

Heritage Impact Assessment of the Nessie Knight Hospital near Qumbu, Eastern Cape



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Contents of Report:

A.	Introduction	3
B.	Legislative framework	3
C.	Methodology	5
D.	Executive summary	6
E.	Proposed Development options	7
F.	Nessie Knight Hospital, Sulenkama	8
F.1	Main Ward building	10
F.2	Electrical Substation - Building no 2	12
F.3	Hospital building - Building no 3	13
F.4	Later hospital extensions - Building no 4	13
F.5	Building 5 - Old rondawel	15
F.6	Building 6 – Mud brick building	15
F.7	Building 7 – Mono-pitch structure	16
F.8	Building 8 – New hospital building	17
F.9	Building 9 - The old dispensary	18
F.10	Building 10 - Old industrial building	17
F.11	Building 11 – Workshop and associated accommodation	20
F.12	Building 12 - Building behind workshop	21
F.13	Building 13 – Mud brick rondawel II	21
F.14	Building 14 – Hospital Building ca 1946	22
F.15	Building 15 - Hospital Building	23
F.16	Building 16 – Old mission building	23
F.17	Building 17 – Old mission cottage	24
F.18	Building 18 - Accommodation block adjacent to workshop	26
F.19	Old Nurses Quarters	26
F.20	Old Mission House	28
F.21	Comments about landscape and cultural landscape	29
F.22	Impact significance and final recommendations	30
G.	References	32
H.	Curriculum vitae of Dr. D Whelan of Archaic Consulting	32
I.	Guidelines suggested in the Burra Charter (1988)	35

All buildings over the age of 60 years are automatically protected by legislation. In terms of the National Heritage Act no 25 of 1999, provision for the automatic protection of buildings over the age of 60 years is made in clause 34.1 which stipulates that '*No person may alter or demolish any structure or part of a structure which is older than 60 years without a permit issued by the relevant provincial heritage resources authority.*' Application for demolition or alteration of these structures would have to be directed to the Provincial Heritage Resources Agency for the Eastern Cape, at the Department of Sport, Recreation, Arts and Culture in King Williamstown.

Please note also that whilst this heritage report has certain recommendations, they may or may not be upheld by the adjudicators in the appropriate Heritage Authority, when it comes to assessment. This is part of the process, and once that first level of adjudication has been completed, then the appropriate steps for a second phase can be assessed. Much can be achieved / mitigated in the design process, given correct briefing by the client and sufficient dexterity by the architects involved.

A. Introduction

Debbie Whelan of Archaic Consulting, Historic Built Environment Specialists, was requested to inspect the Nessie Knight Hospital at Sulenkama in the Eastern Cape. This involved the up-skilling of student Sihle Memela employed as an in-service architectural trainee at Archipod cc, the Business Unit of the Department of Architecture at the Durban University of Technology. The reason for this project is the extension of this rural hospital in order to be able to cater for larger marginalised communities in rural areas in the northern and central sections of the Eastern Cape Province. This involves the necessary demolition of structures, and the impact of these, and their mitigation, has to be assessed.

Sulenkama is an historic Church of Scotland Mission Station situated west of the town of Qumbu.

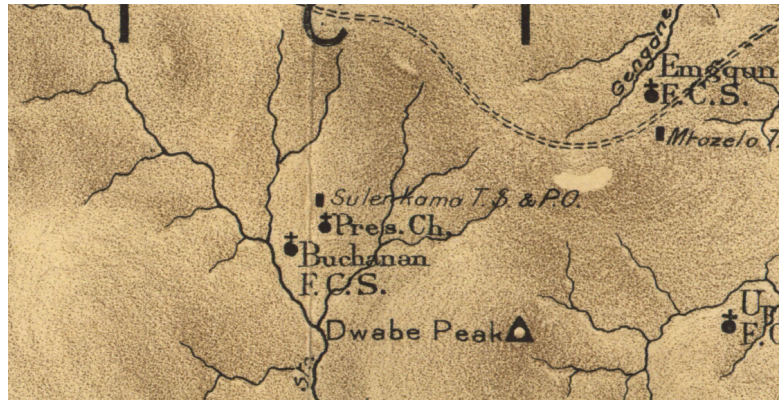


Fig 1: Map ca 1905 showing the position of Sulenkama trading store and post office. The Nessie Knight Hospital was established some time after.

B. Legislative framework

Large sections of the existing Nessie Knight hospital precinct and its attendant infrastructure are heritage resources defined and protected in terms of the National Heritage Resources Act, Act No. 25 of 1999. These places have heritage significance in terms of them being the physical manifestations of a history of missionary endeavour and medical services provision in the wider Eastern Cape historio-cultural landscape.

The Sections of the aforementioned Act pertinent to this Heritage Impact Assessment Report are CHAPTER II - PROTECTION AND MANAGEMENT OF HERITAGE RESOURCES – Section 34 (Structures), Section 35 (Archaeology *et al*) and Section 38 (Heritage resources management).

