

PHASE 1 HERITAGE SURVEY OF HISTORIC WESFORT LEPROSY HOSPITAL SITE (PRETORIA)



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EXECUTIVE SUMMARY

General

This report was not drafted as a Heritage Impact Assessment report as no design proposal has been submitted to the heritage specialist. Therefore, no 'impact' of the proposed development on the village could be determined.

This report merely directs the approach to the design of any future development, the spatial development framework and site development plans for individual clusters of land uses.

The site is of exceptional cultural significance not only because of the age of the village and age of the bulk of the buildings on the site. It is not only significant because of the architectural fabric and historic buildings but as an institution. The Wesfort leprosy hospital facility was the successor of a similar facility on Robben Island and eventually became the only facility of its kind in South Africa. This makes the facility and former institution to be classified as 'rare' according to the criteria for cultural significance of the National Heritage Resources Act. Any heritage related planning should therefore be focused on the re-use of the village and if not the entire village, areas, zones and precincts that must reflect the heritage significance, the variety and character of the architectural and built fabric of the village.

Findings

The site must be evaluated as a single entity and not as a cluster of historically unrelated buildings and structures. As it was planned and developed as a single entity, it is categorized within the same as other 'villages' such as mission stations, mining villages, university campuses, hospital sites and so on.

As the village has lost its original function and intent for its existence, the possibility that it will become completely redundant if the buildings are not used is a reality. Because the buildings are used by vagrants the usual results of redundancy has been 'postponed' for the time being.

Each building and structure played a specific role in the existence of this village. Most of the buildings are older than 60 years and are protected under the 60 years clause of the National heritage Resources Act. The village consist of several precincts as they were developed over time and not necessarily designed in such a way that they interface and interact with each other in the same manner a factory would be designed. Several seemingly detached precincts have been created, each with its own spatial layout and architectural vocabulary.

Recommendations

- The principle regarding designing a site development plan that includes heritage elements and features is that the 'heritage must inform the design' and not the other way round. In this case the design is still unknown and in order to design a new facility while also re-use the existing built fabric would be best addressed in a workshop situation.
- The entire village should be 'ring-fenced' prior to designing and developing around the village.
- The protection of the built fabric seems to be guaranteed while all the buildings are inhabited. This should be sustained while proper planning is in process.

The site:

- A core section of the village be proclaimed as 'Conservation area'.
- A conservation management plan must be drafted for the village. The conservation management plan must include (a) a heritage assessment of the site and institution according to the criteria of the National Heritage Resources Act; (b) a statement of significance of the site; (c) a documents stating the 'Obligations of the significance' that must guide the approach to the protection and management of the site; (d) a 'Conservation Management Policy' framework and (e) 'Rehabilitation Guidelines' for each building which will be retained and re-used.
- The village must be managed according to a zoning scheme which is based on the cultural significance of individual areas and clusters of places of significance.
- General density per square meter may be altered in the case of new work and infill.

Infra structural elements;

- The main arterial route into the village and serving the core section of the village must be retained, upgraded and used as the main arterial for the re-use and development of the village.
- The other secondary roads serve as connecting lines and may either be used or altered according to the needs of the development.

Buildings:

- All buildings in the village must be recorded prior to drafting any design proposals and prior to any demolitions or development of any kind. Recording implies that all the buildings must be (a) recorded photographically; (b) measured drawings be drafted of the floor plans, elevations and elements of each building and (c) these recordings be compiled into a report accompanied with descriptions of the buildings in standard architectural vocabulary.
- Of exceptional significance are the three red brick buildings in the core section of the village (old church, main building and small dwelling). They must be retained and restored.

- The village also contains several clusters of buildings which seem to have the same floor plans and elevations. This aspect needs to be determined in detail. Structural and architectural integrity of each building will determine whether it will be retained and re-used.

Activity areas:

- One of the key components of the village is the presence of cemeteries. They must be retained and not relocated.
- Other open spaces between buildings may be used for 'new work' in order to make the village functional and economically viable.
- Plans of 'infill and 'new work' must be submitted to the heritage specialist in order to assess the impact of these designs on the heritage site in general and the individual buildings in particular.
- Plans for the appropriate memorialization of cemeteries and any other grave sites must be submitted to the heritage specialist for assessment.
- Cemeteries must be made visitor friendly and accessible to the public and anyone associated with the deceased.

Planted vegetation: the most significant vegetation in the village is the planted vegetation.

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GLOSSARY OF TERMS

Study Area – refers to the entire area to be developed as indicated on the scale drawings by the client.

Stone Age – The first and oldest part of human history is the Stone Age that is associated with the appearance of early humans between 3-2 million years ago. Stone Age people were hunters, gatherers and scavengers who did not settle in permanent settlements. Places associated with these humans are determined by identifying stone tools that have been preserved in the landscape.

Early Stone Age: 2 000 000- 150 000 Before Present (BP)

Middle Stone Age: 150 000 – 30 000 BP

Later Stone Age: 30 000 – until c. AD 200

Iron Age – A period covering the last 1800 years, when an altered lifestyle was introduced to southern Africa. They established villages, cultivated domesticated crop types such as sorghum, millet and beans and they herded cattle, sheep and goats. They spoke early variations of the Bantu language and manufactured iron objects.

Early Iron Age: AD 200 - AD 1 000

Late Iron Age: AD 1 000 – AD 1830

Historical period – Since the arrival of white settlers – c AD 1652 (Southern parts of South Africa and AD 1840 (north of the Vaal River)

Cultural significance - According to the ICOMOS Burra Charter cultural significance means 'aesthetic, historic, scientific or social value for past, present or future generations.

