PRETORIA - ROBERTS HEIGHTS DEFENCE DEPT - ERECTION OF HOSPITAL
SAB PWD	3309	26/14697_1	PRETORIA HOSPITAL . ADDITIONS TO NURSES' HOME
SAB PWD	3310	21/14697_1	PRETORIA NEW GENERAL HOSPITAL . ERECTION OF MORTUARY AND ENTRANCE GATES
SAB PWD	3317	26/14697_2	PRETORIA HOSPITAL . ADDITIONS TO NURSES HOMES
TAB	P277	6349	Pretoria **hospitaal.** Eerste jaarlikse rapport
TAB		36861	Lugfoto van **Pretoria-Wes met** die aanleg van Yskor
TAB		33244	Pretoria-hospitaal
TAB		16180	Ou Suid-Afrikaanse Hospitaal, **Pretoria.**
TAB		36715	Lugfoto van die Westford **Hospitaal,** Pretoria.
TAB		36719	Dokters van die Westford **Hospitaal,** Pretoria ondersoek
TAB		35842	Lugfoto van die HF Verwoerd **Hospitaal** in Pretoria.
TAB		35980	Die vooraansig van die HF Verwoerd **Hospitaal** in Pretoria.
TAB		36748	Watertorings by die Westford **Hospitaal,** Pretoria.
TAB		36752	Verpleegsterstehuis by die Westford **Hospitaal**
TAB		36753	Vooraansig van die biblioteek en museum by die Westford
TAB		16438	No. 1 South African Military Hospital being built
TAB		MPA_1/4/7/3/182_DH3_1	Ga Rankuwa
TAB		36784	Die Superintendent van die Zuid-Afrikaanse Hospitaal
TAB		31491	Zuid-Afrikaansche Hospitaal **vroeer** jare.
TAB		34133	Die Suid-Afrikaanse Hospitaal **en** Diakonneshuis in Walkerstraat 1902
TAB		7044	Die nuwe **hospitaal** (algemene) Pretoria
TAB		36751	Vooraansig van die laboratorium en kliniek by die Westford
TAB CS	173	CS2366/02_1	ISOLATION HOSPITAL FOR PRETORIA.
TAB		M1618	Zuid-Afrikaansche Hospitaal-argief
TAB PWD	339	CA1589/04_1	PRETORIA HOSPITAL - ADDITIONS AND ALTERATIONS TO.
TAB PWD	421	CE612/04_1	ERECTION OF 100 HOSPITAL BLOCKS, LUNATIC ASYLUM, PRETORIA.
TAB TB	6	338_1	THE ERECTION OF TWO HOSPITAL BLOCKS AT THE LUNATIC ASYLUM, PRETORIA.
TAB TPS	28	TA3/3866_1	PRETORIA HOSPITAL. REBUILDING SCHEME.
TAB TPS	28	TA3/3866_2	PRETORIA HOSPITAL. REBUILDING SCHEME.
TAB TPS	28	TA3/3892_1	PRETORIA HOSPITAL. NEW SITE.
TAB TPS	29	TA4/3892_1	PRETORIA HOSPITAL. LAY OUT OF NEW SITE.
TAB TPS	53	TA10042_1	PRETORIA HOSPITAL (NEW). ERECTION OF BUILDINGS.
TAB TPS	54	TA3/10042_1	PRETORIA HOSPITAL. NEW HOSPITAL BUILDINGS.
TAB TPS	54	TA10042_2	PRETORIA HOSPITAL (NEW) ERECTION OF BUILDINGS.
TAB TPS	67	TA14523_1	PRETORIA HOSPITAL BOARD, BUILDINGS. STRUCTURAL ADDITIONS AND ALTENATIONS (SECTION 44).
TAB TPS	68	TA3/14523_1	PRETORIA HOSPITAL BOARD, BUILDINGS. ERECTION OF OBSERVATION WARD FOR CHILDREN.

Figure 20 NARSSA data collection

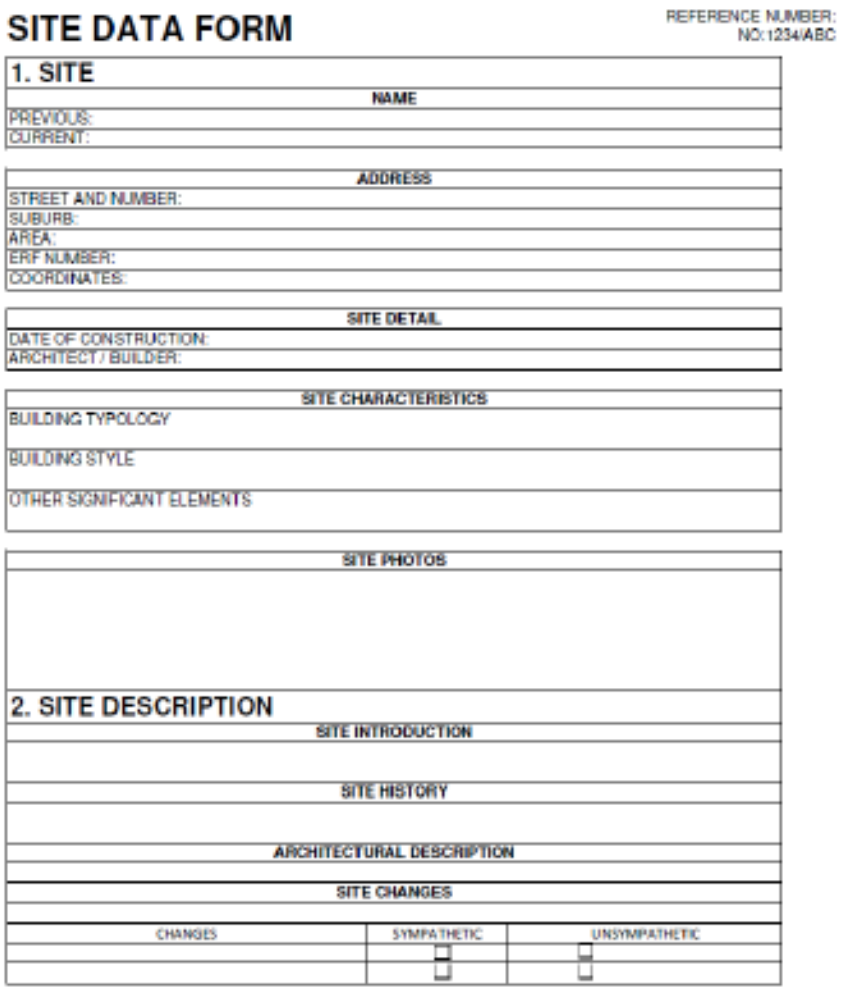
SER NO	BOX	REFERENCE NUMBER	VOL	DESCRIPTION	PERIOD	
					FROM (yyyy–mm-dd)	TO (yyyy-mm-dd)
1	3841	Q/PLANS/1	2	Steering committee for hospital requirements	1973 JUL 03	1973 NOV 30
2	3841	Q/PLANS/1	3	Steering committee for hospital requirements	1973 DEC 10	1974 JAN 29
3	3842	Q/PLANS/1	4	Steering committee for hospital requirements	1974 APR 18	1974 MAY 03
4	3842	Q/WKS	-	Grootwerke 1969/74	1969 JUN 11	1969 JUN 12
5	3842	Q/WKS		Grootwerke 1970/75 SAGD eenhede	1970	1975
6	3842	Q/WKS		5 Year program 1971/1976 major works	1970 FEB	1970 FEB
7	3842	Q/WKS		Nuwe groot werke 1972/73 en daaropvolgende jare	1972 JAN 18	1972 FEB
8	3842	Q/WKS/1/2		Grootwerke nuutstelys	1973 JAN 19	1973 JAN 19
9	3842	Q/WKS/1/2 ALG	2	Works Medical	1976 MAY 23	1976 JUL 19
10	3842	Q/WKS/1/2 ALG	1	Major works/medical/kmdmt s.w.a	1976 FEB 12	1976 FEB 12
11	3842	Q/WKS/5		GROOTWERKPROGRAM 1974 + 5 JAAR GENEESHEER GENERAAL	1973 jun 26	1973 JUN 26
12	3730	A/STATS/10/1	-	MILITARY MEDICAL INSTITUTE ANNUAL REPORT 1971/72	1971	1972
13	3730	A/STATS/10/1	-	MILITARY MEDICAL INSTITUTE ANNUAL REPORT 1973/74	1973	1974
6	3842	Q/WKS		5 Year program 1971/1976 major works	1970 FEB	1970 FEB
7	3842	Q/WKS		Nuwe groot werke 1972/73 en daaropvolgende jare	1972 JAN 18	1972 FEB
8	3842	Q/WKS/1/2		Grootwerke nuutstelys	1973 JAN 19	1973 JAN 19
9	3842	Q/WKS/1/2 ALG	2	Works Medical	1976 MAY 23	1976 JUL 19
10	3842	Q/WKS/1/2 ALG	1	Major works/medical/kmdmt s.w.a	1976 FEB 12	1976 FEB 12
11	3842	Q/WKS/5		GROOTWERKPROGRAM 1974 + 5 JAAR GENEESHEER GENERAAL	1973 jun 26	1973 JUN 26
12	3730	A/STATS/10/1	-	MILITARY MEDICAL INSTITUTE ANNUAL REPORT 1971/72	1971	1972
13	3730	A/STATS/10/1	-	MILITARY MEDICAL INSTITUTE ANNUAL REPORT 1973/74	1973	1974
14	3730	A/STATS/10/1	-	MILITARY MEDICAL INSTITUTE ANNUAL REPORT 1975/76 BYLAE “C”	1975	1976

Table 3 DoD Archive data collection

Record Number	Architect	Building	Place	Date	Summary
08124	Daneel Smit	Mitch de Villiers	Gauteng	2008	Pretoria Academic Hospital extension.
09681	Wierda	Weskoppies	Gauteng	1893	Weskoppies Hospital (1892) in Ketjen St, Pretoria West, by Sytze Wierda & others, incl. V d Werke.
07191	Mcintosh & Hurwitz	Pretoria Hospital	Gauteng		Pretoria General Hospital. Native section, compound & maternity ward. Complete drawings.
08684	DPW	H.F Verwoerd	Gauteng	1961	Pretoria General Hospital
07021			Gauteng		Pretoria General Hospital
06460			Gauteng		Ga-Rankuwa Hospital
07104			Gauteng		Zuid Afrikaans Hospital
04078			Gauteng		Pretoria west aerial image

Table 4 AAUP Data collection

The method of analysis was a qualitative assessment of the found data in terms of established frameworks such as Kuipers & de Jonge's (2017) matrix of heritage values and the NHRA's categories of cultural value. A standard information form was developed to capture site data in a repeatable format by combining examples by Letellier (2015) and DEA (2016). Figure 21 displays the standard form. Table 4 displays the valuation matrix and Table 5 displays the NHRA value assessment table. All of these were completed for each site to achieve research strategies 3 and 4.



SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

1. SITE

NAME
PREVIOUS:
CURRENT:

ADDRESS
STREET AND NUMBER:
SUBURB:
AREA:
ERF NUMBER:
COORDINATES:

SITE DETAIL
DATE OF CONSTRUCTION:
ARCHITECT / BUILDER:

SITE CHARACTERISTICS
BUILDING TYPOLOGY
BUILDING STYLE
OTHER SIGNIFICANT ELEMENTS

SITE PHOTOS

2. SITE DESCRIPTION

SITE INTRODUCTION

SITE HISTORY

ARCHITECTURAL DESCRIPTION

SITE CHANGES		
CHANGES	SYMPATHETIC	UNSYMPATHETIC
	☐	☐
	☐	☐

Figure 21 Standardised site data form (Author)

HERITAGE VALUE MATRIX		SITE NAME: REFERENCE NUMBER:				
BUILDING LAYERS	HISTORIC	AESTHETIC	SCIENTIFIC	SOCIAL	NEWNESS	USE
SURROUNDING						
STORY						
SITE						
STRUCTURE						
SKIN						
SERVICES						
SPACE PLAN						
STUFF						

Table 4 Heritage value matrix (Author)

CULTURAL SIGNIFICANCE OF PLACE: National Heritage Resources Act 1999	
Assessment Criteria	Explanatory Notes
Importance in the community, or pattern of South Africa's history.	
Possession of uncommon, rare or endangered aspects of South Africa's natural or cultural heritage.	
Potential to yield information that will contribute to an understanding of South Africa's natural or cultural heritage.	
Importance in demonstrating the principal characteristics of a particular class of South Africa's natural or cultural places or objects.	
Importance in exhibiting particular aesthetic characteristics valued by a community or cultural group.	
Importance in demonstrating a high degree of creative or technical achievement at a particular period.	
Strong or special association with a particular community or cultural group for social, cultural or spiritual reasons.	
Strong or special association with the life or work of a person, group or organisation of importance in the history of South Africa.	
Sites of significance relating to the history of slavery in South Africa.	

Table 5 cultural significance of place (NHRA, 1999)

The combined assessment of each site and the found data, plans, images and histories enabled the determination of cultural value, conservation condition and conservation recommendations. The sum of these assessments exposed themes and trends that informed the overall assessment of the heritage layer within the city which was completed in a qualitative summary utilizing the same frameworks as the site assessments.

4. Results

I. Investigation of Hospital Development in Tshwane as a heritage layer

The development of healthcare and hospitals in the city of Pretoria and Tshwane reflects the progression within the rest of South Africa. The city was founded in 1855 with no official medical services. "*Bossie*" doctors were scattered throughout the community, these healers used various remedies that were plant-based or imported multi-purpose solutions. The first medical doctor started servicing the community in 1859 (Venter, 1971). The first medical structures and small hospitals made use of existing buildings in a residential typology. hospitals such as the Daspoort Hospital, established as a response to the smallpox outbreak, in 1880 (Naude, 2012) and the Pretoria Hospital in 1888 (Snyman & Serfontein, 1977) functioned out of small buildings and could service only a few patients. No visual records remain of these hospitals other than their mention in correspondence indicating their existence, use and the need for expansion of facilities (Naude, 2012). Figure 23 depicts a timeline of the development of public hospitals in the region and their changes, all of which are discussed in this study.

The rapid increase in population in the Transvaal due to the gold rush in Johannesburg and the subsequent economic growth necessitated an increase in medical capacity for the city. The Pretoria Hospital was therefore upgraded in 1890 to a more suitable state-of-the-art facility and renamed to the *Volks Hospitaal* (Snyman & Serfontein, 1977). This facility boasted 130-bed capacity and x-ray machines (Venter, 1971). The building was designed by S. W. Wierda for the ZAR Department of Public Works (DPW) and is different from the usual DPW buildings as it was designed in the Swiss Chalet manner (figure 22) with added verandas and roof vents to accommodate the local climate (Bakker, Clarke & Fisher, 2014). The building was upgraded in 1912 to increase patient accommodation but was later replaced by the new Pretoria general hospital in 1932. Unfortunately, the building has been demolished to make way for the defence headquarters (Bakker, Clarke & Fisher, 2014).

Figure 22 Volkshospitaal (NARSSA, 2023)

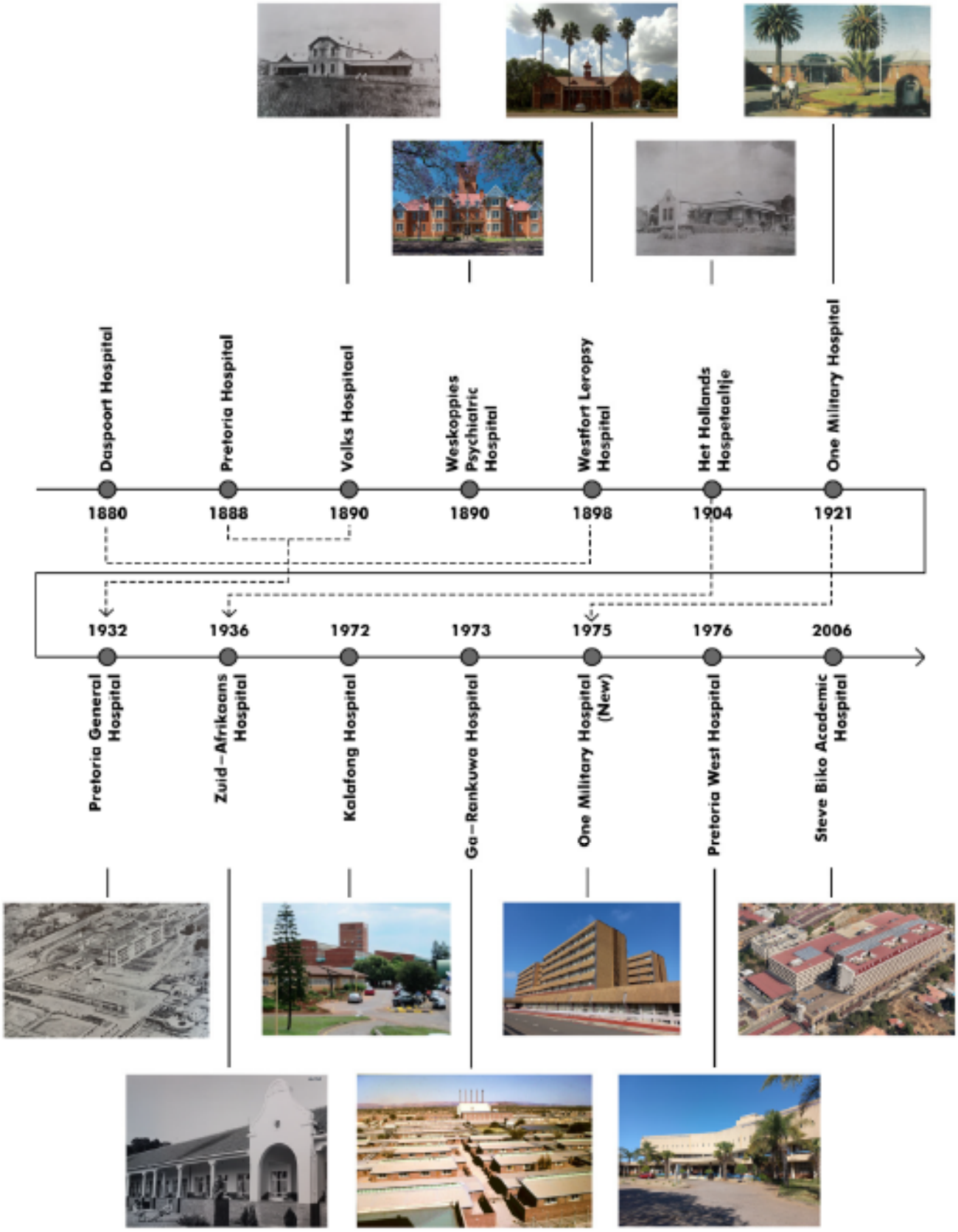


Figure 23 Public hospital development timeline (author)

The turn of the century marked an era of scientific and specialisation focus for medical services (van Rensburg, 2012). The specialisation in medical facilities can be seen in both the construction of the "*Leprozen-inrichting*" in 1898, also known as the Westfort Leropsy Hospital, which was a gradual upgrade of the Daspoort Hospital, and the construction of the Weskoppies Psychiatric Hospital in 1890. The Westfort hospital was typologically more akin to a village than a hospital (figure 24), with many various buildings serving a large number of distinct functions (Kistner, 2023). Many of the original buildings were designed by S.W Wierda under the DPW. Subsequent additions to the complex were designed by various other architects resulting in a rich and extensive collection of architectural history (Kuipers, 2015).

Figure 24 Westfort aerial view, historic (NARSSA, 2023)

The Weskoppies Psychiatric Hospital was the first and only hospital of its kind in the Transvaal. Originally designed by S.W Wierda, the more noteworthy buildings currently on the site were designed by Piercy Eagle in the Edwardian style (figure 25) and constructed in 1907. These designs were heavily influenced by British architectural styles with a few stylistic additions unique to the local context. The British influence coincided with the British occupation of the city in 1900 and the formation of the Union in 1910 (Plug & Roos, 1992). The hospital, similarly to Westfort, grew into an extensive complex of buildings. Most of these buildings carry important architectural heritage (Swart, 2019).

Figure 25 Weskoppies administration building (Swart, 2019)

As a result of increased demand for general medical facilities and the tense political climate during the 2nd Anglo-Boer War, the Dutch immigrant community in Pretoria established a small hospital in an existing house to serve the dutch speaking community called the *Het Hollands Hospetaaltje* in 1904 (figure 27). The hospital was closely aligned to existing hospitals in the Netherlands (Clarke, Hipwood & Lee, 2023). The demand for the level of service provided increased to the point where a new building was required. The Hospital thus moved to a new site and building named "*Het Zuid-Afrikaans Hospitaal en Diakonessenhuis*" (figure 26) in 1932 that was designed by Johan R. Burg in close collaboration with Dutch architects (Clarke, Hipwood & Lee, 2023). The typology of the original building was inspired by Dutch contemporary design. Private rooms, natural light and a strong connection to the exterior were present. The hospital proved extremely popular and multiple additions were made to the site resulting in a complex development that today covers the entire site.

Figure 27 Het Hollands Hospetaaltje (NARSSA, 2023)

Figure 26 Zuid Afrikaans Hospital (NARSSA, 2023)

The continuing population growth and development of Pretoria and the deterioration of the Volkshospitaal necessitated a larger general hospital (Snyman & Serfontein, 1977). Investigations by the PWD identified that a new site would be required and designed the new hospital to the North of the city centre (national archive). The new hospital was named the Pretoria General Hospital and was designed by the British-born architect J.S Cleland and opened in 1932 (figure 29). The building was designed in the Union style with a strong influence by the Baker school approach to contextual design and the search for a South African style (Fisher, 2023). The building and complex design is a combination of a decentralised site layout (similar to the Volkshospitaal and the Weskoppies Hospital), a pavilion-style plan in multiple levels and a regionalist approach to natural elements such as access to verandas and gardens. The building displays the beginnings of a South African style of hospital design as opposed to the strongly influenced international approaches seen in older hospitals. The extensive hospital was built in phases and was continuously expanded (figure 28). With the establishment of the University of Pretoria's (UP) Department of Medicine in 1943, the hospital's focus was shifted to an academic hospital that created a strong academic link with additional funding for expansion (Venter, 1971).

Figure 29 Pretoria General Hospital (NARSSA, 2023)

Figure 28 H.F Verwoerd Hospitaal (Snyman & Serfontein, 1977)

All of the previously mentioned hospitals were segregated by race in terms of ward allocation, services provided and available care (Venter, 1971; Digby, 2008, 2013; van Rensburg, 2012; Horwitz, 2013), a situation that worsened with the implementation of Apartheid and segregation laws in 1948. During the reign of the Apartheid regime, public hospital development slowed with the focus on expanding existing hospital sites. Non-white hospitals were built outside of the city in the 1970s to a much lower standard that the urban hospitals. This combination of problems forced many people to travel to their designated bantustan for healthcare (Price, 1986).