This hospital precinct comprise structures older than 60 years (Protection in terms of Section 34) and both precincts are older than 100 years. Consequently they are defined as archaeological sites and are afforded protection in terms of Section 36. This report is thus in compliance with Section 38, below, pertinent points in bold:

Heritage resources management

38. (1) Subject to the provisions of subsections (7), (8) and (9), any person who intends to undertake a development categorised as—

(a) the construction of a road, wall, powerline, pipeline, canal or other similar form of linear development or barrier exceeding 300 m in length;

(b) the construction of a bridge or similar structure exceeding 50 m in length;

(c) any development or other activity which will change the character of a site—

(i) **exceeding 5 000 m² in extent; or**

(ii) **involving three or more existing erven** or subdivisions thereof; or

(iii) involving three or more erven or divisions thereof which have been consolidated within the past five years; or

(iv) the costs of which will exceed a sum set in terms of regulations by SAHRA or a provincial heritage resources authority;

(d) the re-zoning of a site exceeding 10 000 m² in extent; or

(e) any other category of development provided for in regulations by SAHRA or a provincial heritage resources authority, **must at the very earliest stages of initiating such a development, notify the responsible heritage resources authority and furnish it with details regarding the location, nature and extent of the proposed development.**

(2) The responsible heritage resources authority must, within 14 days of receipt of a notification in terms of subsection (1) decide—

(a) **if there is reason to believe that heritage resources will be affected by such development, notify the person who intends to undertake the development to submit an impact assessment report. Such report must be compiled at the cost of the person proposing the development, by a person or persons approved by the responsible heritage resources authority with relevant qualifications and experience and professional standing in heritage resources management; or**
(b) notify the person concerned that this section does not apply.

(3) The responsible heritage resources authority must **specify the information to be provided in a report** required in terms of subsection (2)(a): Provided that the following must be included:

(a) **The identification and mapping of all heritage resources in the area affected;**

(b) **an assessment of the significance of such resources in terms of the heritage assessment criteria** set out in section 6(2) or prescribed under section 7;

(c) **an assessment of the impact of the development on such heritage resources;**

(d) **an evaluation of the impact of the development on heritage resources relative to the sustainable social and economic benefits to be derived from the development;**

(e) **the results of consultation with communities affected by the proposed development and other interested parties regarding the impact of the development on heritage resources;**

(f) **if heritage resources will be adversely affected by the proposed development, the consideration of alternatives; and**

(g) **plans for mitigation of any adverse effects during and after the completion of the proposed development.**

(4) **The report must be considered timeously by the responsible heritage resources authority** which must, after consultation with the person proposing the development, decide -

(a) **whether or not the development may proceed;**

(b) **any limitations or conditions to be applied to the development;**

(c) what general protections in terms of this Act apply, and what formal protections may be applied, to such heritage resources;

(d) whether compensatory action is required in respect of any heritage resources damaged or destroyed as a result of the development; and

(e) **whether the appointment of specialists is required as a condition of approval of the proposal.**

(5) A provincial heritage resources authority shall not make any decision under subsection (4) with respect to any development which impacts on a heritage resource protected at national level unless it has consulted SAHRA.

(6) The applicant may appeal against the decision of the provincial heritage resources authority to the MEC, who—

(a) must consider the views of both parties; and

(b) may at his or her discretion—

(i) appoint a committee to undertake an independent review of the impact assessment report and the decision of the responsible heritage authority; and

(ii) consult SAHRA; and

(c) must uphold, amend or overturn such decision.

(7) The provisions of this section do not apply to a development described in subsection (1) affecting any heritage resource formally protected by SAHRA unless the authority concerned decides otherwise.

(8) The provisions of this section do not apply to a development as described in subsection (1) if an evaluation of the impact of such development on heritage resources is required in terms of the Environment Conservation Act, 1989 (Act No. 73 of 1989), or the integrated environmental management guidelines issued by the Department of Environment Affairs and Tourism, or the Minerals Act, 1991 (Act No. 50 of 1991), or any other legislation: **Provided that the consenting authority must ensure that the evaluation fulfils the requirements of the relevant heritage resources authority in terms of subsection (3), and any comments and recommendations of**

the relevant heritage resources authority with regard to such development have been taken into account prior to the granting of the consent.

(9) The provincial heritage resources authority, with the approval of the MEC, may, by notice in the Provincial Gazette, exempt from the requirements of this section any place specified in the notice.

(10) Any person who has complied with the decision of a provincial heritage resources authority in subsection (4) or of the MEC in terms of subsection (6) or other requirements referred to in subsection (8), must be exempted from compliance with all other protections in terms of this Part, but any existing heritage agreements made in terms of section 42 must continue to apply.