Aesthetic value – Criteria considered for this category may include the form, scale, colour, texture and material of the fabric, the smells and sounds associated with the place and its use.

Historic value – Historic value encompasses the history of aesthetics, science and society and therefore to a large extent underlies all of the terms used for evaluation. A place may have historic value because it has influenced or has been influenced by an historic figure, event, phase or activity. The significance will be greater where evidence of the association or event survives in situ or where the settings are substantially intact than where it has been changed or evidence does not survive.

Scientific value – 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.

Social value – 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.

Abbreviations

EIA – Environmental Impact Assessment

EIA – Early Iron Age
ESA – Early Stone Age
LIA – Late Iron Age
LSA – Late Stone Age
MSA – Middle Stone Age
NASA – National Archives of South Africa
NHRA – National Heritage Resources Act
PHRA – Provincial Heritage Resources Agency
SAHRA – South African Heritage Resources Agency

1. BRIEF

Phase 1 identification and preliminary assessment of the heritage significance of the former Westfort Leprosy Hospital.

2. AIM OF THE STUDY

*To identify aspects and elements of the historic village that may be of exceptional heritage significance

*To evaluate the village and manmade elements in terms of criteria set out by the National Heritage Resources Act (NHRA)

*To make recommendations regarding the future use and protection of the village.

3. ASSUMPTIONS AND CONDITIONS

*This report must be considered the result of a Phase 1 survey of the site and village and not the final report of a full Heritage Impact Assessment (HIA) as (a) no plans of the proposed development of the site have been submitted; (b) the results of a public participation process have not been submitted to the heritage specialist; (c) no architectural drawings indicating the impact of new uses for existing buildings have been submitted and (d) no alternative site development plans have been prepared and submitted to the heritage management process.

*No investigation into the occurrence of Stone Age and Iron Age sites have been done.

*No investigation was done to determine the occurrence of any subterranean human remains and any manmade features and objects.

4. GEOGRAPHIC AREA OF THE STUDY

The site is located along the southern slopes of the Daspoort Rand and the original hospital is originally completely isolated from the urban fabric of Pretoria.

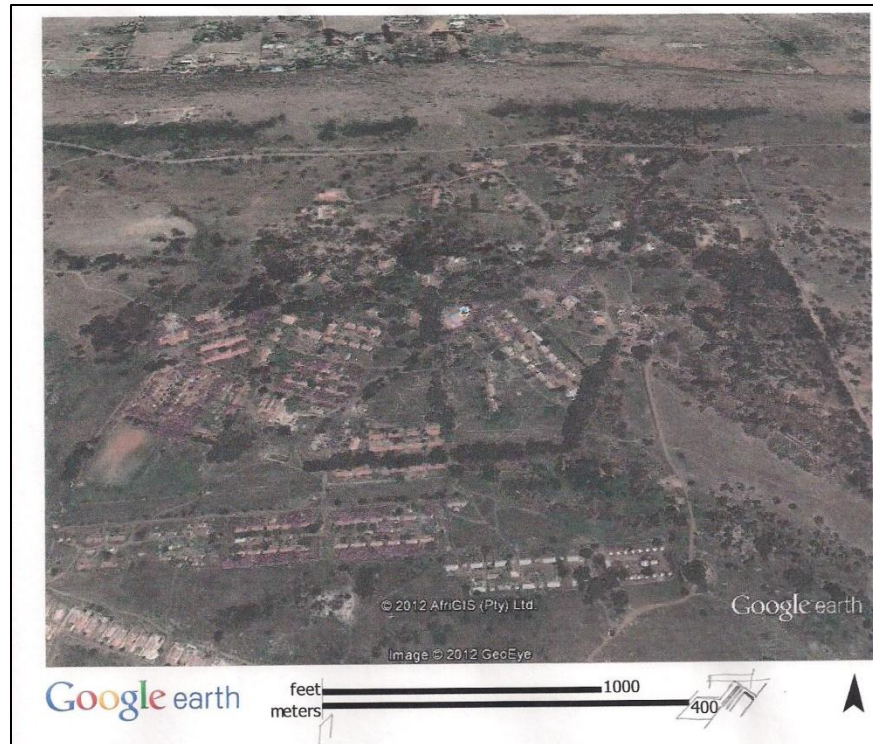


Figure 1. Oblique picture of the Westfort site (source: Google Earth)

5. METHODOLOGY

*Very little has been published on the history of the Westfort leprosy hospital. Even less has been published on the history of the development of the site and the consecutive construction of various phases and the numerous buildings in the village

*A small number of maps have been drawn of the village but these have not been maintained and formalized in order to use them as base maps to determine the current condition of the village. One of these maps was used for this report and it cannot be assumed that the map is correct and that all the buildings indicated on the map still exist

*The site was visited and a windshield survey was done of the layout of the village and the location and condition of the buildings (from outside)

*No consultation with interested and affected parties was done and no interviews with local residents were held as part of this process.

*Compile and submit a report with recommendations on a proposed way forward

6. FINDINGS

6.1. Section 38(3) (a) Identification and mapping of all heritage resources impacted on in the area affected.

Fort Daspoortrand: - The site is more well-known for the fort that is located directly north of the hospital site. The fort was not investigated during this survey but a compact history is included.

