2. Context

2.1 History

The first hospital in Pretoria, capital of the “Zuid-Afrikaanse Republiek”, was in an old house near the military barracks in Potgieter Street. The foundation stone of a new ‘Volkshospital’ was laid by President S J P Kruger on 21 June 1890 and made provision for 130 beds. Despite expansions, this hospital became too small for the growing population of the city in the early part of the new century. The flu epidemic of 1918 underlined this inadequacy. The hospital also became dilapidated and had to be replaced (http://www.pah.org.za).

In 1925 the central government of the Union of South Africa (1910-1961) agreed to finance the building of a new hospital for Pretoria. The costs were, however, not to exceed 300 000 pounds. This was to replace the ‘Volkshospital’ built in 1890. J H Hofmeyer, Administrator of the Transvaal, laid the foundation stone of the existing hospital in Pretoria on 22 April 1927. In his speech he said:

“At this hospital artificial barriers will fall away in suffering, and the difference between race, creed and class will lose its significance and we will fight together to give health to those who walk the streets as well as those who live in luxury.”

 Patients and personnel occupied the hospital on 14 March 1932, with the first Superintendent being Dr Lewis S Robertson and Miss M Slater the first matron. This is a fine example of the architecture of the Department of Public Works when the provision of public buildings was done in-house (ibid).
John Cleland, chief architect of the Department of Public Works, did the design sketch. John Cleland was chief architect of the Public Works Department for the Union of South Africa from 1920 until 1932 and Secretary of Public Works from 1932 until 1939 (Academic Hospital/Reports/Heritage Report).

The hospital demonstrates attitudes to planning and administrative organisation relative to the provision and running of medical institution of the time. This ideal of the “falling away artificial barriers in suffering” was later usurped by the apartheid policy, although racial divide was introduced before the coming of the National Party Government of 1948, as with the provision of “Native Wards” and facilities. The so-called “Native Ward” was originally designed in 1935 by W G McIntosh (ibid).

Originally named Pretoria General Hospital, it was renamed H F Verwoerd Hospital in 1967, and in 1997 the name was finally changed to Pretoria Academic Hospital. A Faculty of Medicine was established in 1943. The faculty and the hospital formed an academic institution. Towards the end of the Second World War it was the third academic health establishment in South Africa and only the sixth in African.

This academic institution grew over the years to include other facilities such as the Maternity Hospital, Ear, Nose and Throat Hospital and the Orthopaedic Hospital (http://www.pah.org.za).

The new Pretoria Academic Hospital is a purely tertiary healthcare institution, rendering specialized and highly specialized services to medically referred patients. State-of-the-art medical equipment to the total value of R442million has been procured for the new hospital (ibid).

The new Pretoria Academic Hospital is situated about 800 meters directly north of the old hospital. The main access to the hospital is off Voortrekker Road left at the traffic light into Malan Street. The old Pretoria Academic Hospital has been commissioned as an autonomous 200-bedded community hospital called Tshwane District Hospital (ibid).

It is the only teaching hospital in South Africa that accommodates the hospital & University Clinical Department's offices in one building. The relocation programme commenced from 16 January 2006 for non-clinical services, and the Out Patient Services started to move to the new hospital from Friday 10th February. The whole move was completed by 31 March 2006, a record time of ten weeks (ibid).
2.2 Why this particular site

The main reason why the author chose the site is because it is within the hospital. The proposed Dingakeng Centre is going to be build within the Old Academic Hospital site. This is one idea to create a relationship between traditional medicine and western/modern medicine. The Dingakeng Centre is going to be a link between traditional and modern medicine.

Patients from the Centre will be easily referred to the hospital. Some of the patients from the hospital will also be referred to the traditional healers at the Centre. The author envisages a good working relationship between the Inyanga Centre, Tshwane District Hospital, and the new Pretoria Academic Hospital.

People who are curious about traditional medicine will be able to come and see how inyangas and sangomas operate. Since there is going to be a muti garden, people will be able to see which plants are used as muti. It will be a learning experience for people who are going to visit the Centre. All those negative perceptions about traditional medicine will erased once people learn about the practice.
Figure 2.8: World map
Figure 2.9: Linking Dingakeng with hospitals in Tshwane
2.3 Pretoria

Pretoria can be considered as a relatively young city, only being established in 1885. The Pretoria urban design concept was based on a strongly defined image. The town was encircled by the Apies River on the eastern and the Steenoven Spruit on the western side. These water courses conceptually defined the boundary between the inside and the outside of the town, much like the medieval town wall would.

From those boundaries the urban domain asserted its presence, which reached its highest intensity in the steeple of the central church, a presence both material and spiritual. The steeple at its time was literally the highest edifice in Transvaal (Mare et al 1998: 61).

The urban grid was ordered around the church and related both to the cosmic order of the sun’s path and to the poorte (openings, gabs) in the Daspoort and the Schurweberg mountain range, thus interpreting the genius loci. The orthogonal system of the grid was married with the demands of the open furrow water supply system originating at Fonteine (Fountains) to the south of the town in such a manner that the watershed coincided with the central space, Kerkplein (Church Square) (ibid).

As with the wide streets the physical proportions of the square reflect the air of great open spaces. In Pretoria’s Church Square the distance of 175 metres buildings was felt to be sufficiently proximate as to give spatial definition by the use of mere single storey buildings. Looking down the streets one could behold the vast sky meeting the distant horizon (ibid).
Figure 2.11: The Zuid-Afrikaansche Republiek in 1868. Maximum size territories to which the ZAR laid claim.

Figure 2.12: The Zuid-Afrikaansche Republiek (ZAR) from 1871 to 1884.

Figure 2.13: Village quarters for African servants, Pretoria, 1950. Panoramic view.

Figure 2.14: Village quarters for African servants, Pretoria, 1950. Plan.
Figure 2.15: Aerial photograph with site & major roads

University of Pretoria etd, Molebatsi J K (2007)
Figure 2.16: Aerial photograph of site
Figure 2.17: Activity Spine

Problem: Less active

University of Pretoria et al, Molebatsi J K (2007)
Figure 2.18: Aerial photograph with proposals on site
Figure 2.19: Existing hospital mortuary, heritage building

Figure 2.20: The administration block, heritage building

Figure 2.21: Entrance of the District Hospital

Figure 2.22: View from the T-Junction

Figure 2.23: South-ward view from the site

Figure 2.24: Northward view from the site
Figure 2.25: Panorama of the Tshwane District Hospital along Dr Savage Road

Figure 2.26: Some of the pre-fabricated buildings on site