As a general guideline, heritage practitioners use the principles embedded in the Burra Charter [1979](1988), in order to inform the approach towards developing sites and altering buildings or amending historical landscapes. These guidelines have been appended in Section G below.

C. Methodology

Regarding the methodology employed in the research, variant factors determined that a site inspection was carried out by the Debbie Whelan and Sihle Memela from the 17th to the 19th April 2013. The hospital was visited and its heritage resources flagged. Given that this site is in the Eastern Cape, archival material in Cape Town was not verified, but information gleaned from its online descriptors. However, the pamphlet 'Sulenkama' published as a fund raising document by the Nessie Knight Club¹ in the 1940s was sourced at the Killie Campbell Museum. Please note that this site has above ground heritage resources that will be affected, and recommendations are formulated in order to reach a happy medium between development in isolated rural areas and the value of the heritage resource.

Two development proposals, indicated as Option 1 and Option 2 exist for Nessie Knight Hospital. These form the basis for comparison in the conclusions.

Given the scale of the sites, only those buildings identified as being affected, as well as those that may fall prey once development commences, have been studied. Buildings near or over the age of 60 years are those that are flagged as heritage resources – they have automatic protection under the South African Heritage Resources Act. All buildings within the footprint were checked.

Please note also that the importance of the role of this hospital and its staff in the lives of people cannot be overstated. It would be arrogant to argue that its modesty, decrepitude, isolation and marginal position in an impoverished province justifies removing memory from the people that use them, or minimises the heritage resource in any way. For this reason, the author has taken a conservative stance, in order that such an event does not occur.

The criteria for assessment of the heritage buildings on this site is both tangible and intangible. Each is assessed in terms of merit as an:

- ***Architectural heritage resource*** in which its value as an outstanding example of a building of its type or period is noted. Note that this also extends to vernacular buildings and buildings over 60 years old of informal construction.
- ***Technical heritage resource*** in which the building is an outstanding example of a specific technical approach, or the first of its kind in this regard.
- ***Historical heritage resource*** in which the building is associated with a period in history or events which are significant.
- ***Social heritage resource*** in which the building is associated with an important person or significant social process
- ***Scientific heritage resource*** in which the building is associated with scientific endeavour or a significant event in science.

The scale of significance is adjudicated at a local, regional and international level. This is based on the experience of the author as well as the rarity of the structure within the variant criteria enumerated

¹ The Nessie Knight Club was formed by Dr. Robert Lamb Paterson's wife, Nessie Knight, in order to raise funds for the Church of Scotland Hospital through donations from wealthy Glaswegian Society.

above. Furthermore, it is important to note that sometimes buildings which are 'locally significant' are more so for the community in which they are located. The careful, though not necessarily appropriate treatment of the Old Dispensary at Nessie Knight indicates that there is a person or community that considers the building of value. This is also borne out in the consistent boxing of the May hedges in the *parterres*. These different elements, rarity, care and treatment, condition, quality all combine in the creation of a *Statement of Significance*. This thus adjudicates each building on site within its own context as an individual structure of merit, or not.

Final assessment of all of these structures is carried out on practicality of retention, condition and cost of renovation.

D. Executive Summary

A brief outcome of the research couched in the above legislation and as a result of the methodology employed recommends the following. Note that these recommendations only deal with the implications for the demolition of structures, and that full conclusions are found at the end of this report in section F22 dealing with the relevant sites and should be consulted by the reader.

Nessie Knight at Sulenkama, *inter alia*: (Option 1) IMPACT SIGNIFICANCE HIGH

- An appropriately qualified heritage practitioner carries out the repair, upgrade and extensions to the main hospital and all other buildings using the Burra Charter guidelines as appended.
- The old dispensary be retained and turned into a museum.
- That one of the nurse's quarters be retained, repaired and reused
- That the mission house be retained if possible and be renovated for reuse

Nessie Knight at Sulenkama, *inter alia*: (Option 2) IMPACT SIGNIFICANCE MEDIUM

- Demolition is an option.
- However, it is recommended that these buildings are documented and recorded by appropriate heritage practitioners
- Further research is recommended in order to correctly represent these structures as part of the cultural landscape in the interpretation in the suggested hospital museum.
- An appropriately qualified heritage practitioner carries out the repair, upgrade and extensions to the main hospital and all other buildings using the Burra Charter guidelines as appended.

The proposed development Option 2 for Nessie Knight Hospital has much less impact on the site and its heritage resources, and it is highly recommended that this option is pursued.

E. Proposed Development options

There are two proposed development options, both of which involve the destruction of heritage buildings. Option 1 (see Fig 2), ultimately involves total demolition of all of the older buildings on the site, whilst Option 2 (see Fig 3) involves the demolition of some of the old Nurses Quarters, Patterson's cottage and the old house at the bottom of the site.