The Wesfort fortification was also known as Fort Daspoortrand. It is the only fortification that was designed and built by a French firm Schneider & Co. Due to it being planned not by Germans but by a French firm it differs quite extensively from the other fortifications around Pretoria. The reason for this exception may be because of Commandant General Piet J. Joubert's personal pro-French sympathies and perhaps also as a strategic option to neutralize the already existing French-German competition for State (ZAR) construction projects at the time. The contract for construction was given to two military engineers: Leon Grunberg and Sam Leon and not to the German company. This decision did not defuse the brewing conflict but rather exposed the dispute between Piet Joubert and the German contractor H.C. Werner, resulting in a special meeting called by the Executive Council to settle the dispute.¹

Edgar Cassen was the person responsible for the construction of the building. The names of other building masters were: Carlo Prina, Petro Testan and Joseph Allia (their specialist skills are unknown). By July 1897 work already commenced and the building was officially completed and fully functional on 12 November 1898 when it was inaugurated (Van Vollenhoven, A.C. 1994:58).

The main difference between Wesfort and the other fortifications was that it was larger than the other three Boer fortifications and had a different floor plan and spatial configuration. It had six sides (hexagonal plan) with a bastion at each corner. The ammunition rooms were partly subterranean in an effort to protect it against bombing. Passages connected these rooms directly from the central courtyard. Ammunition was elevated from these rooms with two lifts, one on the east and another on the western side (Van Vollenhoven, A.C. 1994:59).

A telegraph cable was installed between the central telegraph room and the fort. A second telegraph and telephone system existed outside. Two dynamos supplied the fort with electrical lighting and were responsible for ample electricity for two searchlights. Fort Daspoortrand had its own pump station and pump house with a steam engine. The structure was also protected by lightning conductors (van Vollenhoven, A.C. 1994:59).

According to records on 23 October 1899, the fort housed 20 people. But according to a photograph in the 'Eeupeesjaarboek van Pretoria', there were 25 men. Lieutenant Fred Townsend was the officer in charge at the time (Van Vollenhoven, A.C. 1994:61).

On 23 February 1897 Major P.E. Erasmus recommended how many cannons should be allocated to each fort, indicating that Wesfort needed two 'heavy' (155mm Long-Tom or

¹ TAB, KG 255, CR 392:p. 17: 1899.06.14;R.H.J. Holzhausen, Die ou forte om Pretoria, (1956:03), p:228.

120mm rapid fire cannons) and three 'light' cannons (75mm rapid fire cannons). Grunberg and Leon were asked to construct the platforms for the cannons. All the fortifications around Pretoria were completely void of any cannons when the British troops arrived in Pretoria on 5 July 1900 (Van Vollenhoven, A.C. 1994:61)

The Westfort Leprosy Hospital: - Since the first hospital was built in 1898 the facility has been added onto and has expanded significantly into the village it is in 2012 - to the form, shape and character it has now. The village contains about 436 buildings of which most are large principal buildings and dwelling units and about 30% of the total number are supporting outbuildings.

In the late 1880s, a hospital for researching the treatment of smallpox was established on the outskirts of Pretoria. It was named the Daspoort hospital because it was located at the bottom of the Daspoortrand (or Witwatersberg). Contrary to its original intent, it was used as hospital where leprosy patients were treated. The earliest reference to the hospital was in 1888, by S. W. Wierda, the official architect of the ZAR Government. At that stage the hospital consisted of four rooms with an detached outdoor toilet and accommodated 8 patients. Leprosy barracks were added in 1890. Additional accommodation was needed in 1892 resulting in the addition of more bedrooms, a lounge, kitchen and dining hall. By 1896 Daspoort Hospital accommodated 99 patients.

Westfort hospital was originally built as an extension of Daspoort Hospital, but the two facilities soon merged to become known as the Pretoria Leprosy Hospital. In Wierdas guideline document to the architects and to the hospital staff, he stated that the place should provide 'in the most humane way' a pleasant and attractive residence for those 'unfortunates' who, through an incurable infectious disease, should be tied to it for as long as they lived. The first buildings were erected in 1898 and consisted of an administration complex, smallpox clinic and staff accommodation. Initially, lay people were appointed to manage the hospital, but in 1900 Dr von Gernet was appointed as medical officer in charge on a part-time basis.

The structures built during the ZAR period are characteristic of the type of building erected by the Department of Public Works under the guidance of S. W. Wierda: elegantly proportioned, substantially built brick structures with corrugated iron roofs, stone plinths and sandstone detailing. Examples of these are the administration building, the post office, two of the staff residences and an octagonal Dutch Reformed Church. Some of the buildings from this period have been finished in stucco, such as the dispensary, certain of the dormitories for patients and the first hospital buildings.

It is likely that, due to the threat of war, further construction of buildings was halted as materials and labour were required for the construction of Fort Daspoortrand (completed in 1898) on the ridge above the hospital. In the first year, 99 patients from Daspoort, 100 from Pankop and 6 from Rietfontein were transferred to Westfort. By 1902, 328 patients were accommodated at the hospital. The institution was divided into white, black and coloured sections, with males and females housed separately. The first full-time medical superintendent was Dr George Turner – from 1901 to 1906.

The institution managed to own its own farm during the early years of the 20th century. With its own post-office, police station, churches, schools and shops, it can be regarded as a fairly independent village. In February 1906, roads, a wall around the hospital and other site works were completed. An Anglican church was erected in 1914 and in 1916 a catholic Church was erected.. a carpentry shop, smithy, bookbinding workshop and milk depot were added soon afterwards. In 1917 eight watch toweres were erected to prevent patients from escaping.

A remarkable feature of the period 1900-1918 is the low brick wall and sandstone walls that enclose a number of wards. Apart from the stained glass windows and the panels painted by the artist Frank Brangwyn (now removed), the Roman Catholic Church building contains very little other architectural detailing. The same is true for the Methodist church. The finest of the three churches erected during this period is the red brick Swiss Mission Church, executed in the Arts & Crafts tradition. Contrary to the churches, the earliest workshop buildings were pre-fabricated, corrugated iron structures.