The influence of the Modern movement and the drive by the apartheid government to modernise Pretoria through impressive and monumental architecture (Judin, 2021) restarted public hospital development in the 1960s. The first notable new structures built were the Kalafong Hospital (1972) West of Pretoria to serve the displaced community of Attridgeville and the Ga-Rankuwa Hospital to serve the community of Ga-Rankuwa North-West of Pretoria. The cost-efficient design of the hospitals set a new typology for non-white hospitals. The main hospital block consists of a multi-level building housing the entrance, administration, casualties and surgeries. Set behind the main building are rows of single-storey brick buildings with open-air interstitial spaces and covered walkways housing the wards and additional functions (figure 30). The quality of patient spaces and availability of services were sub-par to urban, white-only hospitals of the era (Price, 1986). The construction of hospitals for these communities was however not sufficient as a lack of non-white doctors greatly influenced the majority of South Africans. Through extensive political negotiations, the decision was made to build the first non-white medical university adjacent to the Ga-Rankuwa Hospital. Known as the Medical University of South Africa (MEDUNSA) (Digby, 2013), the institution had close ties to the UP and a contrasting architectural language to the hospital (figure 31). The campus was completed in 1978 (Retief, 1982). The hospital has been renamed the George Mukhari Academic Hospital.

Figure 26 Ga-Rankuwa Hospital c1980 (NARSSA, 2023)

Figure 31 MEDUNSA campus (NARSSA, 2023)

During this modernisation period, South Africa was waging war in Western Africa from 1966 to 1989. With Pretoria as the capital and a crucial seat of military power, the government invested in the relocation and construction of the largest military hospital in the country. The One-Military hospital was originally located in Roberts Heights and was constructed in 1921 (figure 33). Shortly before the beginning of the war, the decision was made in 1965 to build a new hospital in Voortrekker Hoogte (MILMED, 1995). After various set-backs, the impressive facility was completed in 1981 and still functions as the main military hospital for the region and country (figure 32). Due to the nature of the facility, most information is classified.

Figure 33 One Military hospital c1930 (NARSSA, 2023)

Figure 32 One Military hospital (author)

The last Hospital built during this era was the Pretoria West Hospital in 1976 (figure 34) located in Philip Nel park, West of the city centre. The rapid expansion of the city westward and the increase in industrial workers to service the growing steel industry in the region required more medical facilities (sadoctors, 2023). The design combined efficient modernist plan layouts with complex building forms to create a dynamic building that offers diverse spatial experiences and comfortable patient spaces. Little information is publically available regarding the hospital.

Figure 34 Pretoria west hospital (author)

Figure 35 Pretoria west hospital aerial view (Google, 2023

The latest public hospital built in Tshwane is the Steve Biko Academic hospital (figure 36) which was constructed in 2006. The hospital is located 300m North of the Tshwane district hospital (renamed from Pretoria general-, HF Verwoerd, Pretoria Academic Hospital) The design of the hospital relates to the podium and plinth typology described Burpee (2008) (figure 16). The massive structure is carved into the surrounding hill and is presented as a landmark in its context. The hospital was built to function as the main academic hospital of the university of Pretoria and shortly after opening inherited most of the departments that were located at the old Pretoria Academic Hospital. Other public hospitals located in the historically disconnected townships are the Mamelodi Regional Hospital in Mamelodi, Odi District Hospital in Soshanguve and the Jubilee District Hospital in Hammanskraal. Very little information is available of these hospitals.

Figure 36 Steve Biko Academic Hospital (Google, 2023)

The distribution of public hospitals in Tshwane focuses mainly on the densely populated areas of the city (figure 37). It is however clear that the turbulent history and displacement of communities resulted in large sprawling settlements that are now serviced by far-flung hospitals such as Kalafong Academic Hospital, George Mukari Academic Hospital, Mamelodi Regional Hospital, Odi District Hospital and the Jubilee District Hospital. The close link between hospital development and urban development can be seen in the distribution of public hospitals. Older hospitals tend to be located adjacent to the city centre while contemporary hospitals are located further afield in sprawling residential areas.

The history of public hospitals in the city of Tshwane is sparsely documented in most cases. Various historically valuable buildings are represented in published works: Weskoppies Hospital (Minde, 1975; Plug & Roos, 1992; Swart, 2019), Westfort Hospital (Naude, 2012; Kuipers, 2015; Swart, 2019) and the Zuid Afrikaans Hospital (Venter, 1971; Clarke, Hipwood & Lee, 2023). These sites are documented as places of cultural and architectural heritage importance due to their role in the early development of the city as well as their age and rarity value. There thus exists a gap in cultural and architectural knowledge regarding the entire heritage layer of public hospitals and its potential cultural value. To achieve the aims of this study, the determined methods will be used to analyse all of the site data. The summaries of this analysis can be seen in appendix B1 and B2.

II. Site selection

The limitations of this study necessitate that the number of sites investigated is limited while still representing the heritage layer within the city. The choice of key sites was decided on by many factors: firstly, Sites were chosen that represented hospital development through as large a time as possible. Secondly, sites were chosen that represent the city's broad socio-economic contexts. Thirdly, sites were chosen by their impact on and representation of medical and technological advancement. This effort ensures that a comprehensive overview of hospital development in the city can be created and analysed.

The hospital sites investigated are the following:

1. Weskoppies psychiatric Hospital
2. Westfort Leprosy Village
3. Zuid Afrikaans Hospital
4. Pretoria General / Tshwane District Hospital
5. One Military Hospital
6. Pretoria West Hospital
7. George Mukhari Hospital and the Sefako Makgato Health Sciences University campus

Figure 37 Hospital distribution map of Tshwane (author)

I. Site 1: Weskoppies Psychiatric Hospital

Introduction:

The series of buildings known as the Weskoppies Psychiatric Hospital (Weskoppies) was the first and only psychiatric hospital in the previous “Zuid Afrikaanse Republiek” (ZAR) which was an independent state (Plug & Roos, 1992). The complex is located outside of the historical centre of the city 3 km West of the Pretoria train station. Weskoppies Hospital has been in use since 1892 with the most architecturally significant buildings on the site being the administration building, hall, and chapel (Swart, 2019). The changes in the hospital, its name and treatment methods over the years show the manifestation of mental health treatment progression in the medical field in South Africa.

History:

The decision to build a psychiatric hospital in Pretoria was made in 1890. There already existed four other similar hospitals in South Africa at the time in Grahamstown (1875), Pietermaritzburg (1880), Bloemfontein (1883) and Port Alfred (1889) but none in the ZAR (Plug & Roos, 1992). The original design on which the tender was based was done by the Government Engineer-Architect Sietze Wierda (Plug & Roos, 1992). Before and during the early years of the hospital, mentally ill patients were confined to prisons. Soon after construction, it became evident that the hospital would need to expand. In 1893 four additional houses were built and 60 acres of land started being cultivated. 1894 – 1896 saw the addition of various accommodation rooms being built to house male and female workers (Minde, 1975). The treatment of the first patients was based on Act 9 of 1894 which permitted a magistrate to certify a patient as mentally ill with the diagnosis of two medical professionals, these procedures were in line with practices throughout the local and international fields. The act enabled better diagnosis and treatment of patients and was driven by the realisation of the hospital and its services. The first full-time resident physician, Dr Smeenk, was appointed from Holland to administer the institution. He improved the grounds and buildings with the labour of the patients and introduced a more scientific method of diagnosis and treatment, opposing the use of restraints (Minde, 1975). By 1897 inadequate accommodation necessitated the construction of temporary wood and iron buildings (Minde, 1975). The facilities soon became overcrowded, and admissions were stopped in 1898 when the prison system was unfortunately used again to contain patients. The Anglo-Boer war (1899-1902) resulted in a lack of documentation and reports, and it is unknown what happened at the hospital during this time.

With the British take-over of Pretoria on 5 June 1900, the hospital was restaffed with British physicians. They inherited this problem of accommodation shortage. A significant addition began construction in 1904 and opened in 1907 with a design based on a hospital in Yorkshire under the supervision of architect Piercy Eagle. The design has been criticised as not being appropriate for the South African climate and lacking features such as verandas (Minde, 1975). After the Union in 1910, the Hospital expanded steadily with additions and a new admission block was opened by General Smuts in 1911. This improved treatment approaches for early and recoverable cases. These new treatment methods led to attempts to destigmatise mental illness with changes such as language terms from ‘lunatic’ and ‘asylum’ to ‘patient’ and ‘mental hospital’ (Minde, 1975). While various literature sources highlight the progressive nature of patient treatment at Weskoppies, (Kistner, 2023) details various instances where racial discrimination, segregation and the extreme treatment of some patients were experienced. These were fuelled by government policies and as late as the Mental Health Act of 1973, patients were still being confined to prisons.

The extent of the site became inadequate and in 1912 sections of the hill South of the site was added and planted with trees. In 1917 the Eastern Boundary was expanded to include housing and an office building. With the larger grounds, Orchards, vegetable gardens and sports fields and plantations were established. Unfortunately, overcrowding became a problem again and 2 blocks were added in 1940 (Minde, 1975). Further architectural additions to the complex, unfortunately, detract from the character of the site. The development of the site is detailed in figure 40.

Architectural description:

The complex currently exists of many buildings from multiple developments and additions over many years of expansion. The noteworthy buildings for this study are the original historical buildings and the additional buildings built in 1907-1940. The main historical complex is designed as a linear chain of buildings in the Edwardian style that are connected by passages and courtyards that allows for natural light and ventilation (Swart, 2019). Indicating the development and understanding of the importance of architectural space and experience in the healing process. The main design is speculated to have been influenced by the Kirkbride plan (figure 39), a system of mental asylum design developed in the USA. The strikingly formal composition was based on the High Royds Hospital in Yorkshire (figure 46) in England (Swart, 2019). This influence is a product of the British connection of architect Piercy James Eagle and the then ruling government who insisted that the design is approved by an England-based architect (Minde, 1975). This influence can be seen in the similarities of the halls of the Weskoppies hospital and the High Royds Hospital (figures 45 and 47). The patient wards and quarters reflect the general practice of the time with large open-space pavilion typologies (figures 43 and 44). The plan remains narrow to allow for sufficient natural light and ventilation with the aid of courtyards. While sufficient light and exterior access are provided, the design has been criticised for not conforming to climatic requirements through the provision of verandas and shading devices. It is speculated that the reason therefore is the British origin of many of the design elements.

Significant Architectural elements found on the site are the exemplary stylistic expression of Edwardian architecture (figures 41, 42) of the main buildings as well as the historic original buildings built in a different style. Though these were common for their time, examples of these architectural expressions are now rare. The materiality of most buildings reflects local clay brick and stone plinths producing a grounded presence in the landscape.

Value Statement:

Weskoppies psychiatric hospital is officially declared a protected provincial heritage site by the Provincial Heritage Resources Authority Gauteng (PHRAG). The site of the medical institution tells the history and development of psychiatric care in Pretoria and clearly shows how this has changed over time to provide better patient outcomes and experiences. The buildings are the product of international collaboration which played a large part in the diverse architectural language of Pretoria. Many unique elements exist on-site in their original configuration. The aesthetic value of the site is unique in Pretoria and possibly the country. Social values embodied in the site relate to early racial segregation, the story of colonialism and the will of medical professionals to improve standards of care for suffering patients.

Conservation assessment:

The site is protected under the NHRA and its listing by PHRAG, however, the condition of most buildings is concerning. Most of the historically significant buildings require maintenance and other buildings are on the verge of being unusable. It is concerning that such an important historical site is in danger. The historic gardens envisioned to play a large part in patient well-

being are also concerning and at risk of being completely lost. The hospital is in current use which adds hope to its conservation status for the future.

Figure 38 Weskoppies hospital (Google, 2023)

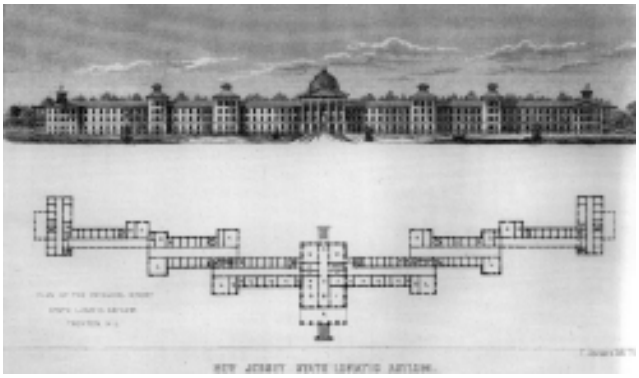


Figure 39 Kirkbride Plan (Restoring, 2009)

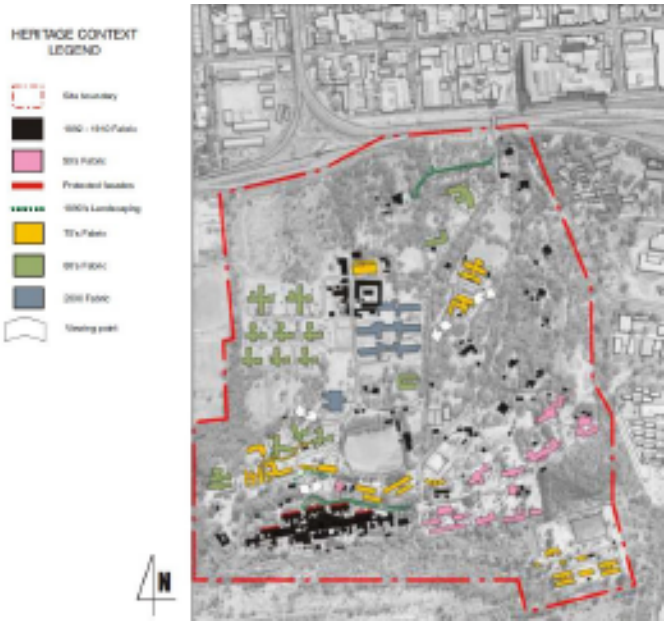


Figure 40 Weskoppies historic site plan (Geel, 2005)

Figure 41 Weskoppies administration building (Swart, 2019)

Figure 42 Weskoppies buildings (Swart, 2019)

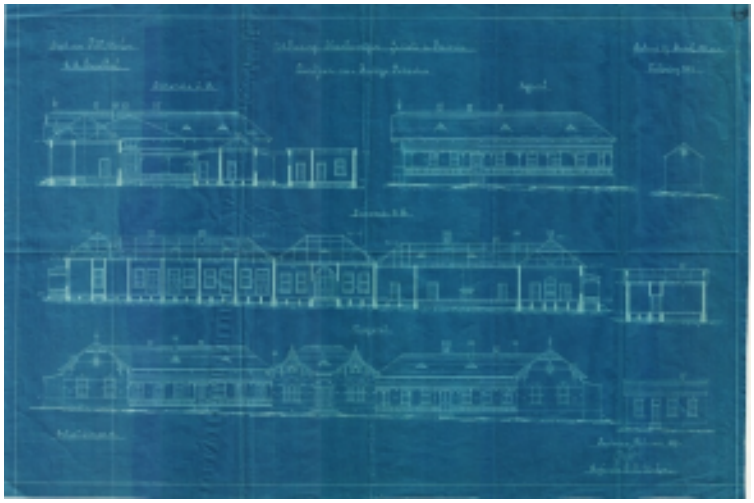


Figure 43 Weskoppies building plans (NARSSA, 2023)

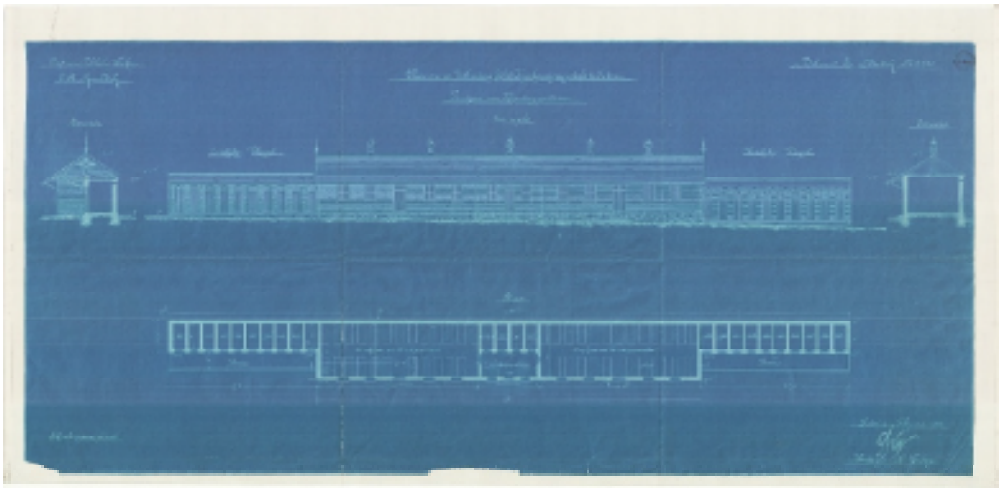


Figure 44 Weskoppies building plans (NARSSA, 2023)

Figure 46 High Royds Hospital in Yorkshire (Getty images)

Figure 45 High Royds Hospital hall (Getty images)

Figure 47 Weskoppies hospital hall (Swart, 2019)

II. Site 2: Westfort Leprosy Hospital

Introduction:

The Westfort Leprosy Hospital (previously named the "*Leprozen-inrichting*") is an extensive historical complex that grew from its origin in 1898 into a village-sized settlement housing multiple functions and medical services. The main function of the institution was the housing of various Leprosy patients and in later years extreme cases of psychological patients. The complex forms a part of the ZAR's Westward expansion of medical and scientific infrastructure and services creating proximity and functional links with the Weskoppies Hospital and the Volkshospitaal. The treatment of Leprosy at the time dictated that patients should be completely isolated from society to prevent the spread of the disease and that the disease is not curable. This resulted in patients being treated as inmates. The facility was therefore built outside of the city boundaries (Swart, 2019). The village has strong intranational significance and reflects the institutions in the Netherlands and forms the sole surviving member of a global family of leprosy asylums. Its layout reflects Veenhuizen, a leprosy colony in the north of the Netherlands, now on the World Heritage tentative list. It is also linked with the history of Robben Island, one of South Africa's World Heritage sites (Clarke, 2016).

History:

The Westfort Leprosy Hospital originated from the Daspoort Hospital which was built in the late 1880s as a facility to treat smallpox patients. The facility soon focused on Leprosy treatment as the primary care function. In 1888, government architect Sietze Wierda mentions the hospital in documentation stating that it consists of four rooms and an outdoor toilet treating eight patients. In 1890, a Leprosy barracks was added (Naude, 2012). Wierda, having been born in the Netherlands, designed the initial village-like complex based on traditional Dutch institutions with similar functions (figures 50, 51) (Kuipers, 2015). In 1892, many additions were made such as extra bedrooms, a lounge, a kitchen, and a dining hall. By 1896 the patient count rose to 99. The hospital was built as an extension of the Daspoort Hospital but was shortly combined to form the Pretoria leprosy hospital. The first buildings were built in 1898 consisting of staff accommodation, a smallpox clinic, and the administration building. As with other buildings in the era, expansion halted during the Anglo-Boer war between 1899 and 1902 as funds and building materials were reserved for the construction of the military fort just North of the hospital. By the end of the war, many patients were transferred to Westfort and the total number was 328 (Naude, 2012). The institution continued its function under British rule with segregation increasing over time (Kuipers, 2015).

Infrastructure expansion in 1906 included roads and boundary walls. Two churches were built on site between 1914 and 1916 as well as other supporting buildings including a carpentry shop, bookbinding shop and milk depot. 1917 saw the inclusion of eight watch towers. By 1918, all leprosy patients in the Transvaal and Orange Freestate were transferred to Westfort, increasing the patient numbers to 892. The closure of the leprosy hospital on Robben Island in 1931 increased the patient numbers to 2000. Due to this drastic increase in patient numbers, the Department of public works built many face brick buildings with the most notable being: the kitchen, theatre, and store. The traditional architectural response of isolated rooms was utilised. As the treatment of Leprosy became more effective, patient numbers decreased over the years and the hospital was officially closed in 1996 (Naude, 2012).

Since the abandonment of the hospital, people have appropriated the site and buildings to a considerable extent. The current inhabitants number over 4000 and live in buildings without

basic services. The community is headed by the Fort West Community Forum (FWCF) which holds monthly meetings in the Dutch reformed church on site (Kuipers, 2015).

Architectural Description:

Westfort Hospital Village (figure 48, 49) contains 436 buildings consisting of mostly large, principal buildings and 30% supporting outbuildings. The hospital design was approached by S.Wierda as buildings that provide attractive residences to patients in the most humane way possible (Kuipers, 2015). Due to the belief that Lerosy was contagious, the patients were divided into camps to minimise contact with other people (figure 53) (Kuipers, 2015).

The buildings constructed during the ZAR era are typical of the kind of structure produced by the Department of Public Works under the direction of S. W. Wierda: significant brick buildings with elegantly proportioned corrugated iron roofs, stone plinths, and sandstone details. These include a unique Dutch Reformed Church (figure 59, 56), the administration building (figure 58), the post office (figure 55), two staff homes, patient accommodation (figure 52), and others. The dispensary, a few patient dormitories, and the earliest hospital buildings are a few examples of buildings from this era that were completed. The structures on site are a vast combination of styles. Dutch-influenced Victorian style, Edwardian style and vernacular-inspired architecture populate the village. The medical nature of the buildings is not as evident as with a large-scale hospital. The village typology results in many smaller buildings with varied, and non-specialised functions.

Value Statement:

The importance of the site at Westfort cannot be understated. With many buildings, the site is a unique example of a village typology medical institution that was developed for the treatment of a specific disease with clear international influence from the Dutch. The progression in medical knowledge and practice is tangible through the abandonment of the site. The buildings tell a story of advancing treatment standards and becoming obsolete when the same standards and understanding kept evolving. The historical value on the site becomes tangible through the many diverse types, styles and eras of building fabric present. The most valuable architectural features include the churches and administration buildings. The stylistic narrative reflects the political influence in historical Pretoria. The early buildings communicate a strong Dutch influence while buildings built after the war reflect an Edwardian character. The site holds evidence of early racial segregation practices (including the use of concrete rondavels for non-white patients (figure 57) while simultaneously clearly showcasing the unnecessary segregation of patients from the public at a time when it was not widespread practice anymore.