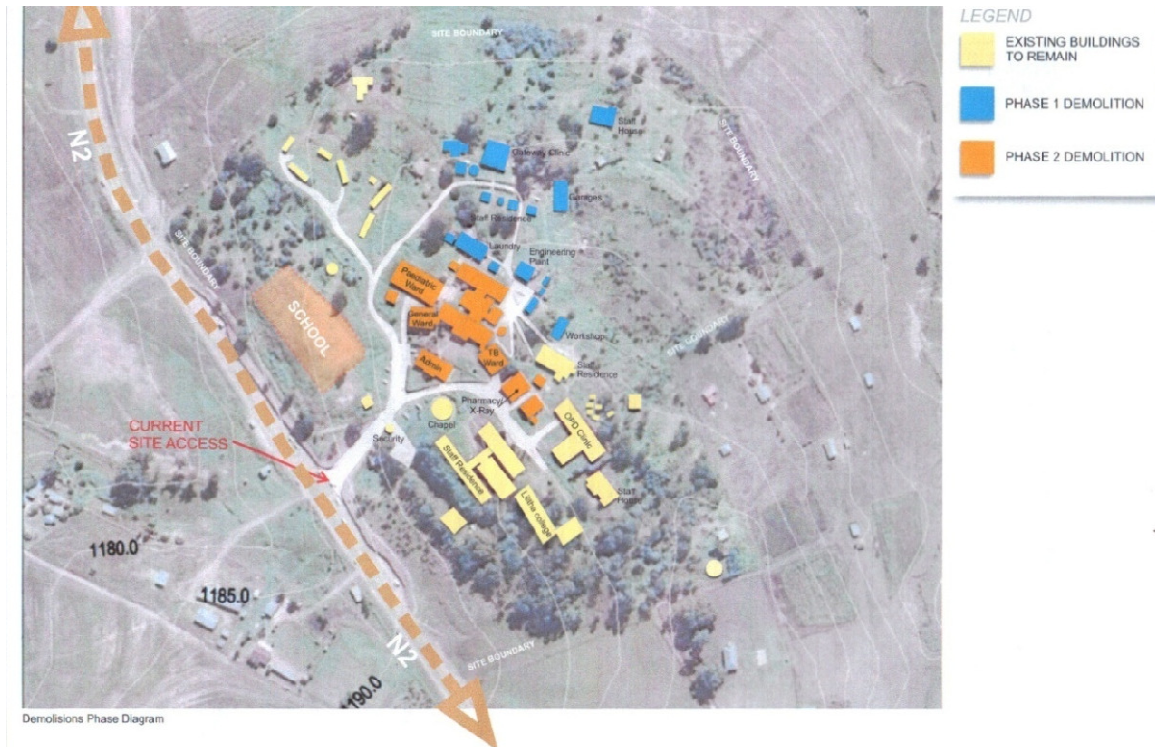


Fig 2: Proposed development option 1 (from: Nessie Knight Hospital 26 April 2013 Draft Master Plan Report)



Fig 3: Proposed development option 2 (from Nessie Knight Hospital 08 July 2013 Master Plan Report CDC-CD-Rep-003-13)

F. Nessie Knight Hospital, Sulenkama

The Nessie Knight Hospital is an extensive complex of buildings focussed around a central hospital building constructed in 1938. It started off in a modest fashion, and, indeed, its development has been nothing less than incremental. Random buildings of different periods are found across the site. However, there is a consistent ethos of complex spaces which make it an unsterile environment, evoking the days of its mission hospital status.



Fig 4: Aerial view of Nessie Knight Hospital complex showing affected buildings hatched.

The Mission house, School and Church was established at Sulenkama in around 1890.² The Nessie Knight fundraising Pamphlet '*Sulenkama*' (ca 1940) documents its early history, and, indeed, elements of its actual construction. Certainly the main development of the hospital was under the aegis of Robert Lamb Paterson, a missionary doctor who, with his wife Nessie was responsible for its expansion. Paterson opened the first dispensary from a mud brick building on the site in 1927 (Building 9 on in Figure 4 above), on the crest of the hill and by the late 1930s a full hospital with

² Some of these buildings are found at the lower end of the site, and are not to be affected. The Mission House is situated in the complex of buildings that forms the hospital, and this will be demolished in order to establish the wings of the new building.

general wards (Main wards on Figure 4 above) operating theatres (Building 4 on Figure 4 above), and nurse's quarters (Building 5 and others under the appendage 'NQ' on Figure 4 above) was opened



Figure 5: Sulenkama showing Mission House in the centre and school to the right – ca 1920 (Sulenkama Pamphlet, Killie Campbell Collections)

It is important to reinforce that this hospital was distant from Qumbu, and as such, its development relied on use of local resources. The bricks were all made on site, out of a dark clay with a large amount of coarse material, and it is probably this material constitution that has led to the degradation of many of the bricks on the buildings. A photograph from the pamphlet on Sulenkama published by the Nessie Knight Club is evidence of this work (see figures 6 and 7 below).