By 1918, all the leprosy patients in the Transvaal (area north of the Vaal-River) and the Orange Free State were transferred to Westfort. The institution then accommodated 892 patients. In 1931 the leprosy hospital on Robben Island was closed down as the island was then required for other uses and the patients were then all transferred to Westfort. The additional patients altered the numbers of patients which then were a total of 2000. Under the custodianship of the Department of Public Works, a number of substantial face brick buildings were erected. The most prominent buildings dating from this period are the kitchen complex, the theatre and the store. With other leprosy hospitals closing down, and patients being transferred to Westfort, more accommodation was needed, necessitating the construction of additional wards. As it was still believed that leprosy was a highly contagious disease, the original norm of construction isolated rooms was continued. A new architectural type was designed in the form of concrete roof rondavels – an attempt at making the black African patients from rural areas feel more at home.

Since 1931, as treatment for leprosy became more effective, the number of patients gradually decreased. Some patient and staff accommodation was built after 1931, including hostel accommodation for nurses.

Westfort was finally closed down in 1996. At the time the policy regarding the treatment of leprosy patients has changed as it was discovered that leprosy is not a contagious disease and that the best treatment for sufferers was to be found in their own community

6.2. Section 38(3) (b) An assessment of the significance of such resources in terms of the heritage assessment criteria in Section 6(2) or prescribed in Section 7.

According to the Burra Charter ‘cultural significance’ means ‘aesthetic, historic, scientific or social value for past, present or future generations’. Cultural significance is a concept which helps in estimating the value of places. These terms and their

meaning are not mutually exclusive, for example, architectural style has both historical and aesthetic aspects (Burra Charter, 1999).

The categorization into aesthetic, historic, scientific and social values is one approach to understanding the concept of cultural significance (Burra Charter, 1999). However, more precise categories may be used as understanding of a particular place may increase.

For the purposes of this report such categories are used in tandem with the criteria set out by the National Heritage Resources Act.

6.2.1. Significance criteria in terms of Section 3(3) of the National Heritage Resources Act.

	<i>Criteria</i>	<i>Significance</i>
1.	<p><i>The importance of the cultural heritage in the community or pattern of South Africa's history (Historic and political significance)</i></p> <p>The site is associated with the history of medical services by the South African Government in the history of South Africa. The site is associated with the history of Robben Island and the history of the fight against leprosy in South Africa.</p> <p>As the site is isolated from the principal town and later the city of Pretoria, the village and hospital are not closely related to the history of the city itself. It is a significant site in terms of the medical fraternity but not to the people of Pretoria.</p>	<p><i>Rating</i></p> <p><i>High</i></p>
2.	<p><i>Possession of uncommon, rare or endangered aspects of South Africa's natural or cultural heritage (Scientific significance).</i></p> <p>As the leprosy hospital has been closed since the end of the 1990s, the entire village has become redundant. No new leprosy hospital has since been built and no individual hospital has been identified for serving leprosy patients in particular since its closure, the Westfort hospital has become the last of its kind in the history of medical services in South Africa. This makes the hospital and current village 'rare' occurrences.</p>	<p><i>Rating</i></p> <p><i>High</i></p>
3.	<p><i>Potential to yield information that will contribute to an</i></p>	<p><i>Rating</i></p>

	<p><i>understanding of South Africa’s natural or cultural heritage (Research/scientific significance)</i></p> <p>The site, the village and the institution were established, designed and constructed to be a hospital but also a village that had the potential to be self-sufficient and to a high degree ‘sustainable’. As the village expanded, new precincts were added to the original core area but these were not added according to a master plan based on urban principles and logic but were done based on the assumption that the ill individuals had to be isolated from other patients, races, gender and other illnesses. This resulted in the creation of various precincts and clusters of different types of dwelling units without a common urban framework and spatial layout plan.</p>	<p><i>high</i></p>
4.	<p><i>Importance in demonstrating the principal characteristics of a particular class of South Africa’s natural or cultural places or objects (Scientific significance)</i></p> <p>The village was designed to be a hospital and not a normal residential village guided by the norms of socialization, a social structure based on and focusing on the family as core social unit. It was laid out according to the preferences and choices of the medical profession, the decisions of medical doctors, hospital superintendents at the time and not by urban planners and designers.</p>	<p><i>Rating</i></p> <p><i>high</i></p>
5.	<p><i>Importance in exhibiting particular aesthetic characteristics valued by a community or cultural group (Aesthetic significance)</i></p> <p>The only elements and manmade features considered to be of any aesthetic qualities are the individual buildings that were designed by architects and that have reflected the specifications of the architects and preferences of public architects.</p>	<p><i>Rating</i></p> <p><i>high</i></p>
6.	<p><i>Importance in demonstrating a high degree of creative or technical achievement at a particular period (Scientific significance)</i></p> <p>As the village represents various historical layers as reflected in the number and types of buildings of various building traditions and styles the village and its built fabric relates to different periods. It is this variety that is of significance in</p>	<p><i>Rating</i></p> <p><i>high</i></p>

	the assessment of the village but also the quality of a selected number of buildings that are still in tact that adds value to the architectural heritage inherent in the village.	
7.	<p><i>Strong or special association with a particular community or cultural group for social, cultural or spiritual reasons (Social significance)</i></p> <p>The hospital is not associated with the Pretoria city node or any of the urban communities in Pretoria. Westfort is and must be evaluated according to the significance it had and may still have for those individuals who worked and lived in the village. However, these groups or families have not been identified and this significance could not be determined.</p>	<p>Rating</p> <p><i>medium</i></p>
8.	<p><i>Strong or special association with the life and work of a person, group or organization of importance in the history of South Africa (Historic significance)</i></p> <p>The site and its history must have a special significance to the medical staff and former superintendents who established and managed the hospital over the years.</p>	<p>Rating</p> <p><i>medium</i></p>
9.	<p><i>The significance of the site relating to the history of slavery in South Africa.</i></p> <p>Neither the site nor any of the buildings have any association with the history of slavery in South Africa.</p>	<p>Rating</p>