Conservation Assessment:

This important historical site is unfortunately completely abandoned by the government and its previous users. The complex was cleared out in 1997 leaving empty buildings which was promptly inhabited by informal settlers. The buildings are mostly in poor condition with various levels of damage. The site is also not listed as a protected area and was designated to the 2016 Top Ten Endangered Sites list by Clark (Clarke, 2016). The threat is not only from informal settlers who reappropriated the buildings, governmental planning allowed the site to be re-zoned for development and various bulk works have already taken place. This disregard for the importance of the site is due to the lack of knowledge and documentation of the site (Clarke, 2016)

Figure 48 Westfort aerial view, historic (NARSSA, 2023)

Figure 49 Westfort aerial view c2020 (Google, 2023)

Figure 50 Agnetapark at Delft (Kuipers, 2015)

Figure 51 Snouck van Loosen Park at Enkhuizen (Kuipers, 2015)

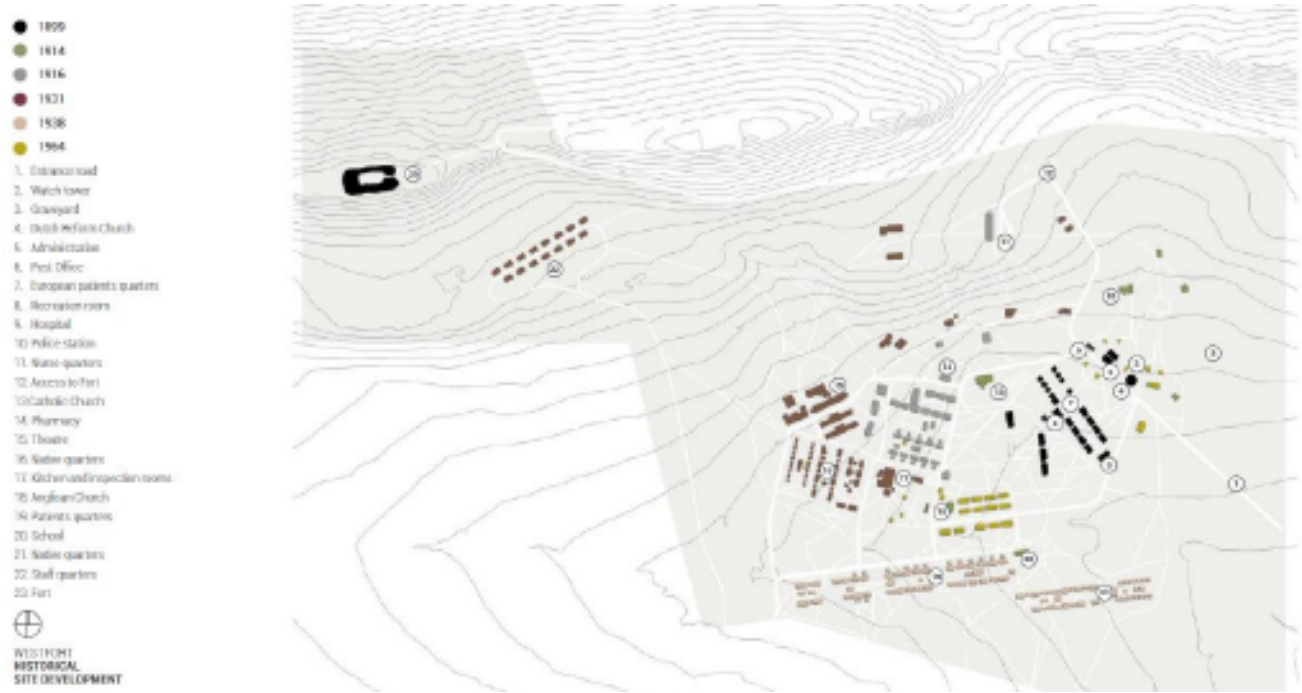


Figure 54 Westfort Historical site development plan (Bruinette, 2016)

Figure 53 Westfort black patient fenced housing (NARSSA, 2023)

Figure 52 Westfort white patient housing (NARSSA, 2023)

Figure 58 Westfort administration building (Clark, 2016)

Figure 55 Westfort post office (Kuipers, 2015)

Figure 56 Westfort Dutch Reformed Church (NARSSA, 2023)

Figure 59 Westfort Dutch Reformed Church (NARSSA, 2023)

Figure 57 Westfort rondavel housing (NARSSA, 2023)

III. Site 3: Zuid Afrikaans Hospital

Introduction:

The Zuid Afrikaans Hospital (figure 60) (ZAH) located in Muckleneuk, Pretoria, originated from a much smaller home-based care centre that was established by the Dutch immigrant community in the city. The Dutch connection played a large role in the design, build and function of the hospital. Unlike the previously investigated facilities, the ZAH is in a suburban context resulting in condensed and focused site development as opposed to village-like complexes. The hospital is currently run as a private non-profit organisation which provides the finances needed to continuously upgrade, expand and maintain the buildings.

History:

Following the Anglo-Boer war, the Dutch community in Pretoria established the small six-bed healthcare facility called the “Het Hollands Hospetaaltje” (figure 61, 62) in 1904 which was located in Sunnyside, Pretoria in the home of General C.F. Beyers (ZAH, 2023). In 1912 the hospital was moved to the corner of Berg and Walter Streets and was renamed “Het Zuid-Afrikaans Hospitaal en Diakonessenhuis”. The hospital was based on the model of a Dutch hospital in Utrecht and was serviced by Diaconesses as a charitable act. This international connection afforded the ZAH access to nurse's training in the Netherlands and Architectural input for its hospital buildings (Clarke, Hipwood & Lee, 2023). The decision to build a state-of-the-art hospital was based on the outbreak of the Spanish flu in 1918 which highlighted the urgent need for more medical treatment capacity and the will of the hospital to train its nursing staff. Regulations at the time required a minimum of 40 beds for a healthcare facility to qualify as a training institution (Venter, 1971).

The new hospital building was designed by Johan R. Burg in 1929. Notably, the designs were coordinated with Dutch architect Johan W. Hanrath which resulted in changes to the operating ward, room sizes and veranda design as well as finishes and specifications (figure 64, 69). The site of the hospital consists of 36 stands in Mackleneuk which was bought in 1936. The hospital opened its doors in 1936 as a 32-bed facility containing advanced medical technology (Bakker, Clarke & Fisher, 2014).

The first additions were built in 1951 with extensive changes continuing constantly. The original hospital now sits in the middle of a complex collection of structures that essentially hides it from public view.

Architectural Description:

The original hospital building was designed in the old Cape style and was locally innovative. The collaboration between Burg and Hanrath produced a hospital design that made use of sunlight, ventilation, and a natural environment to achieve a salubrious experience. The building consists of a single-storey that is entered from the East. Patient rooms are located on the North opening to a veranda (figure 65, 66, 70) where fresh air and sunlight were to improve patient health. Unusual for hospitals were the individual rooms and high ceilings (figure 64). These were designed to limit the spread of disease and to improve ventilation (lessons learned during the Spanish Flu pandemic). The other side of the main hallway was populated with two surgery rooms and other supporting functions. This hospital was the first in the city to move away from pavilion style patient rooms as a result of the knowledge gained of infectious diseases. As with this hospital, South African architects were focusing on the patient experience and the importance of natural elements in medical architecture during this era.

Regional materials, design elements and approaches were valued and incorporated with international influence and knowledge in the pursuit of a South African architecture.

Various unique and original details remain of the building. Memorial plaques, unique decorative tilework, ironmongery, and original timber doors and windows are some of the many significant elements of the building.

Value Statement:

The historical value of the Zuid Afrikaans Hospital can be seen through the history of international collaboration, local community development and impressive architectural design that was innovative at the time of construction. The original buildings are clear in the intent to produce healthy environments for the patients. Aesthetically, the structures provide an ordered and pleasing experience with ample space, natural elements, and a functional layout. The architectural connection to nature displays the development of medical understanding and the effect that calming spaces can have on the healing of patients. Stylistically the building represents a South African developed language which is rarely seen in Pretoria. Most of the original ironmongery and fenestration is present and can contribute to a more detailed study of the building and its era.

Conservation Assessment:

The hospital is currently a part of a much larger complex that has developed over time and keeps developing. The main historical building is protected by the NHRA section 34 As it is older than 60 years. The owner of the building keeps it in good condition and attempts to expand and renovate with extreme sensitivity when needed (figures 66, 67, 68). An unfortunate few additions to the building in earlier years blur the lines of where the original building boundaries stopped.

Figure 60 Zuid Afrikaans hospital aerial view (Google, 2023

Figure 61 Het Hollands Hospetaaltje site (NARSSA, 2023)

Figure 62 Het Hollands Hospetaaltje main building (NARSSA, 2023)

Figure 63 Zuid Afrikaanse Hospital c1960 (NARRSA, 2023)

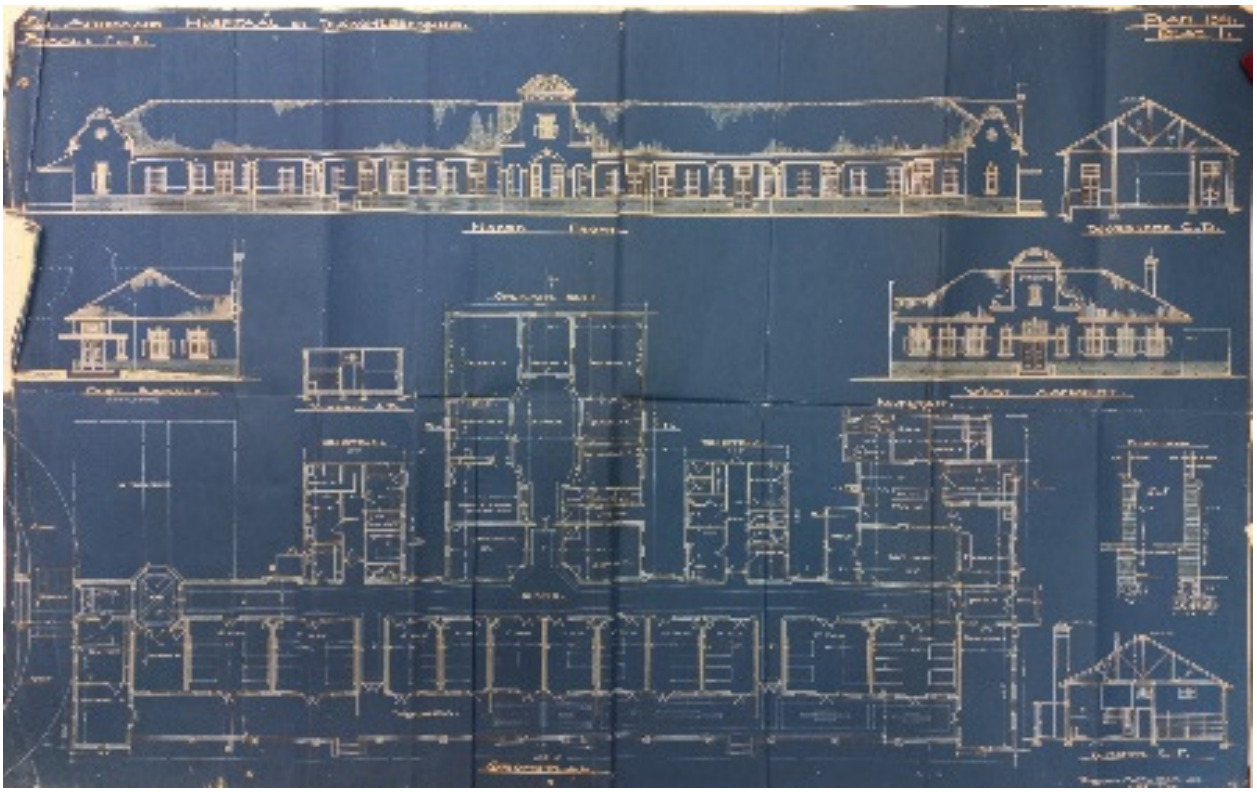


Figure 64 Zuid Afrikaanse Hospital original plans (ZAH)

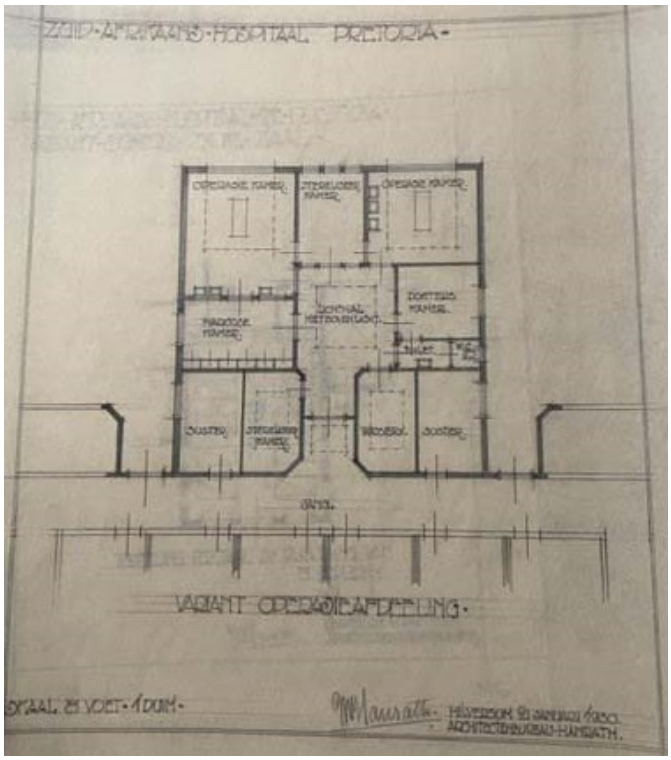


Figure 69 Hanrtah coordination drawing (Het Nieuwe Instituut)

Figure 68 Zuid Afrikaanse Hospital courtyard (author

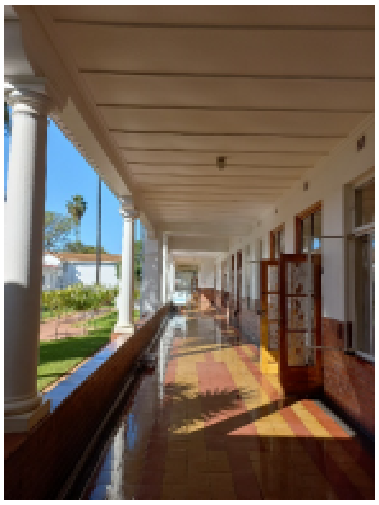


Figure 67 Zuid Afrikaanse hospital foyer (author)

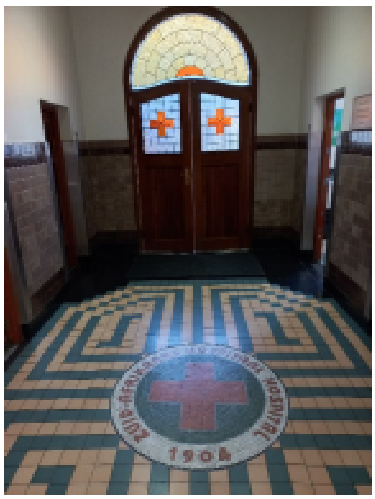


Figure 66 Zuid Afrikaanse Hospital foyer (author)

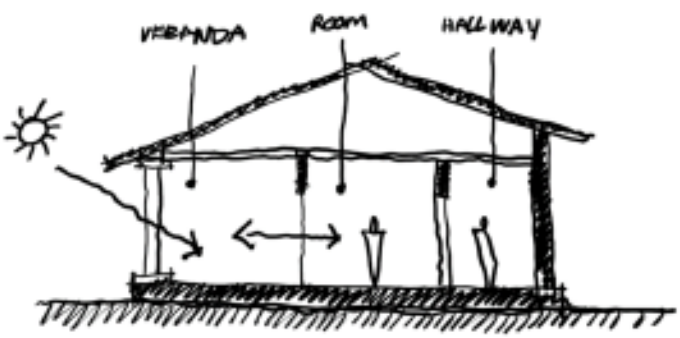


Figure 65 Zuid Afrikaanse Hospital conceptual section (author)

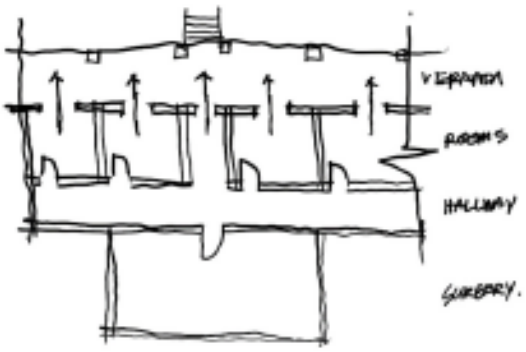


Figure 65 Zuid Afrikaanse Hospital conceptual plan (author)

IV. Site 5: Tshwane district

Introduction:

The Tshwane District Hospital (figure 71) has undergone multiple name changes and extensive site densification. Originally known as the Pretoria General Hospital (1932), H.F. Verwoerd Hospital (1967), Pretoria Academic Hospital (1997) and finally the Tshwane District Hospital (2008)(SBAH, 2023). The various name changes are reflective of the complex history of the site and the many political and academic influences on the hospital. The hospital was constructed as the first major public hospital in the Transvaal in 1932 and could house 430 patients (Snyman & Serfontein, 1977). The site of the hospital was drastically changed over the years and resulted in a complex network of buildings that span this large medical precinct.

History:

The need for a public hospital in Pretoria was expressed as early as 1880 in a committee meeting at the “new Pretoria club”. The agreement led to the decision that a small hospital of four to 5 beds is required. This endeavour was cut short by the outbreak of the first Anglo-Boer war in that same year. After great financial and population growth due to the discovery of gold in Johannesburg, the doctors in Pretoria again request a hospital facility in 1887. The first hospital was established in an existing building on Potgieter Street (now named Kgosi Mampuru Street) in 1888 and neighbouring land was set out for the future construction of a hospital. In 1889, Government Architect Sietze W. Wierda proposed a design for the permanent hospital building and construction started in 1890. The building was named the “Volks-Hospitaal” (figure 74, 76) and could accommodate 130 patients. By 1912, the hospital was insufficient and degrading (figure 77), and the decision was made to set out property to build a larger facility. The Spanish Flu epidemic also highlighted the need for better medical facilities. The initial investigation was done on the existing *volkshospitaa*l site (figure 75) but was unsuccessful. The initial sketches depict a very similar layout to what was eventually built on a completely different site. A new site was located and zoned for the hospital (figure78, 79). The site at Prinshof was chosen in 1916 but construction was delayed until much later. The architect of the new Pretoria hospital was J.S Cleland at the Department of Public Works. Cleland was born in England in 1879 where he trained as an architect. He moved to South Africa in 1903 where he worked for various Architects until 1920 when he joined the Department of Public Works as the head architect of the Union. Construction of the hospital started in 1927. The initial site plan is shown in figure 82

The official opening of the hospital was on 30 March 1932 (figure 85,86,87) and was celebrated with a ceremonious event in front of the current administration building. The hospital could accommodate 494 patients in state-of-the-art facilities including a prominent nurse's home housing 150 staff members. The hospital received additions through the years to accommodate 1340 patients by 1977 (figure 84). The hospital was segregated by race from its inception and was equally split in 1932. Non-white patient numbers dramatically increased up until 1972 when the Ga-Rankuwa and Kalafong hospitals were built where all non-white patients were treated in the Pretoria region. The first major name changes of the hospital came after the death of the Premier of the Republic of South Africa H.F. Verwoerd in 1966. His connection to the hospital was significant as he was treated there in 1960 for 5 weeks after an attempt was made on his life at the Rand Show in Johannesburg. Ward 18 was emptied for his care and the staff diligently brought him back to health. Verwoerd was assassinated in 1966 in the parliament building in Cape Town. The hospital was renamed to the “H.F. Verwoerd Hospitaal” during a ceremony on 27 January 1967. Even though Verwoerd was regarded as the architect of apartheid and references to him are regarded as politically inappropriate, the

hospital name was only changed in 1997 to the Pretoria Academic Hospital. The academic function of the hospital originated with the establishment of the Department of Medicine at the University of Pretoria in 1943. This additional function heightened the status of the hospital as a research and service provision institution. The hospital was the main medical facility of the department until the construction of the Steve Biko Academic Hospital directly North of the site in 2008. Academic functions are split between the two hospitals and most of the buildings now function as a government district hospital. The final name change occurred in 2009 to the Tshwane District Hospital, to reflect its new function.

Architectural Description:

The original hospital buildings of 1932 contained the following (SAMJ, 1932)(figure 85, 87):

- Administrative block (two storeys)
- Casualty block (two-storey)
- European ward block (Four storeys)
- Children's wards (one storey)
- Infectious disease wards (two-storey)
- Non-European Wards (one storey)
- Outpatients department (one storey)
- Nurse home (two-storey)
- Various detached supporting structures: mortuary, garages, and staff houses.

All the structures were built in the same style and materiality. The site was an open public space with the entrance to the hospital accessible by road between the administration block and the Casualty block. Fisher (Fisher, 2023) states that the hospital is a fine example of the technology and craftsmanship of the period and represents the Union or PWD style. The buildings represent Cleland's attempt to develop a South African style which is influenced by the Italianate features used regularly by architects such as Sir Herbert Baker. Notable design features are the use of courtyards, Cape Dutch revival stylistic elements, red brick, colonnaded facades (figure 73) and detailing with superior materials such as teak and terracotta. Cleland also emphasised the importance of furnishing public buildings with appropriate South African furnishings which represent the style of the Baker School.

The design of the wards still followed the open plan pavilion typology (on multiple levels) and could be achieved due to the separate infectious disease ward removing the need for private rooms in other wards. Impressive verandas and balconies (figure80, 81, 83) were designed on the Northern side of the main patient building to ensure that access to natural light is maintained.

The site was extensively developed, and many features, details and intentions are changed or unrecognisable. The site is now completely fenced off with limited public entrance and free use, many unsympathetic buildings, additions, and alterations are present on the site (figure 88, 89, 90, 91).

Value Statement:

The Tshwane district hospital contains heritage value in multiple categories. The historical value of the hospital relates to the fact that the hospital was the first large hospital in Pretoria and later the first academic hospital with close ties to the University of Pretoria. Architecturally, it is a prime example of the Union-style developed by Sir Herbert Baker in the Department of Public Works. This style of architecture sought to create a South African architectural response to public buildings. Spatially, the original building focused on public access and comfort and healthy environments that included large North face balconies for the wards. Much like the

other investigated sites, the architecture sought to incorporate natural elements such as sunlight and ventilation to create healing environments. This shows the development of healthcare architecture in the city. The hospital changed focus groups and functions many times which highlights the political influence on the building and site. The site development is a testament to medical and educational progress even though many of the additions were done in an unsympathetic manner.

Conservation Assessment:

The extent of the building and the site makes a singular conservation assessment problematic. The overall condition of the heritage buildings is less than ideal but still in daily use. The most concerning aspect on the site is the extensive additions and changes that have been done over the years with very little sensitivity to the existing fabric and its importance. This includes site wide changes such as fencing of the entire precinct which limits public access and interaction and damages the overall site aesthetic. The building is protected under NHRA act 38 but it is evident that the Department of Health does not follow the recommended procedures when altering the building. Maintenance of the building is also lacking. The interior and bespoke fenestration, furniture and fittings are in good condition and in daily use.