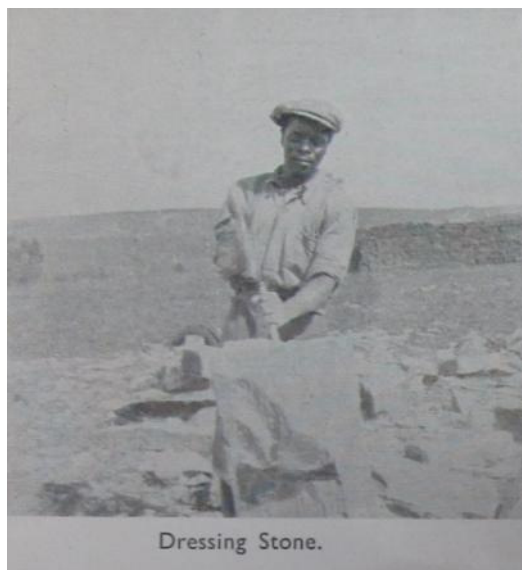


Fig 6: Stone dressing



Fig 7: Brickmaking

Effort was taken to landscape the site from early on in its development as photographs from the pamphlet show, and today the vestiges of this gardening effort are found in the boxed may bushes which delineate areas and pathways. This is evidence of both vision and undertaking, and forms part of the cultural landscape of the original hospital.

The buildings on the site are ill-maintained. This has resulted in much damage at foundation level, particularly regarding leaking septic tanks and French drains. This issue has to be tackled in tandem with the construction of the new extensions to the hospital.

The intention is to demolish a number of buildings to the east of the main wards, including the rear extension, the dispensary, the workshops, and the nurse's quarters. The mission house will also be affected. Other buildings numbered 14 and 15 on Figure 4 are also to be demolished in the future, allowing for a second phase expansion.

F.1 Main Ward building

This is a symmetrical building which has been subject to incremental development and some rather unfortunate accretions. The front part is coherent and will not be affected, but the rear sections, noted as building No 4 in Figure 4, is intended for demolition. The latter is asymmetrical, unlike the main façade, and is irrational in its layout, making it a rabbit warren and difficult to reuse, or improve. Of note is the wide passageway running through from front to back joining the two. Furthermore, building 2 (an electrical substation) and building 3 have been positioned so that the spaces between these and the main wards and its extension buildings are not conducive for use nor aesthetically pleasing.



Figure 8: Main ward building opened by the Right Honourable Lord Maclay, President of the Nessie Knight Club, in May 1938. The foundation stone is to the right of the entrance.

The main wards, as noted, are symmetrical around a central projecting entrance. This entrance is simply articulated, with a graceful staircase rising to floor level before entering a portico lined with stretcher bond brick and leading through mahogany half-glazed doors. To each side is a steel cottage pane casement window with a precast cill. At the top of the steps is a raised landing on each side on which stands matching jardinières. Symmetrical brick chimneys top this section.



**Fig 9: Completed entrance from the north Fig 10: Main wards under construction
Photos from Sulenkama Pamphlet ca 1940, KCC.**

Set back from the entrance are two deep verandas topped with a painted and polished granolithic screed with brick columns. The walls are lined with cottage pane steel windows, matching the ones in flanking the entrance. Due to the change in ground level, the veranda to the south has a set of steps, whilst the one to the north has a steel ladder.

Symmetrically arranged to both sides, are extensions which angle forward slightly, enclosing space. To extension to the north is double story due to the fall in level across the site, and that to the south is single story. Large chunks of rough cast plaster have fallen off these walls and the bricks are exfoliating from lack of maintenance, possibly an incorrect paint choice and rising damp. These

extensions were possibly constructed reasonably quickly after the initial hospital, with the accretions to the rear forming Building 4 in the Figure 4 occurring afterwards. The first building and its extensions was rationally planned, the rest appear to have been utilitarian and practical decisions.³



Fig 11: Double story extension (north) Fig 12: Plaster spall from damp and lack of maintenance

The rear of the building consists of a massive glazed veranda with timber framed window enclosures. Low level steel framed casement windows allow light into basement rooms. Given the lack of maintenance to these timber frames, many are rotting and need repair. However, it appears that this part of the building will be sutured onto the new extension. As noted earlier in this report, water damage at foundation level is severely affecting elements of this elevation.



Fig 13: Enclosed veranda on rear elevation of main building



Fig 14: Veranda from Sulenkama Pamphlet (ca 1940) KCC

The walls are painted locally-made bricks, with a projecting string course which carries through the elevation tying the building up from the verandas at the front around to the back. Below the string course is rough-cast plaster painted grey. On the northern extension this plaster is spalling badly due to water retention problems through lack of maintenance. The roof is red painted corrugated sheeting.