6.2.2. Significance criteria in terms of historical, artefactual and spatial significance.

As the criteria set out in the National Heritage Resources Act tend to approach heritage from the level of 'national' significance and few heritage sites and features fall within this category, a second set of criteria are used to determine the regional and local significance of heritage sites. Three sub-categories are used to determine this significance:

- (a) Historical significance – this category determines the social context in which a heritage site and resource need to be assessed. These criteria focus on the history of the 'place' in terms of its significance in time and the role they played in a particular community (human context).

- (b) Architectural significance – The objective of this set of criteria is to assess the artefactual significance of the heritage resource, its physical condition and meaning as an ‘object’.
- (c) Spatial significance – focuses on the physical context in which the object and place exists and how it contributed to the landscape, the region, the precinct and neighbourhood.

Historical significance

As the criteria set out in the National Heritage Resources Act tend to approach heritage from the level of ‘national’ significance and few heritage sites and features fall within this category, a second set of criteria are used to determine the regional and local significance of heritage sites. Three sub-categories are used to determine this significance:

- (d) Historical significance – this category determines the social context in which a heritage site and resource need to be assessed. These criteria focus on the history of the ‘place’ in terms of its significance in time and the role they played in a particular community (human context).
- (e) Architectural significance – The objective of this set of criteria is to assess the artefactual significance of the heritage resource, its physical condition and meaning as an ‘object’.
- (f) Spatial significance – focuses on the context in which the object and place exists and contributed to the landscape, the region and neighbourhood.

	<i>Criteria</i>	<i>Significance</i>
1.	<p><i>Is the site or building associated with a historical person or group?</i></p> <p>None of the patients who stayed in the hospital have become significant individuals in the history of South Africa.</p> <p>The only persons that became significant in any way are the superintendents and senior medical staff who established the institution and managed it during its entire existence.</p>	<p><i>Rating</i></p> <p><i>Low</i></p> <p><i>Low</i></p>
2.	<p><i>Is the site or building associated with a historical event?</i></p> <p>The site is not associated with one outstanding historical event but its establishment can be considered as an event of historical significance. Each phase during its development and history of expansion can be considered as an ‘event’ and the addition of another layer to the history of the site. It has also become significant due to the fact that it replaced the Robben Island hospital where leprosy patients were first</p>	<p><i>Rating</i></p> <p><i>medium</i></p>

	treated.	
3.	<p><i>Is the site or building associated with a religious, economic social or political or educational activity?</i></p> <p>The institution was established as a hospital. The fact that it was established for the protection of and serving patients with leprosy made it even more significant in history. This was a government funded institution and the village not only served as a hospital but had to function as a semi-residential settlement for medium and long term patients who could not be allowed to go back into the community.</p> <p>For this reason the village contained other related social and religious activities resulting in the creation of schools and churches of different denominations.</p>	<p><i>Rating</i></p> <p><i>High</i></p>
4.	<p><i>Is the site or building of archaeological significance?</i></p> <p>The site was not investigated to identify sites relating to the Stone Age or the Iron Age.</p> <p>However, according to the National Heritage Resources Act, if a site, building or manmade structure is older than 100 years it is considered a ‘site’ or ‘place’ of archaeological significance. On this site some of the buildings are older than 100 years and is protected by this subsection of the Heritage legislation.</p> <p>The individual headstones of the various graves in the cemetery have not been investigated and dated and the entire cemetery is considered a site of archaeological significance.</p>	<p><i>Rating</i></p> <p><i>Low</i></p> <p><i>High</i></p> <p><i>High</i></p>
5.	<p><i>Are any of the buildings or structures on the site older than 60 years?</i></p> <p>Not all of the buildings have been investigated to determine their age and complete maps indicating the various phases of the hospital’s development have not been drafted. Some buildings can be dated based on their architectural vocabulary and where possible this was done for report purposes.</p>	<p><i>Rating</i></p> <p><i>High</i></p>

Architectural significance (artefactual significance)

	<i>Criteria</i>	<i>Significance</i>
1.	<p><i>Are any of the buildings or structures an important example of a building type?</i></p> <p>None of the buildings on the site were investigated in detail but various building types were erected during the existence of the hospital.</p> <p>The churches are special buildings- especially the octagonal red brick church at the entrance.</p> <p>Various dwellings types were erected for staff: some plastered brick and others constructed with face bricks.</p> <p>The presence of isolated examples of corrugated iron buildings is significant.</p> <p>One of the exceptional building types applied at the hospital was the concrete roof rondavel. This was a unique solution and application to the rondavel concept. It is probably the only place where this rondavel was used as part of official policy for housing by the Department of Public Works.</p>	<p><i>Rating</i></p> <p><i>High</i></p> <p><i>High</i></p> <p><i>Medium</i></p> <p><i>Medium</i></p>
2.	<p><i>Do any of the buildings outstanding examples of a particular style or period.</i></p> <p>As the hospital was originally established at the end of the 19th century various styles of architecture occur on the site. Due to the presence of S.W. Wierda as chief architect at the Department of Public Works prior to the Anglo Boer War (1899-1904), the oldest buildings designed by Public Works were designed in the typical red brick vernacular of the period – also common in Pretoria at the time. These buildings may be associated with the Victorian style but they rather reflect a strong Dutch character. The buildings erected after the Anglo Boer War (1905 to 1920) reflect a strong presence of the Edwardian style and also highlights the impact of the Arts & Crafts Movement on local architecture.</p>	<p><i>Rating</i></p> <p><i>High</i></p> <p><i>High</i></p>
3.	<p><i>Do any of the buildings contain fine architectural details and reflect exceptional craftsmanship?</i></p>	<p><i>Rating</i></p>