Figure 71 Tshwane District aerial view (Google, 2023)

Figure 72 Tshwane District administration building (Fisher, 2023)

Figure 73 Curlitzia student housing (Fisher, 2023)

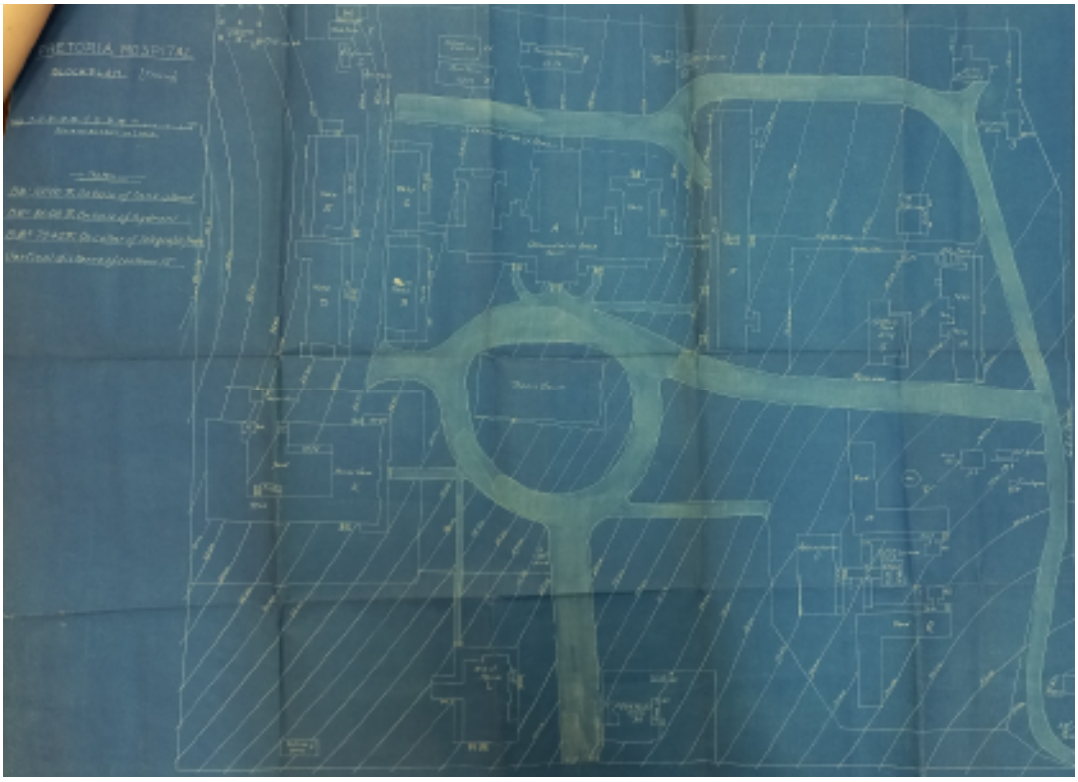


Figure 74 Volkshospitaal site plan (NARSSA, 2023)

Figure 76 Volkshospitaal (NARSSA, 2023)

Figure 77 Volkshospitaal wall damage (NARSSA, 2023)

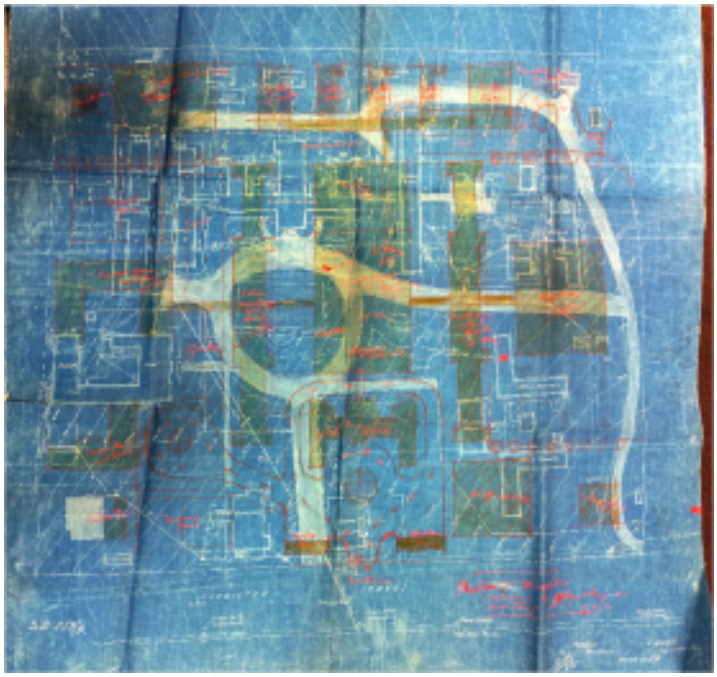


Figure 75 Volkshospitaal site development sketches (NARSSA, 2023)

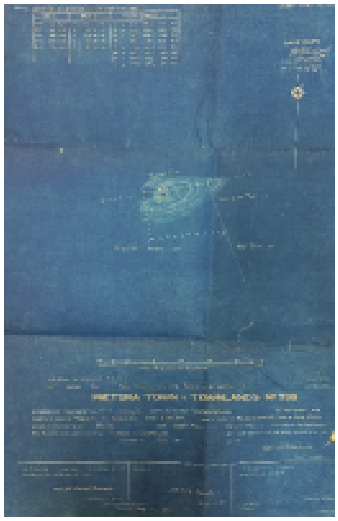


Figure 78 Pretoria Hospital site survey (NARSSA, 2023)

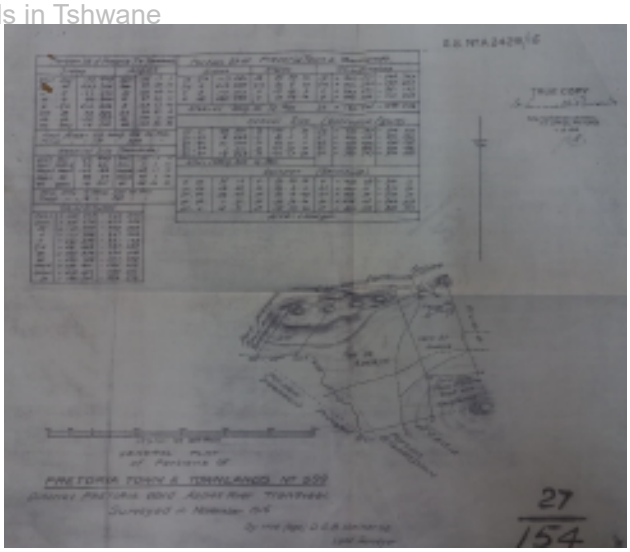


Figure 79 Pretoria Hospital site survey (NARSSA, 2023

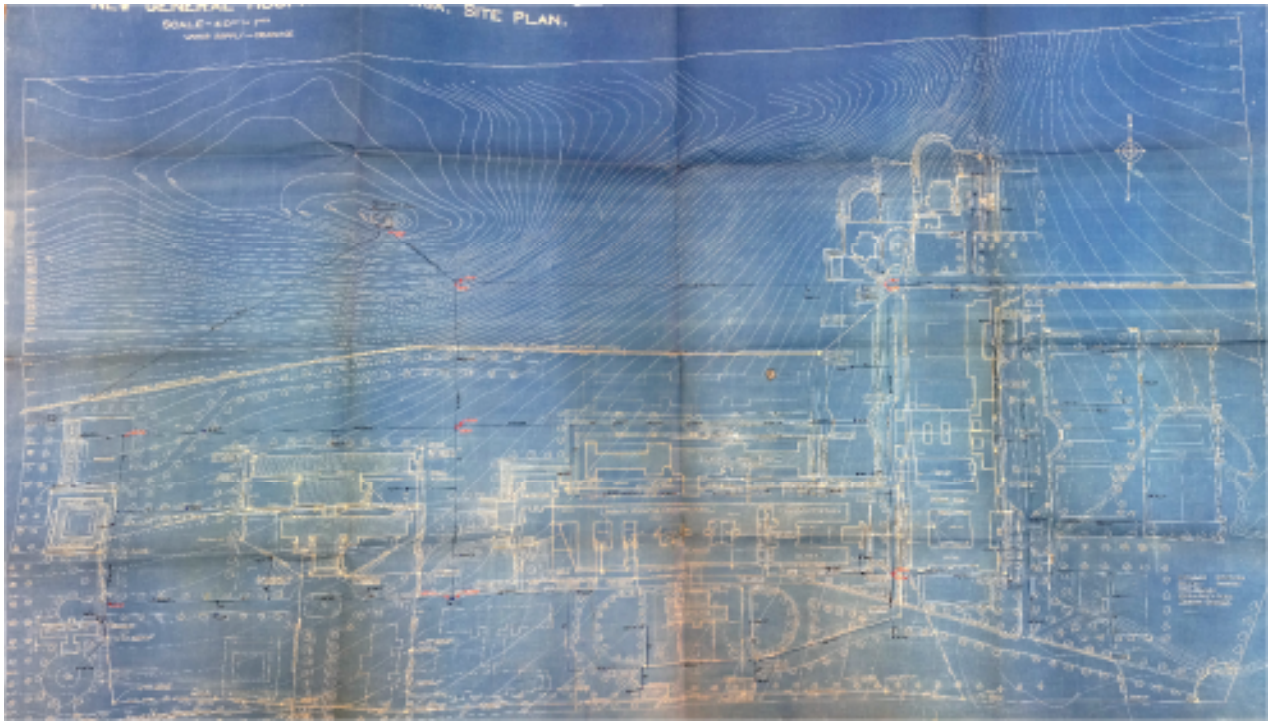


Figure 82 Pretoria Hospital site plan (NARSSA, 2023)

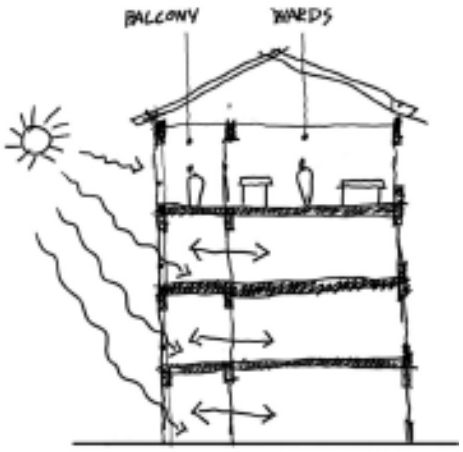


Figure 81 Tshwane district conceptual section (author)

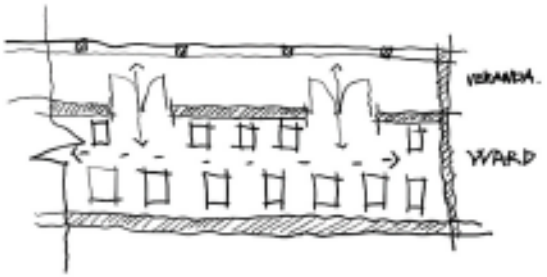


Figure 80 Tshwane district conceptual ward plan (author)

Figure 85 Pretoria Hospital aerial view c1932 (NARSSA, 2023)

Figure 87 Pretoria Hospital site plan (NARSSA, 2023)

Figure 86 H.F Verwoerd Hospitaal (Snyman & Serfontein, 1977)

Figure 84 Pretoria Hospital c1932 (NARSSA, 2023)

Figure 83 Pretoria Hospital balcony (NARSSA, 2023)

Figure 89 Tshwane District hospital

Figure 90 Tshwane District hospital (author)

Figure 91 Tshwane District hospital (author)

Figure 88 Curlitzia student housing (author)

V. Site 5: One Military Hospital

Introduction:

There are three major Military hospitals in South Africa One Military Hospital (figure 92) based in Pretoria, Two Military Hospital based in Cape Town and, Three Military Hospital based in Bloemfontein. The construction of this hospital is closely linked to the growing war effort of the apartheid-era government and the outbreak of the Angola border war (1966-1990). The nationalist government had during this era the agenda to establish civic architecture as technologically advanced and monumental by utilising modernist and brutalist ideals to portray the power of the state through its architecture (Judin, 2021). This is reflected in the one military hospital.

History:

As with other Hospitals in this study, the One military hospital started on another site and in another building (figure 95, 97). The first Military hospital in Pretoria was built in 1921 in Roberts Heights South of the city. This single-story building served as the main military hospital until 1982 when the unit was moved to a ridge further North into the new and extensive One Military Hospital (MILMED, 1995). Though the Hospital was built with the war effort in mind, it rarely saw war casualties as it was too far from the front. The hospital has however become a key building for military personnel and their families in Pretoria, delivering state-of-the-art medical service (MILMED, 1995). Many top-ranking officials have over the years been admitted to the hospitals including former president Nelson Mandela in 2012. The building has undergone virtually no structural or external changes since built. Internal changes have been made with major refurbishment currently underway.

Much of the history and detail of the building is still classified.

Architectural Description:

The substantial and monolithic hospital towers are located on a hill overlooking the Voortrekkerhoogte Valley (figure 96). From ground level, three storeys are defined with large flat structures forming a plinth for the two hospital towers stretching east to west. The towers are connected by a central circulation core. The building is eight storeys tall. The plan layout is typical of the hospitals of the time with long hallways with attached rooms facing the exterior (figures 93, 94). No rooms have access to the exterior, creating controlled conditions for all spaces. The functions of the building interior cannot be decerned from the outside as the façade is monotonous and repeating throughout the building. The structural system is exposed and communicates clarity and logic that is understandable at first glance. Concrete columns on the facade are angled at every floor to support precast concrete panels that cover the lower and upper half of every floor slab. This creates a façade skin that covers the lower part of each floor and the upper part of the floor below with concrete panels that extrude from the building, creating windowsills, overhangs and the effect of depth and weight. The finishes are rough aggregate stone to a brown color that matches the military nature of the building (figure 98).

Similar building characteristics were being used throughout Pretoria at the time reflecting the drive for architecture to represent the authoritarian nature of the Apartheid regime. The building shares commonalities with the Voortrekker monument (which is directly visible from the site), The UNISA main campus and the Pelindaba nuclear research facility.

Value Statement:

The One Military Hospital is the product of South Africa's intensifying military focus during the 1970s. The historical relevance of this hospital is linked to the years that the government was at war in Angola, a crucial part of South African history in the 20th century. This conflict highlighted the regime's intention to hold on to its nationalist rule and apartheid policies. This sense of control is reflected in the civic architecture built during that time. The aesthetical qualities of the building also reflect this stance by exuding authority, mass, and importance using concrete (exposed and precast, finished), rectilinear and ordered forms, intimidating scale, and landmark qualities. The users did however form emotional connections with this seemingly austere structure, many of whom remember it fondly adding social value to the building. Medical architecture advances are also evident in the use of integrated services such as air conditioning and filtering and a focus on efficiency rather than natural element and environments. In this structure, the modernist turning point can be seen in Pretoria healthcare buildings. The site also contains various monuments and plaques dedicated to service personnel of the SANDF.

Conservation Assessment:

The building is in daily use and remains the largest military hospital in South Africa. Current controversies regarding its interior refurbishment put the hospital at risk of being abandoned but the construction has been resumed. The building is not being protected by any Heritage Act at present. Exterior changes are virtually non-existent, and the building and structure are in good condition. Future problems (such as the refurbishment controversy) are a risk as well as the limited possibilities for expansion due to the nature of the building design.

Figure 92 One Military Hospital aerial view (google, 2023)

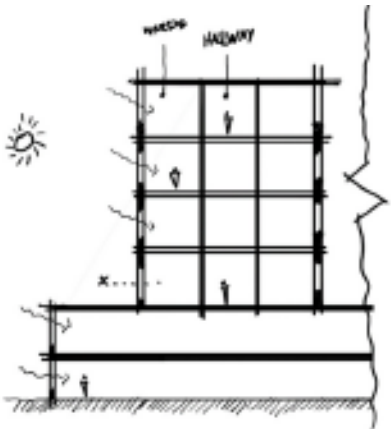


Figure 93 One Military Hospital conceptual section (author)

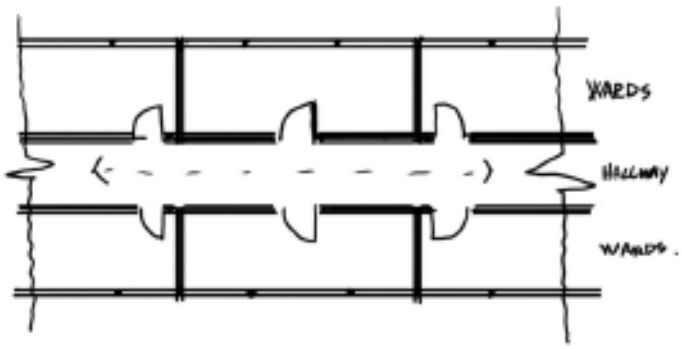


Figure 94 One Military Hospital ward plan (author)

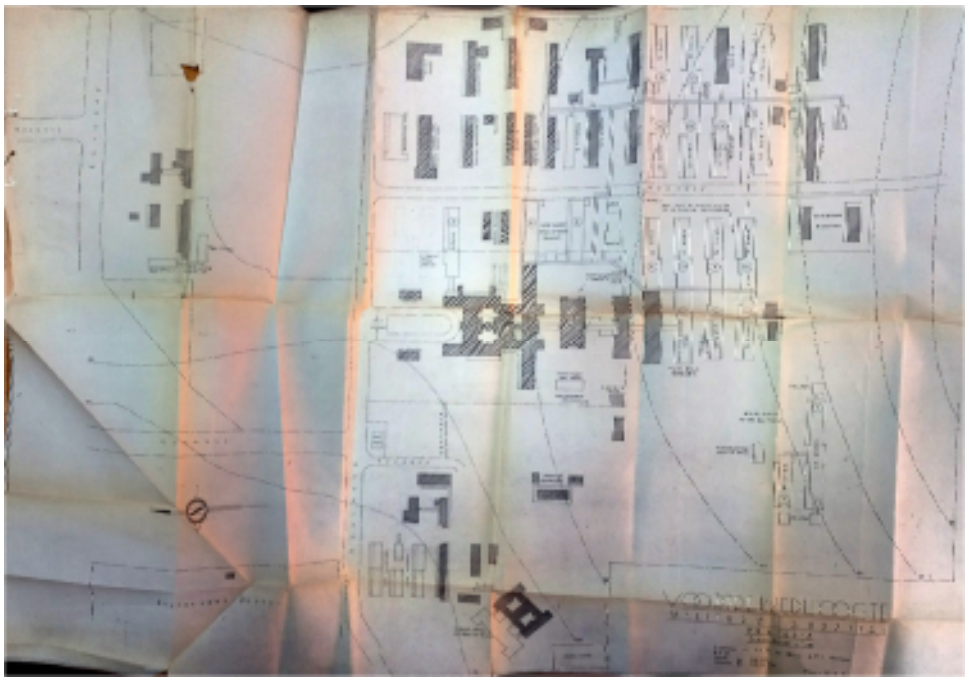


Figure 95 One Military Hospital site plan c1945 (NARSSA, 2023)

Figure 97 One Military hospital c1930 (NARSSA, 2023)

Figure 96 One Military Hospital (author)

Figure 98 One Military Hospital structural detail (author)

Figure 99 One Military Hospital memorial (author)

VI. Site 6: Pretoria West Hospital

Introduction:

The Pretoria West regional (figure 100) hospital is situated next to the historic Daspoort tunnel in Philip Nel Park 5km from the city centre. The building sits against the slopes of the Magalies mountain range overlooking the valley that houses the Pretoria West power station and the ISCOR steel plant. The building has two twins within Gauteng which are both exact copies in design and materiality. Kempton Park Hospital (1978) (figure 109) and Carltonville Hospital (1977) (figure 108), these dates cannot be confirmed, and it is not exactly known which hospital was built first or why they are exact copies of each other. Aural histories claim that the Pretoria West Hospital was built first and treated its first patient in August 1976 (sadoctors, 2023). Very little historical data is available of this hospital. The Design was done by Maarten & Eksteen Architects in association with C.M. Tunmer Architects (figures 106, 107)

History:

Completed in 1976 and officially opened in 1978, the hospital was a dedicated white-only facility that served the growing population of Pretoria West and the industrious communities affiliated with the ISCOR steel plant South of the hospital. The local non-white population was relegated to Kalafong Hospital which was built in 1972. No significant changes can be seen to the building resulting in a very good representation of the intention and detail of the original design.

Architectural Description:

The hospital is relatively small compared to the previous sites investigated with a more complex design. Two main multi-storey elements sit on top of an extensive ground floor section. The southern side of the building consists of wards facing North and South and the Northern part of the building houses important functions such as all administration spaces and the theatres. The two sections can clearly be distinguished. The wards are designed as a six-storey block with rooms facing outside on both sides with a connecting hallway that facilitates supportive functions. The wards are recognisable using exposed structural concrete columns, off-shutter concrete overhangs and extensive aluminium shading devices running horizontally across the façade on every floor. The administration and theatre block is a contrasting solid block in a winged plan shape with large radius rounded corners (figures 101, 107). This monolithic block contains the theatres and thus very controlled interior conditions. This Block sits on top of the administration offices and board rooms which are all in excellent original condition with timber panelling work and large fenestration openings looking north from underneath the theatres. The main entrance (central to the winged plan shape under the theatre block) facing North seems to be rarely used with the patient entrance on the Western side of the building. The main entrance leads to a tiled atrium with ornate mural decoration installed with the construction of the building (figure 102). The ground floor houses multiple functions and interesting architectural features such as original artwork, lightwells and original skylights. Both blocks mentioned are tied together with the central vertical circulation core that has very distinct concrete detailing. Interior spaces prioritise natural light achieved by skylights, lightwells and hallway end windows (figure 104).

To the east of the hospital building is the nurses living quarters, a modernist apartment building that does not quite carry the same design elegance as the hospital structures. Other significant elements on site are the steam piping system that is integrated into a covered walkway leading

from the boiler rooms. This hides the unsightly piping system while providing an elegant site feature, something that is not seen with the other case studies as the steam systems were only installed at later stages.

Value Statement:

The value of the Pretoria West Hospital is in the historical contribution and manifestation of the medical architecture development of Pretoria. The building design is strikingly different than any other hospital in the city with complex interlocking forms and the use of various materials. The building depicts another approach to the modernist hospital by providing a texture-rich and interesting architecture that still makes use of planning efficiencies and technological advancement in construction and medical facilities. The aesthetic value of the building is the clear use of the localised modernist design of the 1970s: curved concrete elements, shading devices and the use of natural light and textures (figure 103). These elements make the hospital a good example of the advancement of modernist architecture in Pretoria and South Africa. Social historical value can be found in the realisation that this hospital is in stark contrast with hospitals provided to non-white populations. The hospital also embodies the narrative of Pretoria's expansion into the West with industrial progress. The hospital was mainly built for the industrial workers at ISCOR as the population grew. The building contains a legacy of efficiency in other regards, the design was copied for two other hospitals in Gauteng. This re-use is symbolic of the government's need for quick expansion in a fast-growing economy.

Conservation Assessment:

The building is currently in daily use as a public hospital. It is not protected under any Heritage Act or authority. The building is in fair condition with an impressive number of original furnishings still in use and good condition. No exterior or structural changes were made. This is however not a certainty going forward. The hospital's twin building in Kempton Park is known as the "ghost" hospital as it stands completely abandoned and damaged to the point that the government has now declared that it will be demolished. This development occurred in 1996 when the hospital was left abandoned overnight. There seems to be a constant risk and uncertainty with the longevity of public hospitals.

