

Heritage Impact Assessment of the new Administrative Block, Town Hill Hospital, Pietermaritzburg



archaic consulting

architecture: research: conservation: anthropology: impacts consulting

debbie whelan
po box 21834
mayors walk
3208

tel: 033 3442522
fax: 033 3443122
cell: 083236 0410
email: debbie@archaic.co.za

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View of the main building of Town Hill Hospital (Alfred Singleton, 1880)

1. Introduction

Together with Len van Schalkwyk of eThembeni Cultural Heritage, Debbie Whelan of Archaic Consulting was requested by officers of the KwaZulu-Natal Department of Health to compile a document assessing the impact that the new Administrative Block constructed below the original building of Town Hill Hospital, would have on the old building and the site in general. This is a substantial complex of small, disconnected structures, situated on an open area of land previously used as amenity and recreation by residents of Town Hill Hospital.

It must be stated at the outset that whilst earlier correspondence with Ms. Annie van Deventer¹ regarding the requirements for a heritage impact assessment refers, the buildings at the time of finalising the report (July 2018), are close to completion.

2. Methodology and statement of expertise

Debbie Whelan visited the site on the 12 July 2018, and carried out a visual assessment in addition to taking photographs. Whilst the quality of the new construction is problematic, the nature of the problem with respect to heritage impact lies in the proximity of siting of the new construction.

Both Debbie Whelan and Len van Schalkwyk have significant experience in assessing social, architectural and cultural heritage in KwaZulu-Natal.

3. General history of the site

The need for a Mental Institution in Pietermaritzburg was realized early in the history of the city. In 1855, the Mayor decreed that a plot of 'Townlands' land, 50 acres in extent, be given over to the formation of a Public Lunatic Asylum. Only in 1873 was the land transferred, and in 1877 work commenced with the first patients being admitted in 1880. Prior to this, the mental patients were kept in a ward up on the Church Square, and temporarily moved to accommodation in Longmarket Street. This first building, which currently forms the Administration Block, was designed by Alfred Singleton, Colonial Works Architect. However, for many years after this, there were continuous additions and extensions, and the main complex was only fully completed in 1904.

A strong personality in the forming of the hospital was Dr Hyslop, who had a variety of means, both humane and inhumane, for dealing with the patients. He also, to his credit, managed a large scale tree planting project on the site, and many of the trees that still exist are testimony to his arboreal dedication.

In 1910, there was a need expressed to be able to accommodate private patients, and then application was made to purchase the adjoining lands Northern Park (currently lot 502) a piece of land which was then known as a portion of Townlands (Lot 631) and this was added to the already previously acquired Kingsbury, belonging to the Symons family, originally leased for a number of years and eventually bought for some £75 000.00.

Records show that Lots 224, 247 and 248 were owned by the notorious transport rider, 'Wild Bill' Leathern. Here, he had a house named Sandringham, accessed off Town Bush Road. His neighbour, the estate of CJ Harmsworth, was a farm named Dulwich comprising lots 245 and 258. Across a small road, on today's plan as Lot 650, was the property of Mary Bailey, and then subsequently CE English on Lot 476.

These lands were eventually incorporated into the Town Hill complex, and prior to World War II buildings of an agricultural nature constructed, - the complex currently forming the Police Mounted Unit accommodation. The hospital had always had a working farm and was largely self-sufficient, a piggery was constructed, cows produced milk, and a large citrus orchard bore

¹ See Amafa correspondence 04 August 2017, pp 13-14 below.

some fruit. This farm was run by a manager who used to stay up beyond the North Park Block. This operation ceased to exist around 25 years ago, partly because the nature of the inmates at the hospital is more ephemeral than it has ever been, and continuity with agricultural projects becomes problematic.

Brian Kearney notes that the main building was the first to benefit from roof tiles produced by the Wade and Cherry Tile Press, apparently as urged by Singleton for purchase in 1877 (Kearney 1973: 70). The buildings were declared National Monuments in October 1989.