	<p>As few buildings were investigated individually, it remains difficult to determine which buildings are outstanding examples of their style and whether any of the buildings reflect exceptional craftsmanship.</p> <p>The use of stonemasonry as foundations and plinths is quite common while the use of face bricks and unplastered brick masonry are also common and seem to represent the general architectural vocabulary in the village.</p>	High
4.	<p><i>Are any of the buildings an example of an industrial, engineering or technological development.</i></p> <p>None of the buildings reflect outstanding engineering development except for the large octagonal church along the main street.</p>	<p>Rating</p> <p>High</p>
5.	<p><i>What is the state of the architectural and structural integrity of the building?</i></p> <p>The architectural integrity of most of the buildings has suffered serious damage since the hospital closed in 1996. However due to the strict specifications to building materials and techniques by the Department of Public Works. The buildings have not disintegrated completely and the original intent of the design can still be enjoyed if and when restored and renovated for new uses. All the buildings still need to be investigated individually to determine the full and complete condition of their architectural integrity.</p> <p>The structural integrity of most of the buildings are fair as the bulk of the buildings have been designed and constructed according to the strict specifications of the Department of Public Works and have withstood the attempts of individuals to demolish them quite well. However, some of the buildings were constructed with timber frames and clad with corrugated iron that was never properly maintained and have become rusty and dilapidated to the point where they are no longer safe for habitation.</p>	<p>Rating</p> <p>Medium and low</p> <p>fair</p>
6.	<p><i>Is the building's current and future use in sympathy with its original use (for which the building was designed)?</i></p> <p>None of the buildings have retained their original function determined by its original intent of the design. Since the hospital has closed down all the buildings became redundant</p>	<p>Rating</p> <p>High risk</p>

	and have become a welcome ‘resource’ to who-ever was looking for free accommodation. The buildings are mostly used as residences with the exception of some which are used as small crèches for small children and other uses such as cash shops, hairdressing saloons and various other related uses.	
7.	<p><i>Were the alterations done in sympathy with the original design.</i></p> <p>Each building needs to be investigated in detail to determine the extent and quality of the alterations done during the lifetime of such a building. This was not done during this investigation.</p>	<p><i>Rating</i></p> <p><i>Not determined</i></p>
8.	<p><i>Were the additions and extensions done in sympathy with the original design?</i></p> <p>Each building needs to be investigated in detail to determine the extent and quality of the extensions done during the lifetime of such a building. This was not done during this investigation.</p>	<p><i>Rating</i></p> <p><i>Not determined</i></p>
9.	<p><i>Are any of the buildings or structures the work of a major architect, engineer or builder?</i></p> <p>As the hospital was a government facility the buildings were designed by the Department of Public Works and they had to comply with the specifications of both the Departments of Health and those of Public Works. For this reason it remains difficult to determine who the individual architects for individual buildings were, but the name of S.W. Wierda is associated with the designing of the oldest buildings dating to prior to the Anglo Boer War (1999-2004). Even if he did not design the buildings, he remained chief architect who was responsible for the design of the buildings within the offices of the Department of Public Works.</p>	<p><i>Rating</i></p> <p><i>High</i></p>

Spatial significance

Even though each building needs to be evaluated as single artifact the site still needs to be evaluated in terms of its significance in its geographic area, city, town, village, neighborhood or precinct. This set of criteria determines the spatial significance of individual buildings or manmade features in terms of their location, setting and urban context.

	<i>Criteria</i>	<i>Significance</i>
1.	<p><i>Can the building or structure be considered a landmark in the town or city?</i></p> <p>The village cannot be assessed as part of the urban fabric of Pretoria or any of the surrounding suburbs as it was an isolated village that was designed to be isolated and to function as a detached village and medical facility away from the nearest urban nodes and other human settlements.</p> <p>None of the buildings can be considered landmarks in terms of the city of Pretoria. However, some (the church The main administration building) are significant landmarks when evaluated in the context of the Westfort hospital village</p>	<p>Rating</p> <p>Low</p> <p>High</p>
2.	<p><i>Do any of the buildings contribute to the character of the neighbourhood?</i></p> <p>The village was never part of a traditional urban context or the urban fabric of Pretoria. Over the entire existence of the hospital it developed from a core into several precincts, each with its own ‘neighbourhood’ characteristics. In this way several ‘neighbourhoods’ or precincts developed, each with its own social character, architectural fabric and aesthetic appeal.</p>	<p>Rating</p> <p>High</p>
3.	<p><i>Do any of the buildings contribute to the character of the square or streetscape?</i></p> <p>The village was not designed around a central square or with any formal ‘squares’ as implied and understood in the traditional urban sense. The entire village was designed and the layout planned with several ‘open spaces’ that served as buffer zones and public open spaces between the various precincts.</p>	<p>Rating</p> <p>High</p>

	Not all of the buildings were oriented towards a street and seem to ‘float’ but in most instances the buildings relate to the streets and streetscapes adding significant value to the streetscapes and in particular the main arterial routes.	High
4.	<i>Do any of the buildings form part of an important group of buildings?</i> In this context each building played a significant role in the functioning and sustainability of the village. However in many places a single building type was duplicated in the same way a compound is designed reinforcing the concept and perception of a compound.	Rating High Medium

6.3. Section 38(3) (c) An assessment of the impact of the development on such heritage resources.

No plans of the proposed development or any Site Development Plans (SDPs) for any particular portion of the site have been submitted to the heritage specialist. No plans have been investigated or perused for the purposes of determining the impact of the proposed development on the heritage resources.