Figure 100 Pretoria West Hospital aerial view (Google, 2023)

Figure 101 Pretoria West Hospital entrance (author)

Figure 103 Pretoria West Hospital exterior details (author)

Figure 102 Pretoria West Hospital entrance foyer (author

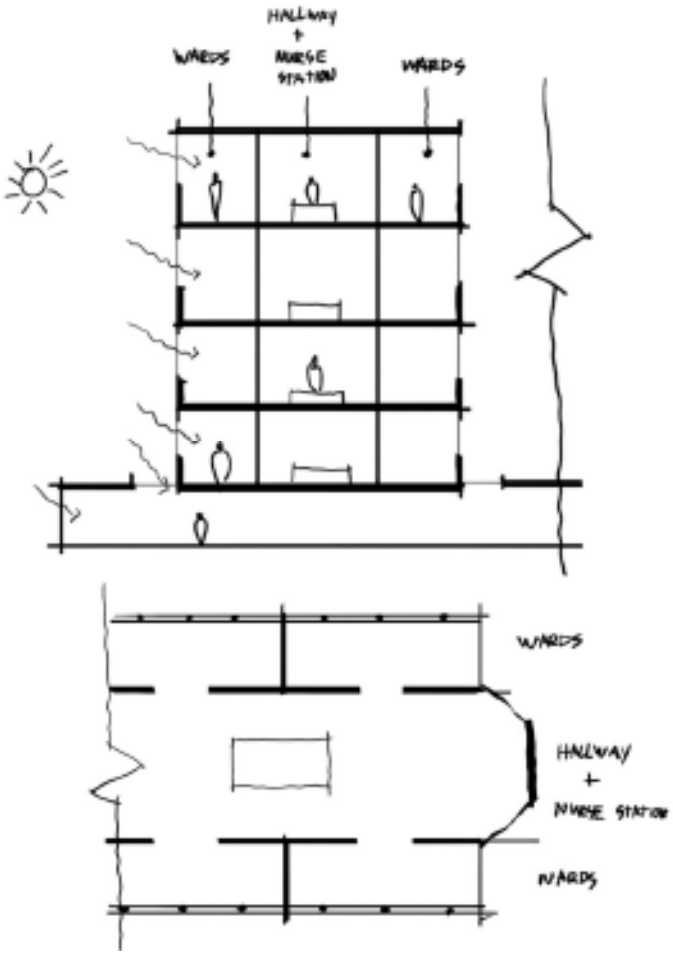


Figure 104 Pretoria West Hospital conceptual section and plan (author)

Figure 106 Pretoria West Hospital site plan (Hospital records)

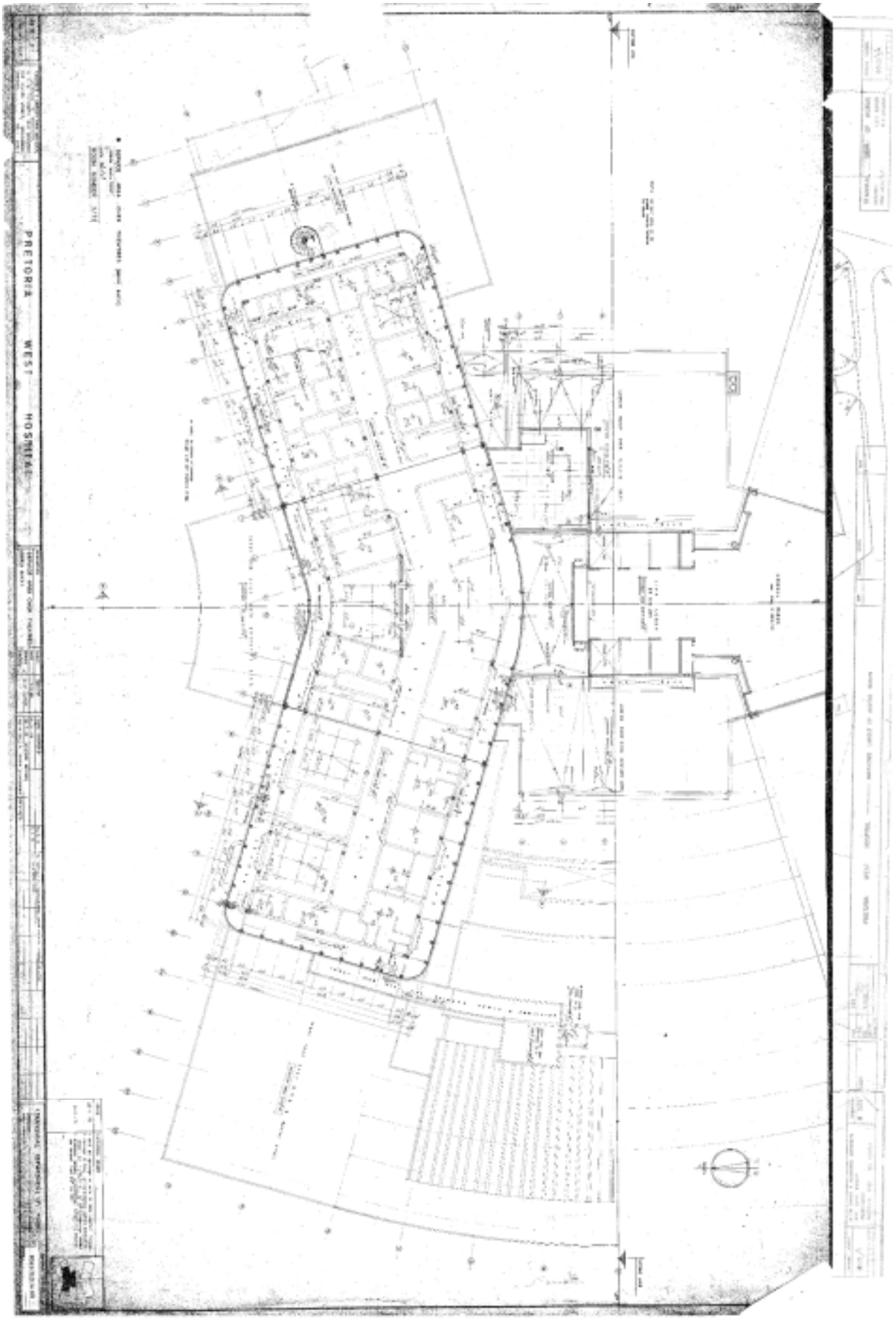


Figure 107 Pretoria West Hospital surgeries plan (Hospital records)

Figure 109 Kempton Park Hospital (abandoned) (Google,2023)

Figure 108 Carltonville Hospital (Google,2023)

VII. Site 7: George Mukhari Hospital and Sefako Makgato Health Sciences University.

Introduction:

The sprawling complex of the George Mukhari Hospital forms a synergistic relationship with its neighbour, the Sefako Makgato Health Sciences University campus (figure 110). The two institutions were developed within the same decade to function as a comprehensive hospital and health sciences campus for the non-white population of Ga-Rankuwa, Bophuthatswana. The architectural character of the hospital leaves much to be desired as a healing institution and the attitude of the Apartheid regime towards the development of non-white facilities can be seen. In contrast, the university campus consists of monumental buildings that tower above its context as faceless monoliths.

History:

The George Mukhari Hospital (previously known as the Ga-Rankuwa Hospital) was built in 1973 (figure 115) to serve as the regional hospital to serve the population of Ga-Rankuwa. The segregation laws under the Apartheid regime meant that these patients had to use separate facilities from the more affluent white population in urban areas. The establishment of this much-needed hospital highlighted the decades-old issue of the lack of non-white doctors in South Africa and the lack of training facilities for the majority group in the country. The opportunity was seen to establish a medical university at the hospital that would focus on the education of non-white medical students. In 1975 it was decided that the new university will be built adjacent to the hospital. In a meeting in 1975, the name Medical University of South Africa (MEDUNSA) was decided on. The University of Pretoria had close ties to the project and incorporated the administration of the university into its systems. After intense planning and building setbacks, the university enrolled its first students in 1978. The completion of the basic medical sciences building (figure 116) and a student residential building was followed by the expansion of the campus adding a building for pathology and the clinical disciplines, a modern library, 4 residences with accommodation for 900 students, a central kitchen complex, sporting facilities with a multipurpose indoor sports centre, and extensive civil engineering projects, including an independent sewage purification plant for the university. The hospital was upgraded to meet academic hospital standards by 1990 (Retief, 1982). In 2005, the higher education system in South Africa went through a few changes, one of which was the merger of MEDUNSA with the University of the North located in Polokwane to form the new University of Limpopo. The two were again split in 2015 when the medical campus was renamed the Sefako Makgato Health Sciences University (SMU) (Ncayiyana, 2011).

Architectural Description:

The hospital design is a complex collection of disconnected buildings that have little stylistic relation (figure 114). The entrance of the hospital passes through a two-storey administration block which leads to multiple single-story brick buildings that form the wards and consultation rooms. These are connected by interior and exterior walkways and hallways. Most of the buildings are based on a standard design that includes a roof apex clerestory. The buildings were not designed for artificial ventilation or temperature control and thus over the years, many service ducts and HVAC plants needed to be added to the buildings (figure 117). A prominent feature of the site is the massive boiler room that is visible from the street. Stylistically this building is unique on the site with sheer pale concrete walls, concrete buttresses, and round windows. It forms a clear landmark that is distinguishable from far (figure.

The neighbouring SMU campus buildings on the other hand are highly ordered brutalist multi-storey blocks with clear relation to the brutalist design of the UNISA campus (figure 118, 121). Horizontal undivided windows define each floor level with the rest of the façades filled with precast concrete panels that form overhangs and window sills. The monolithic exterior suggests a solid block building with deep floor spaces but most buildings are punctured by large courtyards to achieve the filtration of natural light and ventilation into the spaces (figure 120). Architectural elements such as walkways, bridges and monuments are of the same heavy concrete language as the buildings (figure 122). Very little landscaping or exterior connection is offered by the buildings creating the impression of highly functional machines as buildings. No exterior or structural changes can be seen on the campus buildings. This might be the result of their seemingly unchangeable nature in contrast to the fragmented nature of the hospital buildings.

Value Statement:

The historical value of the George Mukhari Hospital centres around the implementation of apartheid laws in South Africa. The hospital was built specifically for non-white patients in the Ga-Rankuwa area and is very noticeably of lower design and construction quality than hospitals of the same era built in urban areas. The history of these discriminatory policies can be seen in the built form of the hospital. The social value thus becomes one of remembrance for the community. The aesthetic value is minimal on the site compared to other public hospitals in the city but a narrative of functional and cost-efficient design can be read in the form.

The Sefako Makgato Health Sciences University campus stands in stark contrast. The historical value is similar in that it was the only non-white medical university in the country. This reiterates the history of the apartheid regime's policies and the destructive nature thereof. The aesthetic value relates to the regime's agenda to build civic buildings as impressive and authoritarian structures. The campus relates to the UNISA campus in many visual and tectonic aspects. The social value, therefore, is one of remembrance of opportunity (even if given much too late) yet still controlled by an unquestionable government.

The two complexes together tell the story of segregation, control and separate development by an authoritarian government. Today both are being used very effectively but the remnants of apartheid still linger on the sites.

Conservation Assessment:

Neither site is protected by any heritage legislation or organisation. The hospital has been dramatically changed to provide more space and to accommodate services. The buildings individually cannot be recommended for conservation but the site as an entirety and the distinct built fabric of disconnected buildings should be considered as important. The university campus buildings are in good condition with negligible changes done over time.

Figure 110 Dr George Mukhari Hospital and SMU campus Aerial view (google, 2023) (edited by author)

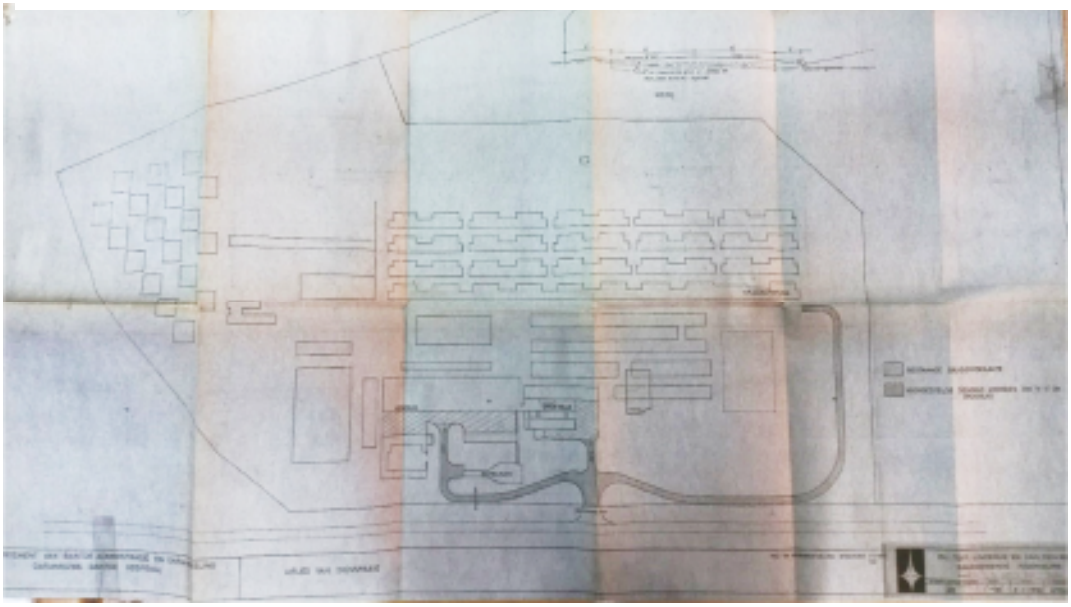


Figure 112 Dr George Mukhari Hospital original site plan (NARSSA)

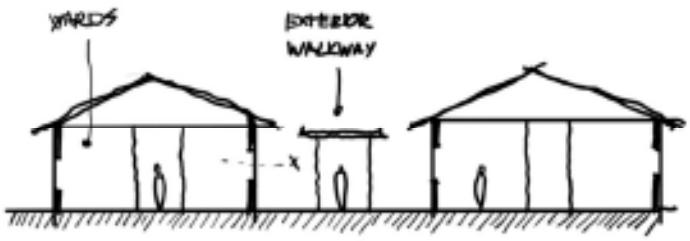


Figure 111 Dr George Mukhari Hospital conceptual section (author)

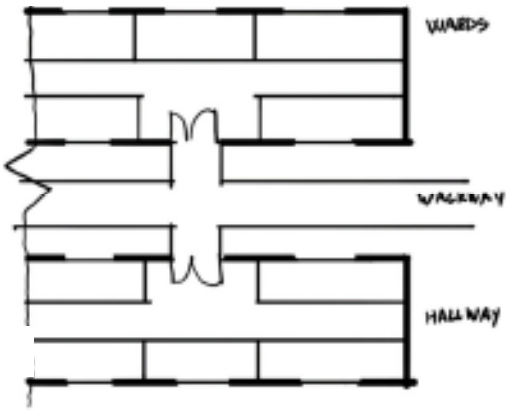


Figure 113 Dr George Mukhari Hospital Conceptual plan (author)

Figure 116 SMU Campus buildings c1978 (NARSSA, 2023)

Figure 115 Dr George Mukhari Hospital soil turning ceremony (NARSSA, 2023)

Figure 114 Dr George Mukhari Hospital c1980 (NARSSA, 2023)

Figure 117 Dr George Mukhari Hospital (author)

Figure 118 SMU campus administration building (author)

Figure 121 SMU campus buildings (author)

Figure 120 SMU campus building courtyard. (author)

Figure 119 Dr George Mukhari Hospital Boiler room (author)

Figure 122 SMU campus brutalist details (author)

5. Results analysis

The results gathered in this study display the extensive nature of historic sources and narratives that exists for any given building or site within a city. The analysis of these sources provides a rich insight into the development and cultural value of public hospitals, the influences that shaped them, and the transformative power that they exhibited in society.

Multiple values were investigated for all the sites. Due to the large timeframe of public hospital development in the city and the early need for medical care by the population during times of urban growth, the historical value is strikingly prominent in most of the sites. Weskoppies-, Westfort–, Zuid-Afrikaans– and Tshwane district Hospitals contain historical narratives that are unique within the city which provides a valuable insight into the culture, landscape and urban conditions of early Pretoria and its development. The more recent sites provide a clear narrative of the development and change in the technological and political context of the city. Dr George Mukhari -, Pretoria West -, and One Military Hospital are clear indicators of political and technological drivers in the city's history with the utilisation of Modernist ideals, clear racial segregation and the utilisation of advanced building systems and design in some cases.

As notable and important public institutions, the sites investigated provide aesthetic value to the users of the buildings and the public. Notable positive examples are the Weskoppies Hospital, Zuid Afrikaans Hospital and Pretoria West Hospital, and parts of the Tshwane district Hospital. Unfortunately, this value category is highly dependent on the condition of the buildings which affects the aesthetic value of the Westfort hospital village and the Tshwane District Hospital. Other notable aesthetic qualities are the prominent landmark role that buildings such as the One Military Hospital and SMU campus offer.

The social and scientific role that public hospitals provide is arguably their most important heritage quality. Not only do these sites provide current scientific advancement and progress as well as vitally important social institutions, but it also displays the history of these aspects and their development in the city. Medical technological advancement is clear from the oldest investigated site to the newest. The treatment of patients through varying methods and spatial organisations, the use of natural ventilation and light and the provision of exterior access defined healthcare advancement during the early 20th century. The latter half of the century was defined by the modernisation of healthcare using efficient and cost-effective construction methods, more sanitary interior materials, the use of artificial light and ventilation and space efficiency. This development can be traced through all the sites investigated. The social role and development of Tshwane public hospitals reflect the oppressive past through the disproportionate provision of healthcare and healthcare training to certain race groups and the removal of these facilities from urban centres. Reconciliation can also be seen through the changes that hospitals underwent after the end of apartheid with Tshwane district hospital as a prime example.

All the investigated hospitals, except Westfort, are currently in use and fill crucial healthcare roles within their context and community. Unfortunately, only one of the examples, the Zuid Afrikaans Hospital, achieves a successful connection between heritage fabric and new additions. This is likely due to the additional funding available for the private model of healthcare. The architectural complexity of medical institutions and hospitals can be seen in sites such as the Tshwane District -, and Dr George Mukari Hospital where continuous change and additions are required to fill the demand for medical care and technological advancement. The resulting sites portray a layered palimpsest of historical development and the depiction of various architectural styles and approaches at the cost of the original architectural fabric.

Currently, only the sites older than the Zuid-Afrikaans Hospital are protected under the NHRA section 34 as they are older than 60 years. The Weskoppies Hospital is currently listed as a provincial heritage site by the PHRAG. These protections are currently not sufficient as can be seen by the unfortunate state of many of the buildings. Maintenance and care for the buildings and landscapes are lacking in most cases. This again raises concern about the lack of heritage authority on the municipal level. Additions are made to sensitive buildings that severely diminish their heritage value and in the case of Westfort, buildings are abandoned completely. Newer structures run the same risk as can be seen with the twin hospitals related to Pretoria West that were recently abandoned. It is of great importance that newer buildings receive legislative and legal protection before they are lost or insensitively changed. The opportunities that these sites hold are notable. The hospitals investigated holds histories and narratives of the city that are of great value. These stories can be told through the buildings if they remain in use and are sufficiently protected. More ambitious opportunities also exist with the potential reuse of buildings such as the Westfort village. As the medical field continues to develop and change, this reuse approach can become a key component for the future protection of these buildings.

6. Discussion

This study set out to determine the heritage and cultural value of the public hospitals in the city of Tshwane, their current protection status and condition and how this information could be documented efficiently and effectively. As the analysis of the results indicates, multiple cultural and heritage value categories were found to be of significance in public hospitals in the city. Multiple themes were also identified that span various sites and timeframes. The results were however not surprising as many authors found similar results in other contexts and thematic layers (Bakker, Clarke & Fisher, 2014; Judin, 2021; Clarke, Hipwood & Lee, 2023). By analysing a specific layer of the city (as opposed to singular sites), various connected values were highlighted that might go unrecognised if not observed through a larger scope. This iterates the importance of thematic analysis as proposed by Marsden and Spearritt (2021). The sites were found to be in varying states of conservation, condition, and use. The pattern that emerges from this observation is that sites that were not adapted to changing medical needs soon fell into disuse and disrepair. This highlights the importance of relevant value categories as proposed by de la Torre (2013). If irrelevant value categories drive conservation and protection, the building will still be at risk of degradation due to misuse or under-use (de la Torre, 2013). While heritage valuation is complex, the combination method employed by this study derived from Kuipers and de Jonge (2017), Letellier (2015), the Burra Charter (2000) and the NHRA (1999) produced comprehensive and detailed results that can be analysed and communicated with relative ease. The documentation methods followed these valuation principles and are repeatable and organisable, a quality that is of utmost importance. The valuation and documentation methods employed did not venture into the possibilities of detail that can be achieved due to the time constraint of the study. The templates set up in this study can however be expanded on to include as much analytical detail as required.

Possible future studies can investigate these architectural sites in extensive detail to interrogate these findings and expand on the knowledge gathered in this study. Various other layers within the city should be researched to add to the collection of knowledge to enable a better understanding of the city and its complex history. The complex nature of this topic also enables the study of specific value developments within thematic layers across the city.

7. Conclusion

Heritage assets within South Africa remain unprotected and unrecognised to a large extent. To mitigate this problem, institutions and research bodies need to act through collaborative efforts to safeguard heritage sites. This study is an example of the identification and documentation of one heritage theme within a city consisting of public hospitals. The identified heritage value in these few sites indicates how complex such a layer can be and how many narratives, histories and values can lie hidden in everyday architecture. This study exemplifies the importance of identifying and protecting the architectural heritage that might not seem culturally significant but carries histories that are crucial to the identities and character of its context. The critical component to achieving better heritage protection is the methods of valuation and documentation and the standardisation thereof. The methods used in this study are a combination of various approaches that aim to be as comprehensive as possible. By utilising such methods and investigating important heritage layers, the hidden value in our cities can be unearthed and appreciated.

8. References

Anderson, B. 1983. *Imagined communities*.

Artefacts. 2023. Artefacts. Available: https://artefacts.co.za/indexmob.php.

Australia ICOMOS. 2000. *The Burra Charter: the Australia ICOMOS charter for places of cultural significance 1999: with associated guidelines and code on the ethics of co-existence*.

Burwood, Victoria: Australia ICOMOS.

Bakker, K.A., Clarke, N.J. & Fisher, R.C. 2014. *Eclectic ZA Wilhelmiens : A shared Dutch built heritage in South Africa*. Pretoria: Visual Books.

Bam-Hutchison, J. 2017. The politics of heritage in Africa: economies, histories and infrastructures. *Anthropology Southern Africa*. 40(3):238–240. DOI: 10.1080/23323256.2017.1354714.

Burpee, H. 2008. History of Healthcare Architecture.

Burrows, E. 1957. The history of medicine in South Africa. *South African Journal of Medicine*. 938–939.

Clarke, N.J. 2016. Westfort Village Tshwane. Available: https://www.theheritageportal.co.za/thread/westfort-village-tshwane [2023, May 06].