Main Wards	Local	Regional	National	International
architectural	high	low	low	low
historical	high	low	low	medium
social	high	low	low	medium
technical	low	low	low	low
scientific	low	low	low	low

³ This random and rapid expansion is reinforced by the note in the Sulenkama pamphlet (ca 1940:5), that the hospital 'grew from 12 to 20,30,40 beds'.

Statement of significance:

Architect designed, the main ward building has high significance locally and medium significance on an international level given the construction through public subscription by the Nessie Knight Club based in Glasgow. Furthermore, this building represents sustained endeavour to benefit members of the local community through the efforts of Robert Lamb Paterson and his wife. Architecturally it is simple but considered. It also represents an early use of steel windows.

Recommendation: MAIN WARD BUILDING

Demolition is not an option at this point. The building is solid and well built, but at the same time needs urgent and well supervised maintenance. The services of an appropriate heritage architect should be engaged in informing the links between the old building and the proposed new extension in line with prevailing conservation charters. A defined but negative junction must separate the two buildings, and it is recommended that the new building take some clues such as massing and proportion of fenestration, openings and structure from its existing precedent.

F.2 Electrical Substation - Building no 2

This is small substation of painted standard masonry construction with a corrugated sheeting roof of recent construction, most likely 1980s. It is featureless and is not noted as being earmarked for demolition: however, should it be demolished there is no heritage value in it whatsoever.

Substation	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: Low and of no heritage value.

Recommendation: ELECTRICAL SUBSTATION (2)

Demolition, should it be sought, is an option.

F.3 Hospital building - Building no 3

This building, like that above, is of recent construction: probably built simultaneously. It is of standard masonry construction with an asymmetrical corrugated 'Big Six' roof with clerestory windows indicating the route of the spinal corridor. It has standard section steel windows with asbestos cills. It is utilitarian and unremarkable.



Fig 15 and 16: Hospital building from south west and north west

Hospital building	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: Low and of no heritage value.

Recommendation: NEW HOSPITAL BUILDINGS (3)

Demolition, should it be sought, is an option.

F.4 Later hospital extensions - Building no 4

Building 4 is those accretions that are situated as extensions to the original hospital building at the rear of the main wards. Diagnostic features such as window cills and ventilation bricks show that this building was constructed in a number of different phases, which has led to a rabbit warren of spaces which are difficult to use inside, and outside a series of small, useless, courtyard spaces results. Furthermore, cascading roof heights on the north-eastern extension, add to the lack of syncretism.



Figs 17 & 18: Rabbit warren of spaces forming the rear extension to the main hospital



Fig 19 & 20: rear elevation – note roof heights and mahogany doors

A redeeming feature of this building is the set of mahogany doors which are located on the veranda on the long north eastern elevation. It is recommended that these doors can be redeployed, perhaps at the junction of the old building and the proposed new extension to the rear.

The buildings are all of painted locally made bricks with corrugated-iron. Variant standard steel windows are used, and the lack of cohesion of such elements leads to its discord.



Figs 21 & 22: Showing random planning and the resultant inefficient and useless spaces.

Rear extensions	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: The incremental extensions to the main wards have low architectural significance and limited possibility for recycling.

Recommendation: REAR EXTENSIONS TO MAIN WARDS (4)

Demolition is an option and it is recommended that the entrance doors on the north eastern elevation be reused in the design of the proposed extension to the main wards.

F.5 Building 5 - Old rondawel

Given diagnostic features, this rondawel of mud brick and gum-poles is very likely to be over the age of 60 years and thus subject to protection in terms of the South African National Heritage Act. It has been plastered in the past, most of which is spalling, and its thatch roof is long gone. A steel window has been added to the south. The practicality of its repair and reuse is limited, and it is felt that it is important to concentrate the repair and reuse of such buildings to other parts of this site.

Given the history of the hospital, this was most likely accommodation of some sort, such as overnight accommodation for visitors.



Figs 23&24: Old mud - brick rondawel

Old Rondawel	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: An example of historic structures on the site.

Recommendation: OLD RONDAWEL (5)

Due to its condition and location within the extended development, demolition is an option

F.6 Building 6 – Mud brick building



Figs 25 & 26: Mud brick building showing steel windows and wooden stable door

Given diagnostic features, this square mud brick building is very likely to be over the age of 60 years and thus subject to protection in terms of the South African National Heritage Act.

This building is evocative of a number of similar buildings on site, which were used in the past as accommodation for nurses. These are dealt with separately. However, it was also most likely used as accommodation.

This example is located distant from the other examples, and is different as it has a steel window inserted on the south western façade. The south eastern façade has a small 6/6 sliding sash window, and the north-eastern façade a wooden stable door. The north-western façade has had top-hung steel section windows inserted. The roof is still thatched, and the walls comprise mud bricks which have been plastered. It has had a heavy concrete dado inserted which has possibly added to the degradation of the building. Attempts have been made over the years to repair the building, but with cement plaster.

Given the prevalence of similar buildings on site, it is felt that it is pragmatic to concentrate on adaptive reuse of other examples rather than focus on this building.