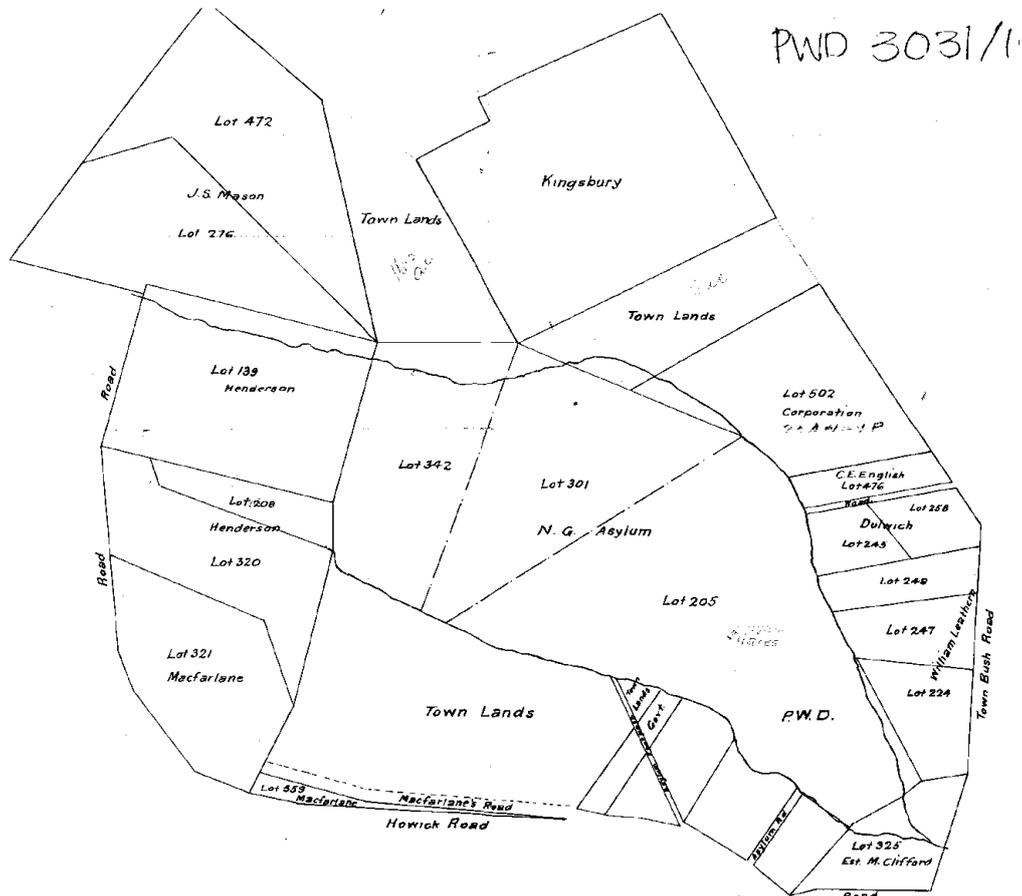


Fig 1: Survey diagram of properties of the Town Hill Hospital (PWD 3031/1910)