Clarke, N.J., Hipwood, D.T. & Lee, D.S. 2023. Disease and design in twentieth-century South Africa: exploring the consequences of the 1918–19 Spanish Flu pandemic through contributions of émigré Dutch architects. *Architecture_MPS*. 24(1). DOI: 10.14324/111.444.amps.2023v24i1.002.

Costeira, E. 2015. Healthcare Architecture: History, Evolution and New Visions. DOI: 10.13140/RG.2.1.5103.6886.

De Rust Heritage. 2019. Why Existing Heritage Legislation Is Ineffective - An Issue of a Total Lack of Effective Enforcement & Structure. Available: https://www.theheritageportal.co.za/article/why-existing-heritage-legislation-ineffective-issue-total-lack-effective-enforcement [2023, March 29].

DEA. 2016.

Delobelle, P. 2013. The health system in South Africa. Historical perspectives and current challenges.

Digby, A. 2008. The Medical History of South Africa: An Overview. *History Compass*. 6(5):1194–1210. DOI: 10.1111/j.1478-0542.2008.00544.x.

Digby, A. 2013. Black Doctors and Discrimination under South Africa's Apartheid Regime. *Medical History*. 57(2):269–290. DOI: 10.1017/mdh.2012.106.

Donaldson, R., Kotze, N., Visser, G., Park, J., Wally, N., Zen, J. & Vieyra, O. 2013. An Uneasy Match: Neoliberalism, Gentrification and Heritage Conservation in Bo-Kaap, Cape Town, South Africa. *Urban Forum*. 24(2):173–188. DOI: 10.1007/s12132-012-9182-9.

Fisher, R.C. 2023. Pretoria Academic Hospital, Administration. Available: https://artefacts.co.za/main/Buildings/bldgframes.php?bldgid=7914&user=.

Fredheim, L.H. & Khalaf, M. 2016. The significance of values: heritage value typologies re-examined. *International Journal of Heritage Studies*. 22(6):466–481. DOI: 10.1080/13527258.2016.1171247.

Frey, B.S. 1997. The Evaluation of Cultural Heritage: Some Critical Issues. In *Economic Perspectives on Cultural Heritage*. M. Hutter & I. Rizzo, Eds. London: Palgrave Macmillan UK. 31–49. DOI: 10.1007/978-1-349-25824-6_3.

Gaber, M.A. & Akçay, A.Ö. 2020. Qualitative and Quantitative Evaluation Techniques of New Infill Designs in Historic Context. *Revista Amazonia Investiga*. 9(35):20–33. DOI: 10.34069/AI/2020.35.11.2.

Geel, A. 2005. B-Well: a community project for Weskoppies Hospital. University of Pretoria.

Hall, S. 1990. *Cultural identuity and diaspora*.

Harris, H. & Lipman, A. 1998. Architecture - Heritage, History, Memory. *Social Dynamics*. 24(2):159–178. DOI: 10.1080/02533959808458656.

Horwitz, S. 2013. *Baragwanath Hospital, Soweto : A History of Medical Care 1941-1990*. 1st ed. Wits University Press.

ICOMOS. 1994. *The Nara Document On Authenticity*.

ICOMOS. 2012. Principles for the recording of monuments, groups of buildings and sites. Available: https://www.icomos.org/en/charters-and-texts/179-articles-en-francais/ressources/charters-and-standards/387-principles-for-the-recording-of-monuments-groups-of-buildings-and-sites-1996 [2023, April 01].

Izziv, U. 2023. From architectural conservation, renewal and rehabilitation to integral heritage protection (theoretical and conceptual starting points).

Jokilehto, J. 2011. *A history of architectural conservation*. Repr ed. (Series in conservation and museology). London: Routledge.

Judin, H. 2021. *Architecture, State Modernism and Cultural Nationalism in the Apartheid Capital*. 1st ed. Milton Park, Abingdon; New York: Routledge, [2021]: Routledge. DOI: 10.4324/9781003055778.

Kisacky, J. 2017. *Rise of the Modern Hospital : An Architectural History of Health and Healing, 1870-1940*. University of Pittsburgh Press.

Kistner, U. 2023. Heterotopographies of a Restless Heritage: The West and the Rest of Pretoria, South Africa. *Social Scientist*.
de Klerk, M. 2021. Modernism, apartheid and heritage in the Inner City of Pretoria, South Africa.

Kuipers, M. 2015. *Mapping Westfort Village at Pretoria*.

Kuipers, M. & de Jonge, W. 2017. *Designing from heritage: strategies for conservation and*
conversion. Delft, Netherlands: TU Delft.

LeBlanc, F. & Eppich, R. 2005. Documenting Our Past for the Future. Available: https://www.getty.edu/conservation/publications_resources/newsletters/20_3/feature.html [2023, April 01].

Letellier, R. 2015. *Recording, Documentation and Information Management for the Conservation of Heritage Places*. 1st ed. Routledge. DOI: 10.4324/9781315793917.

Lipe, W. 1984. Value and Meaning in Cultural Resources. *Approuches to the Archeological Heritage*. 1–11.

Marsden, S. & Spearritt, P. 2021. *The twentieth-century historic thematic framework: a tool for assessing heritage places*. Los Angeles: Getty Conservation Institute.

Mason, R. 2002.

MILMED. 1995. 1 Military hospital, past & present. *MILMED*. 22–23.

Minde, M. 1975. History of Mental Health Services in South Africa.

Naude, M. 2012. Phase 1 heritage survey of historic Westfort leprosy hospital site.

Naude, M., Hart, D. & Rautenbach, C. 2015. Heritage Resources Management. *Environmental law and local government in South Africa*.

Ncayiyana, D. 2011. Medunsa's rebirth would do well to start with a truth and reconciliation process. *South African Medical Journal*. 101.

Ndlovu, N. 2011. Legislation as an Instrument in South African Heritage Management: Is It Effective? *Conservation and Management of Archaeological Sites*. 13(1):31–57. DOI: 10.1179/175355211X13097877338932.

Plug, C. & Roos, J.L. 1992. Weskoppies Hospital, founded 1892 - The early years. *South African Medical Journal*. 81.

Price, M. 1986. Health care as an instrument of Apartheid policy in South Africa. *Health Policy and Planning*. 1(2):158–170. DOI: 10.1093/heapol/1.2.158.

Reigl, A. 1903. Available: https://courseworks2.columbia.edu/courses/10532/files/579062/preview?verifier=MgAAgAMWmMdYXLjupF7bUH6MZbzuQaOEf80wbkQw [2023, July 15].
van Rensburg, H. 2012. *Health and Healthcare in South Africa*.

Republic of South Africa. 1999. *National Heritage Resources Act 25 of 1999*. Available: https://www.gov.za/sites/default/files/gcis_document/201409/a25-99.pdf [2022, November 05].

Retief, F.P. 1982. The Medical University of Southern Africa after 5 years. 62.
sadoctors. 2023. Pretoria West Hospital. Available: https://doctors-hospitals-medical-cape-town-south-africa.blaauwberg.net/hospitals_clinics_state_hospitals/state_public_hospitals_clinics_gauteng_south_africa/pretoria_west_hospital_pretoria_gauteng_south_africa#:~:text=Decision%20to%20build%20hospital%20in,week%20after%20opening%3A%20Erna%20Steenkamp.

Said, E. 1978. *Orientalism*.

SAMJ. 1932. The new Pretoria Hospital. *South African Medical Journal*. (June, 11).

SBAH. 2023. Background. Available: https://sbah.org.za/index.php/about-sbah/background.
Snowball, J.D. & Courtney, S. 2010. Cultural heritage routes in South Africa: Effective tools for heritage conservation and local economic development? *Development Southern Africa*. 27(4):563–576. DOI: 10.1080/0376835X.2010.508589.

Snyman, H.W. & Serfontein, A. 1977. *Gedenkboek H.F Verwoerd-Hospitaal Pretoria*.

Stewart, B. 1994. *How buildings learn: What happens after they're built*. Viking.

Swart, J. 2019. *Hidden Pretoria*.

The Heritage Portal. 2023. The Heritage Portal. Available: https://www.theheritageportal.co.za/.

de la Torre, M. 2013. Values and Heritage Conservation. *Heritage & Society*. 6(2):155–166. DOI: 10.1179/2159032X13Z.00000000011.

UNESCO. 2021. Preserving our heritage. Available: https://en.unesco.org/content/preserving-our-heritage.

Venter, I.D. 1971. Geskiedenis van die geneeskunde in Pretoria.

Wagenaar, C. 2020. Modern Hospitals and Cultural Heritage. *Cure and Care*. (62):36–43. DOI: 10.52200/62.A.4FBS2HCP.

White, E. 2018. White, 2018. [thesis] How to Define the Historic Urban Landscape of Pretoria....pdf. University of Pretoria.

ZAH. 2023. Our history. Available: https://www.zah.co.za/zuid-afrikaans-hospital-about-us/our-history/#:~:text=The%20Zuid%2DAfrikaans%20Hospital%20has,Zuid%2DAfrikaans%20Hospitaal%20en%20Diakonessenhuis.

Zyl, C.J.V. 2005. The role of tourism in the conservation of cultural heritage with particular relevance for South Africa.

9. List of figures

10. Ethical Clearance

I. Ethical clearance letter

Faculty of Engineering, Built Environment and Information Technology

Fakulteit Ingenieurswese, Bou-omgewing en Inligtingtegnologie / Lefapha la Boetšenere, Tikologo ya Kago le Theknolotši ya Tshedimošo

16 March 2023

Reference number: EBIT/40/2023

Mr P Hugo
Department: Architecture
University of Pretoria
Pretoria
0083

Dear Mr P Hugo,

FACULTY COMMITTEE FOR RESEARCH ETHICS AND INTEGRITY

Your recent application to the EBIT Research Ethics Committee refers.

Conditional approval is granted.

This means that the research project entitled "Pretoria heritage layers" is approved under the strict conditions indicated below. If these conditions are not met, approval is withdrawn automatically.

Conditions for approval:

Contacts of the participants are to be sourced with compliance to POPIA.

This approval does not imply that the researcher, student or lecturer is relieved of any accountability in terms of the Code of Ethics for Scholarly Activities of the University of Pretoria, or the Policy and Procedures for Responsible Research of the University of Pretoria. These documents are available on the website of the EBIT Ethics Committee.

If action is taken beyond the approved application, approval is withdrawn automatically.

According to the regulations, any relevant problem arising from the study or research methodology as well as any amendments or changes, must be brought to the attention of the EBIT Research Ethics Office.

The Committee must be notified on completion of the project.

The Committee wishes you every success with the research project.

Prof K.-Y. Chan
Chair: Faculty Committee for Research Ethics and Integrity
FACULTY OF ENGINEERING, BUILT ENVIRONMENT AND INFORMATION TECHNOLOGY

II. Interview questions

The Interview will include these typical questions:

1. Do you value this building, space or landscape? Why?
2. Do these buildings, spaces or landscapes need to be preserved as heritage sites? Why?
3. Would you change or add anything to this building, landscape or space? How?
4. Do you have any personal affiliation with this building, landscape or space?
5. What do you know about the history of this building or landscape?
6. What should inhabitants of Pretoria know about the history of this building or landscape?
7. How does your understanding of history affect your appreciation of this building or landscape?
8. In which ways did this building or landscape change during the time that you have known it?
9. Do you think this building or landscape has a specific identity? Can you describe it?
10. Does the identity of this building or landscape reflect your personal relationship with it? How?
11. Can you share any interesting stories about past events or people that occupied this building or landscape?
12. Are there specific elements of this building or landscape that you either associate with or specifically dislike? Why?
13. Which parts of this building or landscape do you like to spend time in?
14. How would you describe the qualities of his building or landscape to a tourist or visitor?
15. What role have you played in the preservation of this building or landscape's stories?
16. What role have you played in the preservation of his building or landscape as a heritage site?
17. Which stories about the building or landscape remain untold?
18. In your opinion, how has segregation/Apartheid influenced the development of

similar buildings?

19. Which era or style of architecture do you specifically appreciate in this development? Why?

20. Which books or sources of information about the history or culture of Tshwane would you recommend? Why?

21. How have you understood or experienced the relationship between the surrounding buildings and this landscape?

11. Appendix

A1.

1. the name of the building, group of buildings or site;
    a. a unique reference number;
    b. the date of compilation of the record;
    c. the name of the recording organization;
    d. cross-references to related building records and reports, photographic, graphic, textual or bibliographic documentation, archaeological and environmental records.
2. The location and extent of the monument, group of buildings or site must be given accurately; this may be achieved by description, maps, plans or aerial photographs. In rural areas a map reference or triangulation to known points may be the only methods available. In urban areas an address or street reference may be sufficient.
3. New records should note the sources of all information not obtained directly from the monument, group of buildings or site itself.
4. Records should include some or all of the following information:
    a. a) the type, form and dimensions of the building, monument or site;
    b. b) the interior and exterior characteristics, as appropriate, of the monument, group of buildings or site;
    c. c) the nature, quality, cultural, artistic and scientific significance of the heritage and its components and the cultural, artistic and scientific significance of:
        i. the materials, constituent parts and construction, decoration, ornament or inscriptions,
        ii. services, fittings and machinery, ancillary structures, the gardens, landscape and the cultural, topographical and natural features of the site;
        iii. the traditional and modern technology and skills used in construction and maintenance;
        iv. evidence to establish the date of origin, authorship, ownership, original design, extent, use and decoration;
        v. evidence to establish the subsequent history of its uses, associated events, structural or decorative alterations, and the impact of human or natural external forces;
        vi. the history of management, maintenance and repairs;
        vii. representative elements or samples of construction or site materials;
        viii. an assessment of the current condition of the heritage;
        ix. an assessment of the visual and functional relationship between the heritage and its setting;
        x. an assessment of the conflicts and risks from human or natural causes, and from environmental pollution or adjacent land uses.

2.

1. Site Defines the Geographical location of the building and analysed according to the following:
    a. Soil: Investigation into soil conditions, topology and the importance of site location.
    b. Sun: Details the climatological conditions of the site where policy or user input could have been deciding factors. The possibility of weather damage should be taken into account

    c. Street: The urban setting of the site is defined. All custodian information, circulation and access should be noted
    d. Surrounding and setting: The relationship of the site and its surroundings should be noted on various scales
2. Skin: Analysis of the building façade and division between interior and exterior which are typically important indicators of design, styles, maintenance problems and age. Materiality, composition and ornament are crucial elements of this layer.
3. Structure:
    a. Soil and Foundations: analysis of the type and condition of the foundation of the building, Archival material will likely be consulted.
    b. Superstructures: The categorization of structure type: traditional, skeleton frame or mixed.
    c. Shape: Form and State: Details the structure form that's indicative of the design and the state of the structure
    d. Substance, Outer Skin and Interior Surfaces: The substance indicates the amount of original fabric remaining in the building that can "tell the story" of the structural material layers and origin
    e. Space: Reveals the relationship between superstructure and space
4. Space Plan: The organisation of interior space, color, materials, vertical connections, level changes etc.
    a. Space Plan and Street and Immediate Surroundings: Highlights the interrelation between the spatial organisation and the exterior world.
5. Spatial Arrangements: Observe the interior layout in terms of room size, distribution, additions, storeys, stairs, changes etc.
6. Services: A detail of the services visible and hidden and how it is a part of or separate to the original building
7. Stuff: The movable elements of a building such as furniture or ceremonial-related objects
8. Spirit of Place: The most difficult layer to describe as it is in essence intangible and inexplicit. This sensitive layer is experienced by the senses that are informed by the entirety of the building, context, materiality, objects and conditions.

A2.

ICOMOS Recordim standards:

THE REASONS FOR RECORDING

1. The recording of the cultural heritage is essential:

a) to acquire knowledge in order to advance the understanding of cultural heritage, its values and its evolution;

b) to promote the interest and involvement of the people in the preservation of the heritage through the dissemination of recorded information;

c) to permit informed management and control of construction works and of all change to the cultural heritage;

d) to ensure that the maintenance and conservation of the heritage is sensitive to its physical form, its materials, construction, and its historical and cultural significance.

2. Recording should be undertaken to an appropriate level of detail in order to:

a) provide information for the process of identification, understanding, interpretation and presentation of the heritage, and to promote the involvement of the public;

b) provide a permanent record of all monuments, groups of buildings and sites that are to be destroyed or altered in any way, or where at risk from natural events or human activities;

c) provide information for administrators and planners at national, regional or local levels to make sensitive planning and development control policies and decisions;

d) provide information upon which appropriate and sustainable use may be identified, and the effective research, management, maintenance programmes and construction works may be planned.

3. Recording of the cultural heritage should be seen as a priority, and should be undertaken especially:

a) when compiling a national, regional, or local inventory;

b) as a fully integrated part of research and conservation activity;

c) before, during and after any works of repair, alteration, or other intervention, and when evidence of its history is revealed during such works;

d) when total or partial demolition, destruction, abandonment or relocation is contemplated, or where the heritage is at risk of damage from human or natural external forces;

e) during or following accidental or unforeseen disturbance which damages the cultural heritage;

f) when change of use or responsibility for management or control occurs.

RESPONSIBILITY FOR RECORDING

1. The commitment at the national level to conserve the heritage requires an equal commitment towards the recording process.

2. The complexity of the recording and interpretation processes requires the deployment of individuals with adequate skill, knowledge and awareness for the associated tasks. It may be necessary to initiate training programmes to achieve this.

3. Typically the recording process may involve skilled individuals working in collaboration, such as specialist heritage recorders, surveyors, conservators, architects, engineers, researchers, architectural historians, archaeologists above and below ground, and other specialist advisors.

4. All managers of cultural heritage are responsible for ensuring the adequate recording, quality and updating of the records.

PLANNING FOR RECORDING

1. Before new records are prepared, existing sources of information should be found and examined for their adequacy.

a) The type of records containing such information should be searched for in surveys, drawings, photographs, published and unpublished accounts and descriptions, and related documents pertaining to the origins and history of the building, group of buildings or site.It is important to search out recent as well as old records;

b) Existing records should be searched for in locations such as national and local public archives, in professional, institutional or private archives, inventories and collections, in libraries or museums;

c) Records should be searched for through consultation with individuals and organisations who have owned, occupied, recorded, constructed, conserved, or carried out research into or who have knowledge of the building, group of buildings or site.

2. Arising out of the analysis above, selection of the appropriate scope, level and methods of recording requires that:

a) The methods of recording and type of documentation produced should be appropriate to the nature of the heritage, the purposes of the record, the cultural context, and the funding or other resources available. Limitations of such resources may require a phased approach to recording. Such methods might include written descriptions and analyses, photographs (aerial or terrestrial), rectified photography, photo-grammetry, geophysical survey, maps, measured plans, drawings and sketches, replicas or other traditional and modern technologies;

b) Recording methodologies should, wherever possible, use non- intrusive techniques, and should not cause damage to the object being recorded;

c) The rational for the intended scope and the recording method should be clearly stated;

d) The materials used for compiling the finished record must be archivally stable.

CONTENT OF RECORDS

1. Any record should be identified by:

a) the name of the building, group of buildings or site;

b) a unique reference number;

c) the date of compilation of the record;

d) the name of the recording organisation;

e) cross-references to related building records and reports, photographic, graphic, textual or biblio-graphic documentation, archaeological and environmental records.

2. The location and extent of the monument, group of buildings or site must be given accurately; this may be achieved by description, maps, plans or aerial photographs. In rural areas a map reference or triangulation to known points may be the only methods available. In urban areas an address or street reference may be sufficient.

3. New records should note the sources of all information not obtained directly from the monument, group of buildings or site itself.

4. Records should include some or all of the following information:

a) the type, form and dimensions of the building, monument or site;

b) the interior and exterior characteristics, as appropriate, of the monument, group of buildings or site;

c) the nature, quality, cultural, artistic and scientific significance of the heritage and its components and the cultural, artistic and scientific significance of:
- the materials, constituent parts and construction, decoration,ornament or inscriptions,
- services, fittings and machinery,
- ancillary structures, the gardens, landscape and the cultural,topographical and natural features of the site;

d) the traditional and modern technology and skills used in construction and maintenance;

e) evidence to establish the date of origin, authorship, ownership, the original design, extent, use and decoration;

f) evidence to establish the subsequent history of its uses, associated events, structural or decorative alterations, and the impact of human or natural external forces;

g) the history of management, maintenance and repairs;

h) representative elements or samples of construction or site materials;

i) an assessment of the current condition of the heritage;

j) an assessment of the visual and functional relationship between the heritage and its setting;

k) an assessment of the conflicts and risks from human or natural causes, and from environmental pollution or adjacent land uses.

5. In considering the different reasons for recording (see Section 1.2 above) different levels of detail will be required. All the above information, even if briefly stated, provides important data for local planning and building control and management. Information in greater detail is generally required for the site or building owner's, manager's or user's purposes for conservation, maintenance and use.

MANAGEMENT, DISSEMINATION AND SHARING OF RECORDS

1. The original records should be preserved in a safe archive, and the archive's environment must ensure permanence of the information and freedom from decay to recognised international standards.

2. A complete back-up copy of such records should be stored in a separate safe location.

3. Copies of such records should be accessible to the statutory authorities, to concerned professionals and to the public, where appropriate, for the purposes of research, development controls and other administrative and legal processes.

4. Up-dated records should be readily available, if possible on the site, for the purposes of research on the heritage, management, maintenance and disaster relief.

5. The format of the records should be standardised, and records should be indexed wherever possible to facilitate the exchange and retrieval of information at a local, national or international level.

6. The effective assembly, management and distribution of recorded information requires, wherever possible, the understanding and the appropriate use of up- to-date information technology.

7. The location of the records should be made public.

8. A report of the main results of any recording should be disseminated and published, when appropriate.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

1. SITE

NAME
PREVIOUS: Het Hollands Hospetaaltje / Het Zuid-Afrikaans Hospitaal en Diakonessenhuis
CURRENT: Zuid Afrikaans Hospital

ADDRESS
STREET AND NUMBER: 255 Bourke St
SUBURB: Muckleneuk
AREA: Pretoria
ERF NUMBER: 767 Muckleneuk
COORDINATES: 25°45'43.35"S 28°12'20.74"E

SITE DETAIL
DATE OF CONSTRUCTION: 1936
ARCHITECT / BUILDER: Johan R. Burg

SITE CHARACTERISTICS
BUILDING TYPOLOGY: Hospital
BUILDING STYLE: Old Cape Style
OTHER SIGNIFICANT ELEMENTS: Memorial gardens / various plaques and historical busts

SITE PHOTOS

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

2. SITE DESCRIPTION

SITE INTRODUCTION

The Zuid Afrikaans Hospital (ZAH) located in Muckleneuk, Pretoria, originated from a much smaller home-based care centre that was established by the Dutch immigrant community in the city. The Dutch connection played a large role in the design, build and function of the hospital. Unlike the previously investigated facilities, the ZAH is in a suburban context resulting in condensed and focused site development as opposed to village-like complexes. The hospital is currently run as a private non-profit organisation which provides the finances needed to continuously upgrade, expand and maintain the buildings.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE HISTORY

Following the Anglo-Boer war, the Dutch community in Pretoria established the small six-bed healthcare facility called the “Het Hollands Hospetaaltje” which was located in Sunnyside, Pretoria in the home of General C.F. Beyers (ZAH 2023). In 1912 the hospital was moved to the corner of Berg and Walter streets and was renamed to “Het Zuid-Afrikaans Hospitaal en Diakonessenhuis”. The hospital was based on the model of a Dutch hospital in Utrecht and was serviced by Diaconesses as a charitable act. This international connection afforded the ZAH access to nurse's training in the Netherlands and Architectural input for its hospital buildings. The decision to build a state-of-the-art hospital was based on the outbreak of the Spanish flu in 1918 which highlighted the urgent need for more medical treatment capacity and the will of the hospital to train its nursing staff. Regulations at the time required a minimum of 40 beds for a healthcare facility to qualify as a training institution.