Mud brick building	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: An example of historic structures on the site.

Recommendation: OLD MUD BRICK BUILDING (6)

Due to its condition and location within the extended development, demolition is an option

F.7 Building 7 – Mono-pitch structure

This building is an unremarkable masonry-constructed building with a parapet wall to the north-west. It has meranti timber doors and steel windows. All diagnostic features point to relatively recent construction.



Fig 27: Mono-pitch structure

Mono-pitch structure	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: Of no heritage significance

Recommendation: MONO-PITCH STRUCTURE (7)

Demolition, should it be sought, is an option.

F.8 Building 8 – New hospital building



Fig 28: New hospital building

Possibly built at the same time as buildings 2 and 3 above, this building is of recent construction. It has a simple double-pitched corrugated sheeting roof, and is constructed to standard details using standard materials. It has meranti doors and steel windows and is unremarkable; it has no heritage value.

New hospital building	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: Of no heritage significance

Recommendation: NEW HOSPITAL BUILDING (8)

Demolition, should it be sought, is an option.

F.9 Building 9 - The old dispensary

This is perhaps the most important building on the site. This plastered and painted mud brick building has a hipped thatched roof which has been covered with corrugated sheeting. At its entrance is a plaque noting that this was the first dispensary at Sulenkama. 6/6 timber sash windows are found to 3 elevations. It served as the first dispensary on the site, dating to 1927. It was from this that the rest of the hospital developed.

Photographs of the dispensary are found in the Nessie Knight Club pamphlet 'Sulenkama' from the Killie Campbell Collections (See Figs 30 and 31 below).



Fig 29: Plaque at entrance to dispensary



Fig 30: Photograph of dispensary ca 1940 (KCC)



Fig 31: Interior of dispensary ca 1940 (KCC)



Fig 32: Front elevation of dispensary



Fig 33: Dispensary from north



Fig 34: Dispensary from south

It is noted that, in an environment in which little maintenance has been carried out on the main building for many years, this little building has not only been maintained, but has a plaque recording its origin. Some inappropriate changes have been made, such as the insertion of a new door, and the erection of plastic gutters to the roof. The building is also plastered and painted. Little evidence of the efforts of Robert Lamb Paterson appear to exist on the site, and this building's good condition and careful preservation shows a single acknowledgement of this.

Old dispensary	Local	Regional	National	International
architectural	high	high	low	low
historical	high	high	low	medium
social	high	high	low	low
technical	high	high	low	low
scientific	low	low	low	low

Statement of significance: *Highly significant locally and regionally. It is strongly recommended that the current design proposals endeavour by all means to retain this building, (enclosed within a courtyard?) and that it serves as a museum of the Nessie Knight Hospital in the new development.*

Recommendation: *OLD DISPENSARY (9)*

Demolition, should it be sought, is NOT an option.

F.10 Building 10 - Old industrial building



Fig 35: Industrial building showing exfoliated brick skin Fig 36: Industrial building from north



Fig 37: Industrial building from west

This structure is an old industrial building, possibly functioning as a mill or similar. It is of locally-made brick, with a double pitched corrugated-iron roof and steel windows. Its condition is extremely dilapidated: on the southern side the brick has collapsed to such a degree that the external skin has fallen away, compromising structural integrity.

It is of an age which affords it automatic protection. However, the value of adaptive reuses is limited, and would also be an expensive exercise.

Industrial building	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: Although this building is most likely over the age of 60 years, it has limited heritage significance and is in a dilapidated condition.

Recommendation: INDUSTRIAL BUILDING (10)

Demolition, should it be sought, is an option.

F.11 Building 11 – Workshop



The workshop is a brick and mortar structure under a corrugated sheeting roof, of more recent construction. It has steel windows and roller shutter doors. It is utilitarian and unremarkable in its construction.

Fig 38: Workshop from west

Workshop	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: No heritage significance

Recommendation: WORKSHOP (11)

Demolition, should it be sought, is an option.

F.12 Building 12 - Building behind workshop



This building is also an industrial type building of relatively recent construction, but still using locally made bricks. It has steel windows and these have plastered bands surrounding them. It has a mono-pitch corrugated iron roof. It is architecturally unremarkable.

Fig 39: Building behind workshop

Building behind workshop	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: No heritage significance

Recommendation: BUILDING BEHIND WORKSHOP (12)

Demolition, should it be sought, is an option.

F.13 Building 13 – Mud brick rondawel II

See comments for similar building in F.5 above. Despite it being in better repair than its counterpart, the practicality of its repair and reuse is limited, and it is felt that it is important to concentrate the repair and reuse of such buildings to other parts of this site.

Given the history of the hospital, this was most likely accommodation of some sort, such as overnight accommodation for visitors.



Fig 40: Old rondawel against hospital



Fig 41: Old mud brick rondawel against main wards

Old Rondawel II	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: An example of historic structures on the site.