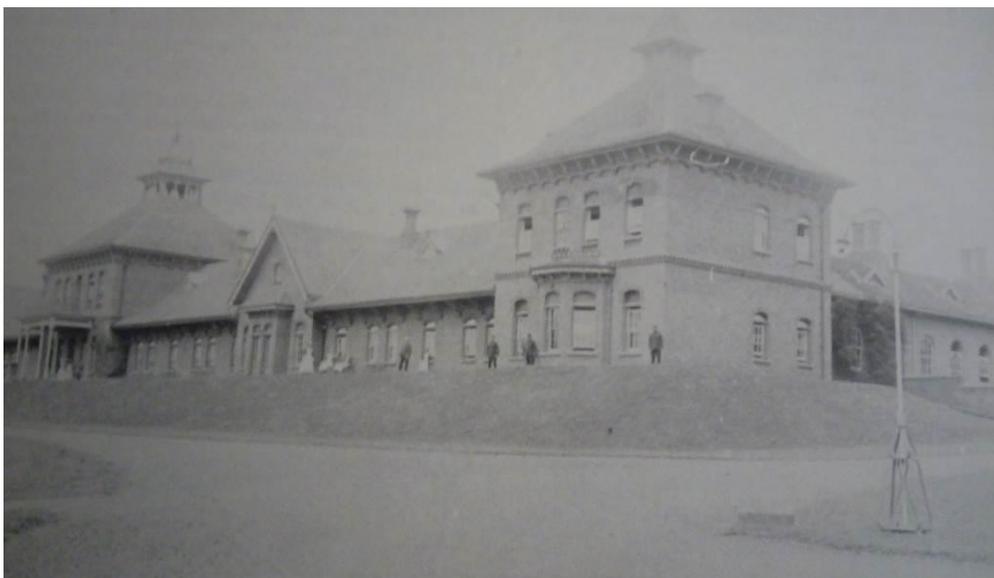


Fig 2: Early image of Town Hill Hospital (Laband and Haswell, 1988:139)

4. Assessment of the new Administrative Block



Fig 3: Image showing the layout of the site and the impact of the new administration block to the east

The original Town Hill Hospital building is a substantial, axial structure constructed of red brick. It has a central, prominent entrance on the main axis which is reinforced by a staircase edged with iron balustrades, and an entrance portico of four cast iron columns which support a balcony accessed from the first floor. The roof is pitched along the north/south axis, with chimneys and ventilators. Interstitial projections break what is a long elevation, terminated by pavilions which to large degree, emulate the central entrance pavilion. The building is firmly positioned on a north-south axis, with the site falling away to the east. Below the building is an open parking, which in the past led onto amenities such as fields, tennis courts and a putt-putt course. It is on this part of the site that the new complex has been constructed.



Fig 4: Singleton's original building (elevated) and the open car parking area on the terrace below.

The eastern edge of the parking terrace has been delineated with a considered band of mature planting. This reinforces the axially of the old Singleton building. Whilst the planting itself is largely desultory, it does provide a framework for mitigatory design.



Fig 5: The elevated main building to the right, showing the scale of the parking terrace which falls down to the next level to the left, on which the new administration complex is currently being constructed.



Fig 6: Showing the planted curve with the main building in the background

Fig 7: Pink arch showing the line of the extant planting to the east of the Singleton building.



Fig 8: The parking terrace with the site falling to the east. Note extant barrier of planting

The previous series of images positions the original Hospital building as axial, and also with a very strong east – west axis set up by the main entrance and the ballroom at the rear. This axis is carried through the car park, and reinforced by the curved planting. Whilst the main building is articulated in its mass, it reads as a solid element which edges the site in a powerful manner. Significantly, the siting and massing of the building establishes a powerful hierarchy which should be respected, and reflected in any good additional design project.



Fig 9: Incoherent roofscapes on the new buildings create an inarticulate series of external spaces which do not respect the powerful hierarchies set up by the main building

The new buildings are of light gauge steel construction, which is then clad. They are architecturally insignificant, of small scale and of impermanent construction. Rather than respect the axially of the site, and the symmetry set up by the massing of the original building, they are a cacophony of roofscapes.



Fig 10: General view of architectural quality and material decisions



Fig 11: View of the new administration block beyond the planted edging



Fig 12: View showing irrational layout which does not address ideas of symmetry and order set up by the main building, nor hint at any quality of space in the completed project



Fig 13: View of the new complex from the south west, showing the inarticulate series of roofscapes and incoherent layout of buildings.



Fig 14: View of the putt-putt course and the tennis court, previously amenities for residents at the Hospital

Summary: The new Administration Complex is an inarticulate and random collection of buildings, constructed out of inappropriate materials which have no respect or resonance with the original Town Hill Hospital building designed by Alfred Singleton in the late 19th century. Further, this complex does not respect the strong design principles informed by both the siting and the extant building – one of a strong symmetry and formal axiality following the eastern slope allowing for a view across the city. It is a poor, short term and ill-considered resolution to a problem that could well have been much more appropriate, cogently and aesthetically approached.

Correct procedural process of application may well have resulted in a much more satisfactory result, given the consequent and appropriate input from experts in the heritage field.