The new hospital building was designed by Johan R. Burg in 1929. Notably, the designs were coordinated with Dutch architect Johan W. Hanrath which resulted in changes to the operating ward, room sizes and veranda design as well as finishes and specifications. The site of the hospital consists of 36 stands in Mackleneuk which was bought in 1936. The hospital opened its doors in 1936 as a 32-bed facility containing advanced medical technology.

The first additions were built in 1951 with extensive changes continuing constantly. The original hospital now sits in the middle of a complex collection of structures that essentially hides it from public view.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

ARCHITECTURAL DESCRIPTION

The original hospital building was designed in 1929 in the old Cape style and was locally innovative. The collaboration between Burg and Hanrath produced a hospital design that made use of sunlight, ventilation, and a natural environment to achieve a salubrious experience. The building consists of a single storey that is entered from the East. Patient rooms are located on to the North opening to a veranda where fresh air and sunlight were to improve patient health. Unusual for hospitals was the individual rooms and high ceilings. These were designed to limit the spear of disease and to improve ventilation (lessons learned during the Spanish Flu pandemic). The other side of the main hallway was populated with two surgery rooms and other supporting functions.

Various unique and original details remain of the building. Memorial plaques, unique decorative tilework, ironmongery, original timber doors and windows are some of the many significant elements of the building.

SITE CHANGES

CHANGES	SYMPATHETIC	UNSYMPATHETIC
Theatre additions	☑	☐
Connected walkways	☑	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CONSERVATION STATUS

POOR	MEDIUM	GOOD
☐	☐	☑

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

1. SITE

NAME
PREVIOUS: Leprozen inrichting
CURRENT: Westfort Lerposy Hospital

ADDRESS
STREET AND NUMBER: 718 Van Den Berg St
SUBURB: Lotus Gardens
AREA: Pretoria West
ERF NUMBER: 226 PRETORIA TOWN AND TOWNLANDS 351-JR
COORDINATES: 25°44'16.99"S 28° 5'21.73"E

SITE DETAIL
DATE OF CONSTRUCTION: 1898
ARCHITECT / BUILDER: Sytze Wierda

SITE CHARACTERISTICS
BUILDING TYPOLOGY: Hospital Village
BUILDING STYLE: Dutch-Victorian, Edwardian, Vernacular inspired
OTHER SIGNIFICANT ELEMENTS: Grave sites

SITE PHOTOS

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

2. SITE DESCRIPTION

SITE INTRODUCTION

The Westfort Leprosy Hospital originated from the Daspoort Hospital which was built in the late 1880s as a facility to treat smallpox patients. The facility soon focused on Leprosy treatment as the primary care function. In 1888, government architect Sietze Wierda mentions the hospital in documentation stating that it consists of four rooms and an outdoor toilet treating eight patients. In 1890, a Leprosy barracks was added. In 1892, many additions were made such as extra bedrooms, a lounge, a kitchen, and a dining hall. By 1896 the patient count rose to 99. The hospital was built as an extension of the Daspoort Hospital but was shortly combined to form the Pretoria leprosy hospital. The first buildings were built in 1898 consisting of staff accommodation, a smallpox clinic, and the administration building. As with other buildings in the era, expansion halted duri

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE HISTORY

The Westfort Leprosy Hospital originated from the Daspoort Hospital which was built in the late 1880s as a facility to treat smallpox patients. The facility soon focused on Leprosy treatment as the primary care function. In 1888, government architect Sietze Wierda mentions the hospital in documentation stating that it consists of four rooms and an outdoor toilet treating eight patients. In 1890, a Leprosy barracks was added. In 1892, many additions were made such as extra bedrooms, a lounge, a kitchen, and a dining hall. By 1896 the patient count rose to 99. The hospital was built as an extension of the Daspoort Hospital but was shortly combined to form the Pretoria leprosy hospital. The first buildings were built in 1898 consisting of staff accommodation, a smallpox clinic, and the administration building. As with other buildings in the era, expansion halted during the Anglo-Boer war between 1899 and 1902 as funds and building materials were reserved for the construction of the military fort just North of the hospital. By the end of the war, many patients were transferred to Westfort and the total number was 328.

Infrastructure expansion in 1906 included roads and boundary walls. Two churches were built on site between 1914 and 1916 as well as other supporting buildings including a carpentry shop, bookbinding shop and milk depot. 1917 saw the inclusion of eight watch towers. By 1918, all leprosy patients in the Transvaal and Orange Freestate were transferred to Westfort, increasing the patient numbers to 892. The closure of the leprosy hospital on Robben Island in 1931 increased the patient numbers to 2000. Due to this drastic increase in patient numbers, the Department of public works built many facebrick buildings with the most notable being: the kitchen, theatre, and store. The traditional architectural response of isolated rooms was utilised. As the treatment of Leprosy became more effective, patient numbers decreased over the years and the hospital was officially closed in 1996.

Since the abandonment of the hospital, people have appropriated the site and buildings to a large extent. The current inhabitants number over 4000 and live in buildings without basic services. The community is headed by the Fort West Community Forum (FWCF) which holds monthly meetings in the Dutch reformed church on site.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

ARCHITECTURAL DESCRIPTION

Westfort Hospital village contains 436 buildings consisting of mostly large, principal buildings and 30% supporting outbuildings. The hospital design was approached by S.Wierda as buildings that provide attractive residences to patients in the most humane way possible.

The buildings constructed during the ZAR era are typical of the kind of structure produced by the Department of Public Works under the direction of S. W. Wierda: significant brick buildings with elegantly proportioned corrugated iron roofs, stone plinths, and sandstone details. These include a Dutch Reformed Church, the administration building, the post office, two staff homes, and others. The dispensary, a few patient dormitories, and the earliest hospital buildings are a few examples of buildings from this era that were completed. The structures on site are a vast combination of styles. Dutch-influenced Victorian style, Edwardian style and vernacular-inspired architecture populate the village.

SITE CHANGES

CHANGES	SYMPATHETIC	UNSYMPATHETIC
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CONSERVATION STATUS

POOR	MEDIUM	GOOD
☑	☐	☐

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

1. SITE

NAME
PREVIOUS: Krankzinnegen Gesticht
CURRENT: Weskoppies Psychiatric Hospital

ADDRESS
STREET AND NUMBER: Balsaminie Street
SUBURB: Pretoria Townlands
AREA: Pretoria West
ERF NUMBER: R/222 PRETORIA TOWN AND TOWNLANDS 351-JR
COORDINATES: 25°45'54.44"S 28° 9'37.47"E

SITE DETAIL
DATE OF CONSTRUCTION: 1892
ARCHITECT / BUILDER: Piercy Eagle / Tranvaal Department of Public Works

SITE CHARACTERISTICS
BUILDING TYPOLOGY: Pscychiatric Hospital
BUILDING STYLE: Edwardian
OTHER SIGNIFICANT ELEMENTS:

SITE PHOTOS

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

2. SITE DESCRIPTION

SITE INTRODUCTION

The series of buildings known as the Weskoppies Psychiatric Hospital (Weskoppies) was the first and only psychiatric hospital in the previous “Zuid Afrikaanse Republiek” (ZAR) which was an independent state. The complex is located outside of the historical centre of the city 3Km West of the Pretoria train station. Weskoppies Hospital has been in use since 1892 with the most architecturally significant buildings on the site being the administration building, hall, and chapel. The changes in the hospital, its name and treatment methods over the years show the manifestation of mental health treatment progression in the medical field in South Africa.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE HISTORY

The decision to build a psychiatric hospital in Pretoria was made in 1890. There already existed four other similar hospitals in South Africa at the time in Grahamstown (1875), Pietermaritzburg (1880), Bloemfontein (1883) and Port Alfred (1889) but none in the ZAR (Plug & Roos 1992). The original design on which the tender was based was done by the Government Engineer-Architect Sietze Wierda (Plug & Roos 1992). Before and during the early years of the hospital, mentally ill patients were confined to prisons. Soon after construction, it became evident that the hospital would need to expand. In 1893 four additional houses were built and 60 acres of land started being cultivated. 1894 – 1896 saw the addition of various accommodation rooms being built to house male and female workers (Minde 1975). The treatment of the first patients was based on Act 9 of 1894 which permitted a magistrate to certify a patient as mentally ill with the diagnosis of two medical professionals, these procedures were in line with practices throughout the local and international fields. The act enabled better diagnosis and treatment of patients and was driven by the realisation of the hospital and its services. The first full-time resident physician, Dr Smeenk, was appointed from Holland to administer the institution. He improved the grounds and buildings with the labour of the patients and introduced a more scientific method of diagnosis and treatment, opposing the use of restraints (Minde 1975). By 1897 inadequate accommodation necessitated the construction of temporary wood and iron buildings (Minde 1975). The facilities soon became overcrowded, and admissions were stopped in 1898 when the prison system was unfortunately used again to contain patients. The Anglo-Boer war (1899-1902) resulted in a lack of documentation and reports, and it is unknown what happened at the hospital during this time.

With the British take-over of Pretoria on 5 June 1900, The hospital was restaffed with British physicians. They inherited this problem of accommodation shortage. A significant addition began construction in 1904 and opened in 1907 with a design based on a hospital in Yorkshire under the supervision of architect Piercy Eagle. The design has been criticised as not being appropriate for the South African climate and lacking features such as verandas (Minde 1975). After the Union in 1910, the Hospital expanded steadily with additions and a new admission block was opened by General Smuts in 1911. This improved treatment approaches for early and recoverable cases. These new treatment methods led to attempts to destigmatise mental illness with changes such as language terms from ‘lunatic’ and ‘asylum’ to ‘patient’ and ‘mental hospital’ (Minde 1975). While various literature sources highlight the progressive nature of patient treatment at Weskoppies, (Kistner 2023) details various instances where racial discrimination, segregation and the extreme treatment of some patients were experienced. These were fuelled by government policies and as late as the Mental Health Act of 1973, patients were still being confined to prisons.

The extent of the site became inadequate and in 1912 sections of the hill South of the site was added and planted with trees. In 1917 the Eastern Boundary was expanded to include housing and an office building. With the larger grounds, Orchards, vegetable gardens and sports fields and plantations were established. Unfortunately, overcrowding became a problem again and 2 blocks were added in 1940 (Minde 1975). Further architectural additions to the complex unfortunately detract from the character of the site.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

ARCHITECTURAL DESCRIPTION

The complex currently exists of many buildings from multiple developments and additions over many years of expansion. The noteworthy buildings for this study are the original historical buildings and the additional buildings built in 1907-1940. The main historical complex is designed as a linear chain of buildings in the Edwardian style that are connected by passages and courtyards that allows for natural light and ventilation (Swart 2019). Indicating the development and understanding of the importance of architectural space and experience in the healing process. The main design is speculated to have been influenced by the Kirkbride plan, a system of mental asylum design developed in the USA. The strikingly formal composition was based on the High Royds Hospital in Yorkshire in England (Swart 2019). This influence is a product of the British connection of architect Piercy James Eagle and the then ruling government who insisted that the design is approved by an England based architects (Minde 1975).

Significant Architectural elements found on the site are the exemplar stylistic expression of Edwardian architecture of the main buildings as well as the historic original buildings built in a different style. Though these were common for their time, examples of these architectural expressions are now rare.

SITE CHANGES

CHANGES	SYMPATHETIC	UNSYMPATHETIC
Additional buildings on the site	☐	☑
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CONSERVATION STATUS

POOR	MEDIUM	GOOD
☐	☑	☐

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

1. SITE

NAME
PREVIOUS: Pretoria General Hospital / H F Verwoerd Hospital / Pretoria Academic Hospital
CURRENT: Tshwane District Hospital

ADDRESS
STREET AND NUMBER: Dr Savage Rd
SUBURB: Prinshof
AREA: Pretoria
ERF NUMBER: 2/R PRINSHOF 349-JR
COORDINATES: 25°43'53.83"S 28°12'4.01"E

SITE DETAIL
DATE OF CONSTRUCTION: 1932
ARCHITECT / BUILDER: John Stockwin Cleland / Department of public works

SITE CHARACTERISTICS
BUILDING TYPOLOGY: Hospital
BUILDING STYLE: Union Style,
OTHER SIGNIFICANT ELEMENTS

SITE PHOTOS

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

2. SITE DESCRIPTION

SITE INTRODUCTION

The Tshwane District Hospital has undergone multiple name changes and extensive site densification. Originally known as the Pretoria General Hospital (1932), H.F. Verwoerd Hospital (1967), Pretoria Academic Hospital (1997) and finally the Tshwane District Hospital (2008)(SBAH 2023). The various name changes are reflective of the complex history of the site and the many political and academic influences on the hospital. The hospital was constructed as the first major public hospital in the Transvaal in 1932 and could house 430 patients (Snyman & Serfontein 1977). The site of the hospital was drastically changed over the years and resulted in a complex network of buildings that span this large medical precinct.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE HISTORY

The need for a public hospital in Pretoria was expressed as early as 1880 in a committee meeting at the “new Pretoria club”. The agreement led to the decision that a small hospital of four to 5 beds is required. This endeavour was cut short by the outbreak of the first Anglo-Boer war in that same year. After great financial and population growth due to the discovery of gold in Johannesburg, the doctors in Pretoria again request a hospital facility in 1887. The first (temporary) Hospital was established in an existing building on Potgieter Street (now named Kgosi Mampuru Street) in 1888 and neighbouring land was set out for the future construction of a hospital. In 1889, Government Architect Sietze W. Wierda proposed a design for the permanent hospital building and construction started in 1890. The building was named the “Volks-Hospitaal” and could accommodate 130 patients. By 1912, the hospital was insufficient and the decision was made to set out property to build a larger facility. The Spanish Flu epidemic also highlighted the need for better medical facilities. The site at Prinshof was chosen in 1916 but construction was delayed until much later. The architect of the new Pretoria hospital was J.S Cleland at the Department of Public Works. Cleland was born in England in 1879 where he trained as an architect. He moved to South Africa in 1903 where he worked for various Architects until 1920 when he joined the Department of Public Works as the head architect of the Union. Construction of the hospital started in 1927.

The official opening of the hospital was on 30 March 1932 and was celebrated with a ceremonious opening in front of the current administration building. The hospital could accommodate 494 patients in state-of-the-art facilities including a prominent nurse's home housing 150 staff members. The hospital received additions through the years to accommodate 1340 patients by 1977. The hospital was segregated by race from its inception and was equally split in 1932. Non-white patient numbers dramatically increased up until 1972 when the Ga-Rankuwa and Kalafong hospitals were built where all non-white patients were treated in the Pretoria region. The first major name change of the hospital came after the death of the Premier of the Republic of South Africa H.F. Verwoerd in 1966. His connection to the hospital was significant as he was treated there in 1960 for 5 weeks after an attempt was made on his life at the Rand Show in Johannesburg. Ward 18 was emptied for his care where the staff diligently brought him back to health. Verwoerd was assassinated in 1966 in the parliament building in Cape Town. The hospital was renamed to the “H.F. Verwoerd Hospitaal” during a ceremony on 27 January 1967. Even though Verwoerd was regarded as the architect of apartheid and references to him are regarded as politically inappropriate, The hospital name was only changed in 1997 to the Pretoria Academic Hospital. The academic function of the hospital originated with the establishment of the Department of Medicine at the University of Pretoria in 1943. This additional function heightened the status of the hospital as a research and service provision institution. The hospital was the main medical facility of the department until the construction of the Steve Biko Academic Hospital directly North of the site in 2008. Academic functions are split between the two hospitals and the majority of the buildings now function as a government district hospital. The final name change occurred in 2009 to the Tshwane District Hospital, to reflect its new function.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

ARCHITECTURAL DESCRIPTION

The original hospital buildings of 1932 contained the following (SAMJ 1932):

- Administrative block (two storey)
- Casualty block (two storey)
- European ward block (Four storey)
- Childrens wards (one storey)
- Infectious disease wards (two storey)
- Non-European Wards (one storey)
- Outpatients department (one storey)
- Nurses home (two storey)
- Various detached supporting structures: mortuary, garages, and staff houses.

All the structures were built in the same style and materiality. The site was an open public space with the entrance to the hospital accessible by road between the administration block and the Casualty block. (Fisher n.d.) states that the hospital is a fine example of technology and craftsmanship of the period and represents the Union or PWD style. The buildings represent Cleland's attempt to develop a South African style which is influenced by the Italianate features used regularly by architects such as Sir Herbert Baker. Notable design features are the use of courtyards, Cape Dutch revival stylistic elements, red brick, colonnaded facades and detailing with superior materials such as teak and terracotta. Cleland also emphasised the importance of furnishing public buildings in appropriate and South African furnishings which represents the style of the Baker School.

The design of the wards still followed the open plan hall typology and could be achieved due to the separate infectious disease ward removing the need for private rooms in other wards.

The site was extensively developed, and many features, details and intentions are changed or unrecognisable. The site is now completely fenced off with limited public entrance and free use, many unsympathetic buildings, additions, and alterations are present on the site.

SITE CHANGES

CHANGES	SYMPATHETIC	UNSYMPATHETIC
Demolition of Eastern building	☐	☑
Casualty biulding collonade closed	☐	☑
Casualty building roof heightened	☐	☑
Casualty building additions (West)	☑	☐
Casualty building additions(South)	☐	☑
Casualty building additions (North)	☐	☑
Walkways	☐	☑
Site fencing	☐	☑
	☐	☐
	☐	☐
	☐	☐

CONSERVATION STATUS

POOR	MEDIUM	GOOD
☑	☐	☐

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

1. SITE

NAME
PREVIOUS:
CURRENT: Pretoria West Regional Hospital

ADDRESS
STREET AND NUMBER: 860 Sytze Wierda Ave
SUBURB: Philip Nel Park
AREA: Pretoria West
ERF NUMBER: 272/R PRETORIA TOWN AND TOWNLANDS 351-JR
COORDINATES: 25°44'12.05"S 28° 8'23.55"E

SITE DETAIL
DATE OF CONSTRUCTION: 1976
ARCHITECT / BUILDER: Maarten & Eksteen Architects in association with C.M. Tunmer Architects

SITE CHARACTERISTICS
BUILDING TYPOLOGY: Hospital
BUILDING STYLE: Late Modernist
OTHER SIGNIFICANT ELEMENTS: None

SITE PHOTOS

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

2. SITE DESCRIPTION

SITE INTRODUCTION

The Pretoria West regional hospital is situated next to the historic Daspoort tunnel in Philip Nel Park 5km from the city centre. The building sits against the slopes of the Magalies mountain range overlooking the valley that houses the Pretoria West power station and the ISCOR steel plant. The building has two twins within Gauteng which are both exact copies in design and materiality. Kempton Park hospital (1978) and Carltonville hospital (1977), these dates cannot be confirmed, and it is not exactly known which hospital was built first or why they are exact copies of each other. Aural histories claim that the Pretoria West hospital was built first and treated its first patient in August 1976 (sadoctors n.d.). Very little historical data is available of this hospital. Maarten & Eksteen Architects in association with C.M. Tunmer Architects

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE HISTORY

Completed in 1976 and officially opened in 1978, the hospital was a dedicated white-only facility that served the growing population of Pretoria West and the industrious communities affiliated with the ISCOR steel plant South of the hospital. The local non-white population was relegated to Kalafong hospital which was built in 1972. No significant changes can be seen to the building resulting in a very good representation of the intention and detail of the original design.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

ARCHITECTURAL DESCRIPTION

The hospital is relatively small compared to the previous sites investigated with a design that is more complex. Two main multi-storey elements sit on top of an extensive ground floor section. The southern side of the building consists of wards facing North and South and the Northern part of the building houses important functions such as all administration spaces and the theatres. The two sections can clearly be distinguished. The wards are designed as a six-storey block with rooms facing outside on both sides with a connecting hallway that facilitates supportive functions. The wards are recognisable using exposed structural concrete columns, off shutter concrete overhangs and extensive aluminium shading devices running horizontally across the façade on every floor. The administration and theatre block is a contrasting solid block in a winged plan shape with large radius rounded corners. This monolithic block contains the theatres and thus very controlled interior conditions. This Block sits on top of the administration offices and boards rooms that are all in excellent original condition with timber panelling work and large fenestration openings looking north from underneath the theatres. The main entrance (central to the winged plan shape under the theatre block) facing North seems to be rarely used with the patient entrance on the Western side of the building. The main entrance leads to a tiled atrium with ornate mural decoration installed with the construction of the building. The ground floor houses multiple functions and interesting architectural features such as original artwork, lightwells and original skylights. Both blocks mentioned are tied together with the central vertical circulation core that has very distinct concrete detailing.

To the east of the hospital building s the nurses living quarters, a modernist apartment building that does not quite carry the same design elegance as the hospital structures. Other significant elements on site is the steam piping system that is integrated into a covered walkway leading from the boiler rooms. This hides the unsightly piping system while providing an elegant site feature, something that is not seen with the other case studies as the steam systems were only installed at later stages.