6.4. Section 38(3) (d) An evaluation of the impact of the development on heritage resources relative to the sustainable economic benefits to be derived from the development.

As the future of the village and any of the buildings is unknown it is not possible to determine what the impact on heritage resources by the development will be. However, as the village is in dire need of upgrading any development will have a positive monetary impact on the village. This does not guarantee a positive outcome for ‘heritage’ and any of the heritage buildings.

6.5. Section 38(3) (e) The results of consultation with the communities affected by the proposed development and other interested parties regarding the impact of the development on heritage resources.

This heritage survey excluded a public participation process and now interviews were held with any residents in the area or any heritage conservation organizations. This can only be done after a design proposal has been drafted.

6.6. Section 38(3)(f) If heritage resources will be adversely affected by the proposed development the consideration of alternatives.

As no design proposals have been assessed by the heritage specialist no alternatives could be discussed.

6.7. Section 38(3)(g) ..plans for mitigation of any adverse effects during and after the completion of the proposed development.

As no design proposals have been assessed by the heritage specialist no mitigation measures could be discussed or debated.

7. RECOMMENDATIONS

As the buildings were not individually investigated and evaluated in terms of the criteria set out by the National Heritage Resources Act and to retain some of the coherency of the village three zone-types (of significance) were identified. The legend determines the proposed actions involved in future development:

Category	Description	Development implications for project	Developer Actions		
			Architectural Assessment	Historical Assessment	Heritage impact Assessment (HIA)
Can be demolished	These are the sites of the least significance. Most of them are open spaces that range from areas covered with grass, parking areas for vehicles to car wash facilities and 2 nd hand car display areas	Open spaces available adjacent to built sites and can be developed	No	Yes	Depends on the type and size of the proposed development. Development larger than 5 000 m ² needs an HIA
	These sites contain buildings of no architectural significance and/or open sites with isolated structures that do not make any contribution to the significance of the site	May be easier to get permission for demolition	Yes	Yes	Depends on the type and size of the proposed development. Development larger than 5 000 m ² needs an HIA
Alter and re-use	The bulk of the sites on the periphery of the survey area fall within this category. The buildings are not older than 60 years	Sites and built fabric must be reassessed to determine exact age of the building, the structural integrity and utilisation potential. This category contains buildings younger than 60 years but some may be of architectural or historical significance	Yes	Yes	Depends on the type and size of development. Development larger than 5 000 m ² needs an HIA
Retain and re-use	This category contains buildings older than 60 years but not necessarily proclaimed Provincial Heritage Sites. They may have some architectural significance	As these sites contain buildings older than 60 years they have to be reassessed according to 60-year clause of the NHRA. Reports need to be submitted to the Provincial Heritage Resources Agency (PHRA) with site development plans, proposed alterations	Obligation under the NHRA (60 years clause)	Obligation under the NHRA (60 years clause)	Depends on the type and size of the proposed development. Development larger than 5 000 m ² needs an HIA. If smaller than 5 000 m ² , report must be submitted to PHRA according to section 34 of NHRA
Retain and protect	Sites and buildings protected by the NHRA because of their age (older than 60 years) or proclamation as National or Provincial Heritage Sites	All the obligations of the NHRA regarding buildings older than 60 years and those proclaimed (published in the Government Gazette) as Heritage Sites	Obligations under the NHRA	Obligations under the NHRA	Depends on the type and size of the proposed development. Development larger than 5 000 m ² needs an HIA. If smaller than 5 000 m ² , report must be submitted to PHRA according to section 34 of NHRA

Figure 2. Legend to determine the most sensitive zones and indicating the actions and responsibilities of the developer in terms of planning and designing with and around heritage features (Diagram: M. Naude)

Some exceptions to the text in the legend occur:

- (a) The buildings in the yellow zone grading may be older than 60 years and it is indicated that individual buildings need to be re-assessed to determine their significance.

- (b) Buildings and structures that occur in the green zone grading may be younger or older than 60 years and they must be re-assessed individually to determine their significance.
- (c) The location of cemeteries and individual or clusters of graves have not been indicated on any of the maps and they must be evaluated in detail prior to drafting any development plans and spatial frameworks.