5. Recommendations and mitigation

The provisions in the KwaZulu-Natal Provincial Heritage Act no 4 of 2008 allow for demolition of structures which have not followed due process and which negatively impact on the heritage value of buildings or their precincts. This is a worst-case scenario.

However, it is also possible that whilst the impact of the new complex may not be limited from an elevated position, viz the first floor of the old Town Hill Hospital building, it may well be mitigated to some degree, at ground floor and parking level, allowing for the siting and massing of the original building to be appreciated in its space.

This can be achieved in a number of ways:

1. Through a denser planting of quick growing, indigenous vegetation (such as *Freylinia* sp) following the original curved planting line as currently described together with a formal architectural element which reflects the symmetry and axially of the main building and its position on the site.
2. Through the construction of a well-designed face-brick wall which not only respects the material components of the original building, but also allows for a dense screening of the new complex from the lower areas of the old building, and the car park. This brick wall should also respect the symmetry and axially of the main building.
3. A programme of planting of the new administrative precinct which allows for screening and fragmentation of the mass of the individual buildings.
4. A series of experiments around cladding materials / paint colours, which allows the buildings in the new complex to 'disappear' – ie minimized in the landscape.

Further, it is vital that a large scale heritage impact assessment be carried out across the entire Town Hill Hospital precinct, in order to inform developers with regards to areas of sensitivity and areas for potential development in order to avoid a repetition of the ill-conceived and inappropriate development currently under discussion.

6. References:

- Archaic Consulting. 2007. *Architectural Impact Assessment for the buildings on lots 224, 245, 248, 247, 258, 476 and 502 Rem of Townlands of Pietermaritzburg, currently forming part of the Midlands-Townhill Hospital Complex*. Report prepared for Osmond Lange Architects.
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- Hathorn, P. 1972. *Henderson Heritage: being a record of some episodes in the life of Joseph Henderson, the founder of a family in Natal and of his wife and their children*. Pietermaritzburg: Hathorn & Young
- Kearney, B. 1973. *Architecture in Natal from 1824 to 1893*. Cape Town: AAA Balkema
- Laband, J and Haswell, R. 1988. *Pietermaritzburg 1838-1988*: Pietermaritzburg: Shuter and Shooter.
- Brochure: Town Hill Hospital 1880-1986, compiled by the Friends of Town Hill Hospital

Provincial Archives Repository

PWD 3031/1910
PWD 4449/1905
SGO III/1/152: SG1242/1902
PWD 2/10- 1295/1895



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**195 Langalibalele Street
Pietermaritzburg 3201
P.O. Box 2685
Pietermaritzburg
3200
Tel: (033) 394 6543
Fax: (033) 394 6552
email: amafaddps@amafapmb.co.za
website: www.heritagekzn.co.za**

**TO: TIA KATSIKOYIANNIS
 DEPARTMENT OF HEALTH**

**FROM: ANNIE RADFORD
 DEPUTY DIRECTOR-RESEARCH, COMPLAINEE &
 PROFESSIONAL SERVICES**

SUBJECT: TOWN HILL HOSPITAL

DATE: 4 AUGUST 2017

Dear Tia,

Previous communication with regards to this matter refer.

I can confirm that Amafa will not at present pursue the alleged non-compliance to heritage legislation on the following conditions:

- A Heritage Impact Assessment is submitted to Amafa.
- This Assessment must be done by a registered practitioner and must:
 - a) Identify any heritage resources that might have been impacted on by the development
 - b) Assess what the significance of these researches was/is
 - c) Consult the complainants as part of a larger public participation process
 - d) Suggest remedial action to offset any damage done by the development.
- Form I – Rectification of Unlawful Work – must also be completed, no fee is applicable to Government Departments.
- A Section 38 application is to be made because the site is over 5000m². These applications must be loaded to the SAHRIS system – go to www.sahra.org.za.

- All the above-mentioned documents must be uploaded as part of the application.
- Amafa will peruse the Assessment and inform you of what remedial action you will be required to complete.

The development can continue while this process is taking place, on condition that no further impact is made on any heritage resources.

Yours sincerely,



Annie van de Venter Radford