SITE CHANGES

CHANGES	SYMPATHETIC	UNSYMPATHETIC
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CONSERVATION STATUS

POOR	MEDIUM	GOOD
☐	☐	☑

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

1. SITE

NAME
PREVIOUS:
CURRENT: One Military Hospital

ADDRESS
STREET AND NUMBER: 1026 Voortrekker Street
SUBURB: Thaba Tshwane
AREA: Pretoria West
ERF NUMBER: 272/R PRETORIA TOWN AND TOWNLANDS 351-JR
COORDINATES: 25°46'42.22"S 28° 9'40.52"E

SITE DETAIL
DATE OF CONSTRUCTION: 1975??
ARCHITECT / BUILDER: Department of Defence

SITE CHARACTERISTICS
BUILDING TYPOLOGY: Hospital
BUILDING STYLE: Late Modernist
OTHER SIGNIFICANT ELEMENTS: Memorial to all SAMS members on site

SITE PHOTOS

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

2. SITE DESCRIPTION

SITE INTRODUCTION

There are three major Military hospitals in South Africa One, based in Pretoria, Two, based in Cape Town and Three, based in Bloemfontein. The construction of this hospital is closely linked to the growing war effort of the apartheid-era government and the outbreak of the Angola border war (1966-1990). The nationalist government had during this era the propensity to establish civic architecture as technologically advanced and monumental by utilising modernist and brutalist ideals to portray the power of the state through its architecture (Judin 2021). This is reflected in the one military hospital.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE HISTORY

As with other Hospitals in this study, the One military hospital started off on another site and in another building. The first Military hospital in Pretoria was built in 1930 in Voortrekkerhoogte South of the city. This single-story building served as the main military hospital until ???? when the unit was moved to a ridge further North into the new and extensive One Military Hospital. Though the Hospital was built with the war effort in mind, it rarely saw war casualties as it was too far from the front (interview). The hospital has however become a key building for military personnel and their families in Pretoria, delivering state-of-the-art medical service. Many top-ranking officials have over the years been admitted to the hospitals including former president Nelson Mandela in 2012. The building has undergone virtually no structural or external changes since built. Internal changes have been made with major refurbishment currently underway. Much of the history and detail of the building is still classified.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

ARCHITECTURAL DESCRIPTION

The substantial and monolithic hospital towers are located on a hill overlooking the Voortrekkerhoogte Valley. From ground level, three storeys are defined with large flat structures forming a plinth for the two hospital towers stretching east to west. The towers are connected by a central circulation core. The building is eight storeys tall. The plan layout is typical of the hospitals of the time with long hallways with attached rooms facing the exterior. No rooms have access to the exterior, creating controlled conditions for all spaces. The functions of the building interior cannot be decerned from the outside as the façade is monotonous and repeating throughout the building. The structural system is exposed and communicates clarity and logic that is understandable at first glance. Concrete columns on the facade are angled at every floor to support precast concrete panels that cover the lower and upper half of every floor slab. This creates a façade skin that covers the lower part of each floor and the upper part of the floor below with concrete panels that extrude from the building, creating window sills, overhangs and the effect of depth and weight. The finishes are rough aggregate stone to a brown color that matches the military nature of the building.
Similar building characteristics were being used throughout Pretoria at the time reflecting the drive for architecture to represent the authoritarian nature of the Apartheid regime. The building shares commonalities with the Voortrekker monument (which is directly visible from the site), The UNISA main campus and the pelindaba nuclear research facility.

SITE CHANGES

CHANGES	SYMPATHETIC	UNSYMPATHETIC
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CONSERVATION STATUS

POOR	MEDIUM	GOOD
☐	☐	☑

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

1. SITE

NAME
PREVIOUS: Ga-Rankuwa Hospital / MEDUNSA campus
CURRENT: George Mukhari Hospital / Sefako Makgatho Health Sciences University.

ADDRESS
STREET AND NUMBER: 3111 Setlogelo Drive
SUBURB: Ga-Rankuwa Unit 2
AREA: Ga-Rankuwa
ERF NUMBER: MEDUNSA 237 JR
COORDINATES: 25°37'5.16"S 28° 0'39.50"E

SITE DETAIL
DATE OF CONSTRUCTION: 1971
ARCHITECT / BUILDER: Daneel Smit & Viljoen en Steyn & Roussouw

SITE CHARACTERISTICS
BUILDING TYPOLOGY: Public Hospital / Medical Campus
BUILDING STYLE: Brutalist
OTHER SIGNIFICANT ELEMENTS: Unique boiler building, establishment memorial

SITE PHOTOS

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

2. SITE DESCRIPTION

SITE INTRODUCTION

The sprawling complex of the George Mukhari Hospital forms a synergistic relationship with its neighbour, the Sefako Makgato Health Sciences University campus. The two institutions were developed within the same decade to function as a comprehensive hospital and health sciences campus for the non-white population of Ga-Rankuwa, Bophuthatswana. The architectural character of the hospital leaves much to be desired as a healing institution and the attitude of the Apartheid regime towards the development of non-white facilities can be seen. In contrast, the university campus consists of monumental buildings that tower above its context as faceless monoliths.

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

SITE HISTORY

The George Mukhari Hospital (previously known as the Ga-Rankuwa Hospital) was built in 1973 to serve as the regional hospital to serve the population of Ga-Rankuwa. The segregation laws under the Apartheid regime meant that these patients had to use separate facilities from the more affluent white population in urban areas. The establishment of this much-needed hospital highlighted the decades-old issue of the lack of non-white doctors in South Africa and the lack of training facilities for the majority group in the country. The opportunity was seen to establish a medical university at the hospital that would focus on the education of non-white medical students. In 1975 it was decided that the new university will be built adjacent to the hospital. In a meeting in 1975, the name Medical University of South Africa (MEDUNSA) was decided on. The University of Pretoria had close ties to the project and incorporated the administration of the university into its systems. After intense planning and building setbacks, the university enrolled its first students in 1978. The completion of the basic medical sciences building (FIG) and a student residential building was followed by the expansion of the campus adding a building for pathology and the clinical disciplines, a modern library, 4 residences with accommodation for 900 students, a central kitchen complex, sporting facilities with a multipurpose indoor sport centre, and extensive civil engineering projects, including an independent sewage purification plant for the university. The hospital was upgraded to meet academic hospital standards by 1990 (Retief 1982). In 2005, the higher education system in South Africa went through a few changes, one of which was the merger of MEDUNSA with the University of the North located in Polokwane to form the new University of Limpopo. The two were again split in 2015 when the medical campus was re-named the Sefako Makgato Health Sciences University (SMU) (Ncayiyana 2011).

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

ARCHITECTURAL DESCRIPTION

The hospital design is a complex collection of disconnected buildings that have little stylistic relation. The entrance of the hospital passes through a two-storey administration block which leads to multiple single story brick buildings that form the wards and consultation rooms. These are connected by interior and exterior walkways and hallways. Most of the buildings are based off a standard design that includes a roof apex clerestory. The buildings were not designed for artificial ventilation of temperature control and thus over the years, many service ducts and HVAC plants needed to be added to the buildings. A prominent feature of the site is the massive boiler room that is visible from the street. Stylistically this building is unique on the site with sheer pale concrete walls, concrete buttresses, and round windows. It forms a clear landmark that is distinguishable from far.

The neighbouring SMU campus buildings on the other hand are highly ordered brutalist multi storey blocks with clear relation to the brutalist design of the UNISA campus. Horizontal undivided windows define each floor level with the rest of the façades filled with precast concrete panels that form overhangs and window sills. The monolithic exterior suggests a solid block building with deep floor spaces but most buildings are punctured by large courtyards to achieve the filtration of natural light and ventilation into the spaces. Architectural elements such as walkways, bridges and monuments are of the same heavy concrete language as the buildings. Very little landscaping or exterior connection is offered by the buildings creating the impression of highly functional machines as buildings. No exterior or structural changes can be seen on the campus buildings. This might be the result of their seemingly unchangeable nature in contract to the fragmented nature of the hospital buildings.

SITE CHANGES

CHANGES	SYMPATHETIC	UNSYMPATHETIC
Services Upgrades to hospital	☐	☑
Memorial reappropriated	☑	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CONSERVATION STATUS

POOR	MEDIUM	GOOD
☐	☐	☑

SITE DATA FORM

REFERENCE NUMBER:
NO:1234/ABC

HERITAGE VALUE MATRIX	SITE NAME: TSHWANE DISTRICT HOSPITAL REFERENCE NUMBER: 1234/ABC					
	HISTORIC	AESTHETIC	SCIENTIFIC	SOCIAL	NEWNESS	USE
SURROUNDING	Development of academic and other healthcare linked to hospital					
STORY	First major hospital in Pretoria					
SITE	Use to be open site, narrative of changes		Narrative of scientific progress across site	Combination of healthcare, education, and research		
STRUCTURE	Colonnades provided thresholds.					
SKIN	PWD style rare and historical	Unique and impressive building in context		Provides sense of permanence		
SERVICES	Shows development of service requirements					
SPACE PLAN			Narrative of medical progress			
STUFF						

CULTURAL SIGNIFICANCE OF PLACE:
National Heritage Resources Act 1999

Assessment Criteria	Explanatory Notes
Importance in the community, or pattern of South Africa's history.	High importance. The hospital was the first large public hospital in Pretoria, and the first academic hospital in the city. It also represents political change over time and the site showcases architectural and technological development.
Possession of uncommon, rare or endangered aspects of South Africa's natural or cultural heritage.	High importance, one of few examples of Union style architecture developed in Pretoria by the architects of the public works department.
Potential to yield information that will contribute to an understanding of South Africa's natural or cultural heritage.	High importance. The buildings represent the approach to public healthcare of the early Pretoria government. The hospital is an example of early racial segregation before apartheid was implemented.
Importance in demonstrating the principal characteristics of a particular class of South Africa's natural or cultural places or objects.	High importance, The site represents the early development of healthcare design in South Africa
Importance in exhibiting particular aesthetic characteristics valued by a community or cultural group.	High importance, the Aesthetical qualities of the original buildings are rare within the city and te healthcare industry.
Importance in demonstrating a high degree of creative or technical achievement at a particular period.	High importance, Unique architectural design and interior furnishings and fittings were achieved by the architect.
Strong or special association with a particular community or cultural group for social, cultural or spiritual reasons.	Medium importance, patients and staff hold a connection with the buildings and the site, many of whom worked at the hospital for many years.
Strong or special association with the life or work of a person, group or organisation of importance in the history of South Africa.	Medium importance. President H.F. Verwoerd was treated in this hospital after he survived the first assassination attempt.
Sites of significance relating to the history of slavery in South Africa.	

HERITAGE VALUE MATRIX	SITE NAME: WESTFORT LEPROSY HOSPITAL REFERENCE NUMBER: 1234/ABC					
	HISTORIC	AESTHETIC	SCIENTIFIC	SOCIAL	NEWNESS	USE
SURROUNDING	Military fort on the hill. Part of medical development to the West					
STORY	Tells the narrative of Leprosy care and development		History of medical practises	Represents early segregation		
SITE	Many styles and influences.	Village like development	Example of previous knowledge of Leprosy (isolation)	Current home of large community		Illegal settlement current use
STRUCTURE	Example of many structural approaches and designs of historic value		Innovative use of concrete for rondavel roofs			
SKIN		Various rare building styles are represented. Innovative elements		Building facades reappropriated		
SERVICES						
SPACE PLAN	Historical medical “village” typology			Buildings and spaces reappropriated		
STUFF						

CULTURAL SIGNIFICANCE OF PLACE:
National Heritage Resources Act 1999

Assessment Criteria	Explanatory Notes
Importance in the community, or pattern of South Africa's history.	High importance. The site is linked to the development of medical facilities in South Africa. It is associated with the fight of Leprosy in SA as well as other sites such as Robben Island.
Possession of uncommon, rare or endangered aspects of South Africa's natural or cultural heritage.	High importance. The Hospital is the last of its kind that served leprosy patients in the country. It is a rare facility.
Potential to yield information that will contribute to an understanding of South Africa's natural or cultural heritage.	High importance. The Village typology for a hospital produced a self-sufficient complex of various groups of buildings with different characters and design directions. Much can be studied within this network of buildings.
Importance in demonstrating the principal characteristics of a particular class of South Africa's natural or cultural places or objects.	
Importance in exhibiting particular aesthetic characteristics valued by a community or cultural group.	High importance, Individual buildings contain a high aesthetic value. These were designed by welk own architects in various styles.
Importance in demonstrating a high degree of creative or technical achievement at a particular period.	High importance, many periods and styles are represented in on the site with a number of unique buildings. This variety is of significance and represents multiple creative achievements
Strong or special association with a particular community or cultural group for social, cultural or spiritual reasons.	High importance, the old patients and staff will have some connection to the site. Due to the isolation of the site, mostly current residents will have meaningful connections with the buildings.
Strong or special association with the life or work of a person, group or organisation of importance in the history of South Africa.	
Sites of significance relating to the history of slavery in South Africa.	

HERITAGE VALUE MATRIX			SITE NAME: WESKOPPIES PSYCHIATRIC HOSPITAL REFERENCE NUMBER: 1234/ABC			
	HISTORIC	AESTHETIC	SCIENTIFIC	SOCIAL	NEWNESS	USE
SURROUNDING	Part of the medical and science expansion West of the city	Natural environment and setting				
STORY	Development of psychiatric healthcare in SA		The use of natural elements in healing environments	Early segregation Advancement of patient perception		
SITE		Historical productive gardens, against side of mountain		Patients and staff have a strong connection to the site		Site still in use and being developed
STRUCTURE	Design with direct English influence	Structure unaltered, shows methods not used in present				Structure still in use, functions have changed.
SKIN	Design with direct English influence	Rare Edwardian design		Story of Colonialism and early city development Eurocentric focus		
SERVICES						
SPACE PLAN	Designed for better patient treatment without restrictions			Many spaces are important to the current users: Chapel and Hall		
STUFF	Original elements of rare value					

CULTURAL SIGNIFICANCE OF PLACE:
National Heritage Resources Act 1999

Assessment Criteria	Explanatory Notes
Importance in the community, or pattern of South Africa's history.	High importance, The buildings show the beginnings and advancement of psychiatric treatment and the context in which it was developed
Possession of uncommon, rare or endangered aspects of South Africa's natural or cultural heritage.	High importance, Contains rare Edwardian style buildings in good condition
Potential to yield information that will contribute to an understanding of South Africa's natural or cultural heritage.	High importance, Contains information about the medical development of South Africa and the effects on communities
Importance in demonstrating the principal characteristics of a particular class of South Africa's natural or cultural places or objects.	
Importance in exhibiting particular aesthetic characteristics valued by a community or cultural group.	
Importance in demonstrating a high degree of creative or technical achievement at a particular period.	High importance, Displays the achievements of the South African architects and builders of the 19th century
Strong or special association with a particular community or cultural group for social, cultural or spiritual reasons.	High importance, Strong association with the patients that are treated there for extended periods
Strong or special association with the life or work of a person, group or organisation of importance in the history of South Africa.	
Sites of significance relating to the history of slavery in South Africa.	

HERITAGE VALUE MATRIX	SITE NAME: PRETORIA WEST HOSPITAL REFERENCE NUMBER: 1234/ABC

	HISTORIC	AESTHETIC	SCIENTIFIC	SOCIAL	NEWNESS	USE
SURROUNDING	Close to industry, reason for development					
STORY	Modernist public buildings: portray advancement			Regarded as a good hospital		
SITE						
STRUCTURE	Modernisation of construction methods	Varied use of forms and structure types				
SKIN	Complexity and use of local materials	Pleasing use of materials	Adaption to local climate			
SERVICES	Services integrated into design					
SPACE PLAN		Defined space use by form and materiality	Development of medical design			Hospital is current use. Mostly as original design
STUFF		Original finishes and artwork				

CULTURAL SIGNIFICANCE OF PLACE:
National Heritage Resources Act 1999

Assessment Criteria	Explanatory Notes
Importance in the community, or pattern of South Africa's history.	Medium importance, The site represents the advancement of architecture and medical architecture in South Africa
Possession of uncommon, rare or endangered aspects of South Africa's natural or cultural heritage.	Medium importance, the modernist design of the hospital is structurally unchanged and represents the era in which it was built
Potential to yield information that will contribute to an understanding of South Africa's natural or cultural heritage.	High importance, the site showcases the narrative of public healthcare provision in Pretoria along racial lines and the technological development of healthcare architecture
Importance in demonstrating the principal characteristics of a particular class of South Africa's natural or cultural places or objects.	High importance, the site represents the design, technology and aesthetic advancement of public healthcare buildings in Pretoria as well as approaches to rapid development by re-using designs
Importance in exhibiting particular aesthetic characteristics valued by a community or cultural group.	High importance, the late modernist building represents architectural styles influenced by international discourse as well as local architectural development.
Importance in demonstrating a high degree of creative or technical achievement at a particular period.	High importance, The building design discards the architectural trajectory of the era where hospitals were designed as monolithic blocks. The fragmented and form rich nature provides complex spatial experiences.
Strong or special association with a particular community or cultural group for social, cultural or spiritual reasons.	Medium importance, the staff and patients forms connections with the building and its functions.
Strong or special association with the life or work of a person, group or organisation of importance in the history of South Africa.	
Sites of significance relating to the history of slavery in South Africa.	

HERITAGE VALUE MATRIX	SITE NAME: GEORGE MUKHARI HOSPITAL / SMU CAMPUS REFERENCE NUMBER: 1234/ABC					
	HISTORIC	AESTHETIC	SCIENTIFIC	SOCIAL	NEWNESS	USE
SURROUNDING	Proximity to Ga-Rankuwa, reason for development			Local population living with apartheid legacy		
STORY	Racial segregation-driven existence	Institutional aesthetic created				
SITE	People removed from home areas		Academic hospital (first non-white) connected to university			
STRUCTURE	Exposed structure creates a brutalist vision (SMU)	SMU structure forms landmark		Buildings feel intimidating	GMH adapted for more space.	GMH in use - changed SMU in use – unchanged
SKIN	Rigid and heavy façade creates a brutalist vision (SMU)	Narrative of institutional architecture				
SERVICES	Some services not included in the design (GMH)	Boiler room unique building			GMH services updated	
SPACE PLAN	Separated buildings are inefficient and suboptimal (GMH). Low design importance				GMH space additions	
STUFF						

CULTURAL SIGNIFICANCE OF PLACE:
National Heritage Resources Act 1999

Assessment Criteria	Explanatory Notes
Importance in the community, or pattern of South Africa's history.	High importance in the community due to the historical importance of providing healthcare and education to non-white people.
Possession of uncommon, rare or endangered aspects of South Africa's natural or cultural heritage.	High Importance, The site represents the only non-white medical university that was built during the years of Apartheid. And one of the few non-white hospitals in the Tshwane region. The design of which is unique to segregation-driven hospitals.
Potential to yield information that will contribute to an understanding of South Africa's natural or cultural heritage.	
Importance in demonstrating the principal characteristics of a particular class of South Africa's natural or cultural places or objects.	High importance, The site demonstrates the effect that the Apartheid regime had on institutional architecture as well as healthcare provision.
Importance in exhibiting particular aesthetic characteristics valued by a community or cultural group.	
Importance in demonstrating a high degree of creative or technical achievement at a particular period.	
Strong or special association with a particular community or cultural group for social, cultural or spiritual reasons.	High importance. The site is associated with the people of Ga-Rankuwa who had no other healthcare options in the years of apartheid. Non-white student were educated here which provided them with previously inaccessible opportunities.
Strong or special association with the life or work of a person, group or organisation of importance in the history of South Africa.	
Sites of significance relating to the history of slavery in South Africa.	

HERITAGE VALUE MATRIX	SITE NAME: Zuid Afrikaans Hospital REFERENCE NUMBER: 1234/ABC					
	HISTORIC	AESTHETIC	SCIENTIFIC	SOCIAL	NEWNESS	USE
SURROUNDING	Hospital moved from nearby house	Suburban calm environment close to the city				
STORY	Narrative of Dutch influence in SA		Better caring environments			
SITE		Site and courtyards used to create healing environment		Development of the site creates sense of pride	Site is well managed and used	
STRUCTURE	Original structure intact		Shows international influence iv 19th C. in SA			Highly sought hospital
SKIN	Old Cape-style hospital rare in Pretoria	Original timber fenestration, original gables		Staff and users experience heritage in daily life.	Additions and materiality respect the existing building	
SERVICES						
SPACE PLAN	Collaboration with Dutch architect, connection with Dutch hospital	Ward layout unchanged, connected to outside	Shows previous thought on healing environments and change.	Creates centre of hospital complex		In daily use, still relevant
STUFF	Original fittings and furniture	Rare interior items in good condition		Furnishings create sense of quality		

CULTURAL SIGNIFICANCE OF PLACE:
National Heritage Resources Act 1999

Assessment Criteria	Explanatory Notes
Importance in the community, or pattern of South Africa's history.	High importance, The history of the ZAH portrays the narrative of early hospital development in South Africa as well as the Dutch influence in Pretoria.
Possession of uncommon, rare or endangered aspects of South Africa's natural or cultural heritage.	High importance, Rare collaborative architecture was influenced directly by international architects in the 19th century. Rare building elements that are still original.
Potential to yield information that will contribute to an understanding of South Africa's natural or cultural heritage.	High importance, Building tells the narrative of the early Dutch community in Pretoria. Attitudes towards healthcare and the understanding of the time can be seen trough the design of the building.
Importance in demonstrating the principal characteristics of a particular class of South Africa's natural or cultural places or objects.	
Importance in exhibiting particular aesthetic characteristics valued by a community or cultural group.	High Importance, Original Old Cape style architecture in Pretoria is a part of the collective aesthetic of the city portraying the diverse approaches to public buildings in its early developing years. It is only experienced from inside the hospital.
Importance in demonstrating a high degree of creative or technical achievement at a particular period.	High importance, the hospital design in terms of patient experience was innovative for hospitals in Pretoria.
Strong or special association with a particular community or cultural group for social, cultural or spiritual reasons.	
Strong or special association with the life or work of a person, group or organisation of importance in the history of South Africa.	High importance, The building represents the Dutch communities endeavour to provide better healthcare for the public of Pretoria.
Sites of significance relating to the history of slavery in South Africa.	

HERITAGE VALUE MATRIX	SITE NAME: ONE MILITARY HOSPITAL REFERENCE NUMBER: 1234/ABC

	HISTORIC	AESTHETIC	SCIENTIFIC	SOCIAL	NEWNESS	USE
SURROUNDING	Surrounds developed by military over years					
STORY	Tells narrative of wartime need and architectural style			Patients and staff have long term involvement in hospital		
SITE		Prominent hillside with view to Voortrekker Monument				
STRUCTURE	Represents shift to modernist healthcare design	Landmark visible for far. Visually confronting.	Narrative of progress in healthcare design			Hospital fully in use
SKIN	Shift to use of concrete			Current users connect with façade aesthetic		
SERVICES						
SPACE PLAN	Shift to planned for efficiency and economics		Shift to artificial environments		Current interior renovations	
STUFF						

CULTURAL SIGNIFICANCE OF PLACE:
National Heritage Resources Act 1999

Assessment Criteria	Explanatory Notes
Importance in the community, or pattern of South Africa's history.	High importance, The military hospital represents South Africa's drive towards militarisation and the war effort during the 1970's in an effort to retain its nationalist position
Possession of uncommon, rare or endangered aspects of South Africa's natural or cultural heritage.	
Potential to yield information that will contribute to an understanding of South Africa's natural or cultural heritage.	High importance, The building is an example of the implementation of monolithic buildings with high visibility in the public realm to bolster the Nationalist ideology of the time
Importance in demonstrating the principal characteristics of a particular class of South Africa's natural or cultural places or objects.	
Importance in exhibiting particular aesthetic characteristics valued by a community or cultural group.	Medium importance, The hospital displays the modernist approach to design and layout through its structure, façade and plan layout.
Importance in demonstrating a high degree of creative or technical achievement at a particular period.	High importance, the building structure and precast façade elements were used to create a unique design that was driven by efficiency.
Strong or special association with a particular community or cultural group for social, cultural or spiritual reasons.	High importance, the patients of the hospital are all military personnel or their families. They visit the hospital repeatedly throughout their lives and it forms a strong connection with most of them.
Strong or special association with the life or work of a person, group or organisation of importance in the history of South Africa.	Medium importance, Many high ranking and important people were treated at the hospital, including Nelson Mandela
Sites of significance relating to the history of slavery in South Africa.	