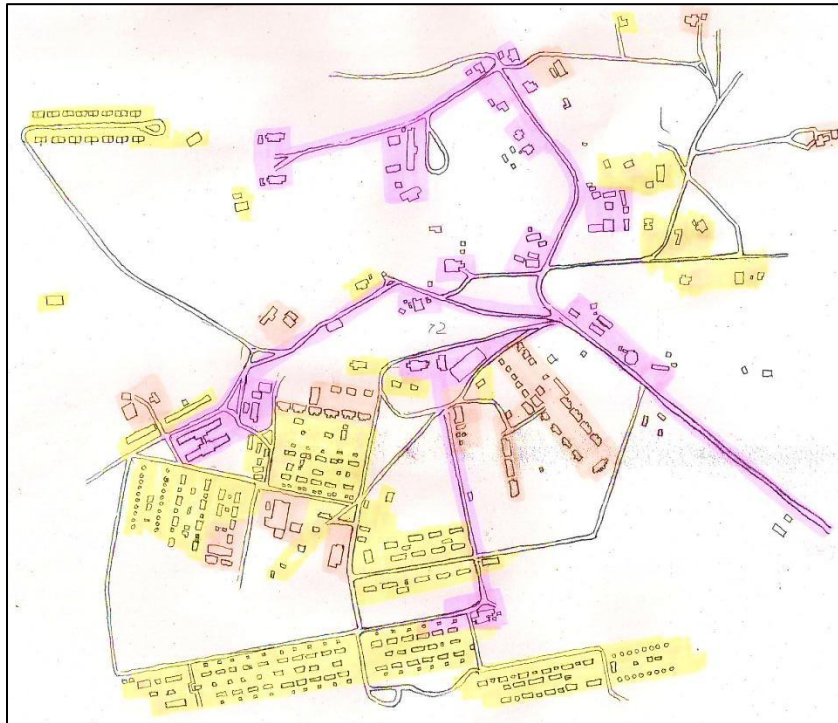


Figure 3. Map of Westfort hospital site with footprints of buildings and proposed sensitivity zoning (Drawing: M. Naude 2012)

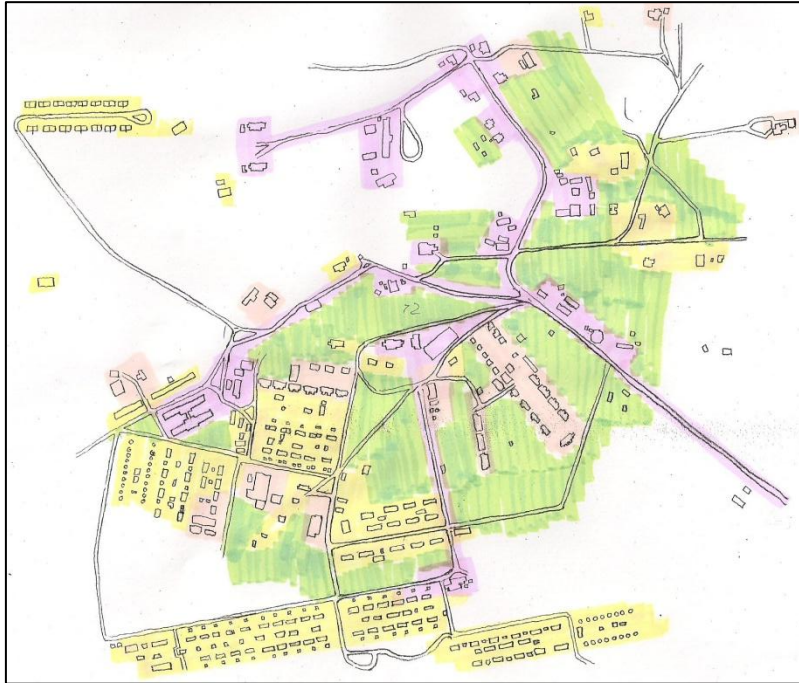


Figure 4. Map of Westfort village with additional green zoning (Map: M.Naude 2012)

- The principle regarding designing a site development plan that includes heritage elements and features is that the 'heritage must inform the design' and not the other way round. In this case the design is still unknown and in order to design a new facility while also re-use the existing built fabric would be best addressed in a workshop situation.
- The entire village should be 'ring-fenced' prior to designing and developing around the village.
- The protection of the built fabric seems to be guaranteed (in the short term) while all the buildings are inhabited. Even though the current state of affairs is not the preferred option for conservation or re-use, it remains a 'high-risk-low-risk' option to secure the existence of the buildings. This should be sustained while proper planning is in process.

The site:

- A core section of the village be proclaimed a 'Conservation Area'.
- A conservation management plan must be drafted for the village. The conservation management plan must include (a) a heritage assessment of the site and institution according to the criteria of the National Heritage Resources Act; (b) a statement of significance of the site; (c) a documents stating the 'Obligations of the significance' that must guide the approach to the protection and

- management of the site; (d) a 'Conservation Management Policy' framework and (e) 'Rehabilitation Guidelines' for each building which will be retained and re-used.
- The village must be managed according to a zoning scheme which is based on the cultural significance of individual areas and clusters of places of significance (see color zoning maps).
 - General density per square meter may be altered in the case of new work and infill.

Infra structural elements;

- The main arterial route into the village and serving the core section of the village must be retained, upgraded and used as the main arterial for the re-use and development of the village.
- The other historical secondary roads may serve as connecting lines and may either be used or altered according to the needs of the development.

Buildings:

- All buildings in the village must be recorded prior to drafting any design proposals and prior to any demolitions or development of any kind. Recording implies that all the buildings must be (a) recorded photographically; (b) measured drawings be drafted of the floor plans, elevations and elements of each building and (c) these recordings be compiled into a report accompanied with descriptions of the buildings in standard architectural vocabulary.
- Of exceptional significance are the three red brick buildings at the most eastern entrance into the village (in the core section of the village: old church, main building and small dwelling). They must be retained and restored.
- The village also contains several clusters of buildings which seem to share the same floor plans and elevations. This aspect needs to be investigated in detail. Structural and architectural integrity of each building will determine whether it will be retained and re-used.

Activity areas:

- One of the key components of the village is the presence of cemeteries. They must be retained and not relocated.
- Other open spaces between buildings may be used for 'new work' in order to make the village functional and economically viable.
- Plans of 'infill and 'new work' must be submitted to the heritage specialist in order to assess the impact of these designs on the heritage site in general and the individual buildings in particular.
- Plans for the appropriate memorialization of cemeteries and any other grave sites must be submitted to the heritage specialist for assessment.
- Cemeteries must be made visitor friendly and accessible to the public and anyone associated with the deceased.

Planted vegetation: the most significant vegetation in the village is the planted vegetation.

8. REFERENCES

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National Monuments Council File on Westfort, 9/2/258/59

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