Recommendation: OLD RONDAWEL (13)

Due to its condition and location within the extended development, demolition is an option

F.14 Building 14 – Hospital Building ca 1946

This building is diagnostically confusing. It is a simple structure erected some time after World War II since it was erected through funds supplied by the Governor General's National War Fund. This building is intended for development in a second phase.

Architecturally, it is unremarkable, with a hipped corrugated iron roof, and steel windows. The front entrance is the only section which demonstrates any ceremony: it has a central, deep entrance veranda which is accessed by stairs reminiscent of the main ward building, with raised benches which possibly were built to accommodate jardinières as in the main building. The dark entrance has a central door flanked by two vertically proportioned windows. Notable is the plaque mounted on the wall at the entrance, describing the origins of the funding in Xhosa.



Fig 42: Hospital Building ca 1946 from west entrance Fig 43: Plaque at west entrance

Hospital Building ca 1946	Local	Regional	National	International
architectural	low	low	low	low
historical	medium	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: An example of historic structures on the site. Associations with a wider context as monies for its construction came from the Governor General's War Fund after World War II. The building is architecturally insignificant. The old gate attached to it should be removed and reused in the development.

Recommendation: HOSPITAL BUILDING ca 1946 (14)

Demolition, should it be sought, is an option. However, should demolition be sought, the building should be fully documented and the plaque removed. This information should form part of a display on the Nessie Knight Hospital in a museum on the site

F.15 Building 15 - Hospital Building



This hospital building is of plastered and painted brick and mortar construction on face brick plinth under a corrugated iron double- pitched roof with bird-proofing to the eaves. It is of recent construction. It has steel windows and painted hardwood doors. It is utilitarian and unremarkable in its construction.

Fig 44: Hospital Building (building 15)

Hospital Building	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: No heritage significance

Recommendation: HOSPITAL BUILDING (15)

Demolition, should it be sought, is an option.

F.16 Building 16 – Old mission building



Fig 45: Old Mission Building, east north east



Fig 46: South west elevation

This old Mission building, most likely a mission house, is currently housing an HIV/AIDS centre. It has been much altered over the years, but still bears the diagnostic features of its late Victorian construction, such as the iron work on the ridge of the roof, some basket arches over windows and cast iron sub-floor ventilator bricks. The verandas appear to have been added afterwards. Photographs in the 'Sulenkama' pamphlet of the first buildings were scrutinised in order to be able to match this house, but the evidence was not conclusive. This building could have operated as a school, or a house.

The building is of uncertain construction, most likely a mixture of mud and fired brick, under corrugated sheeting. Windows vary from original sash to standard steel sections, added at a later stage. It is founded on a mixture of shale and sandstone, much of which is exfoliating. Verandas have a simple 'Y' post, and the veranda to the north east is heavily buttressed to prevent it overturning.



Fig 47: Old Mission building from south east



Fig 48: Veranda and foundations

Old Mission Building	Local	Regional	National	International
architectural	medium	low	low	low
historical	medium	low	low	low
social	medium	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: *This building dates back to the early establishment of the Church of Scotland Mission and predates the origins of Nessie Knight Hospital. Its original context is unknown. It is a vital part of the cultural landscape on a site in which the layers of endeavour are palpable and thus is not to be lightly dismissed.*

Recommendation: OLD MISSION BUILDING (16)

Given the position on the periphery of the site and level of alteration, in the opinion of the author demolition could be sought should the context determine the preservation of other more significant buildings or complexes. If so, it should be completely documented. If it is to be repaired, all renovation works should be supervised by an appropriately qualified heritage architect. Further research needs to be carried out on the role of the Church of Scotland in the establishment of Sulekama Mission

F.17 Building 17 – Old Mission cottage

An old mission cottage is situated adjacent to the building described in F16 above. It is most likely of mud brick, given the examples surrounding it, and, like the others, has a thatched roof that has been covered latterly with corrugated iron. The windows are timber casement and the veranda posts are simple timber.



Fig 49: Old mission Cottage



Fig 50: Cottage, front elevation



Fig 51: Front of cottage ca 1927



Fig 52: Interior ca 1927

Certainly, this building was extant in the time of Robert Lamb Paterson as this was his home for two years when he first arrived at Sulenkama (see Fig 51 and 52, both from the pamphlet 'Sulenkama').

Old Mission Cottage	Local	Regional	National	International
architectural	medium	low	low	low
historical	medium	low	low	low
social	medium	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: *This building dates back to the early establishment of the Church of Scotland Mission and predates the origins of Nessie Knight Hospital. Its original context as part of the mission is unknown. It is a vital part of the cultural landscape on a site in which the layers of endeavour are palpable and thus is not to be lightly dismissed.*

Recommendation: OLD MISSION COTTAGE (17)

Given the position on the periphery of the site, in the opinion of the author demolition could be sought should the context determine the preservation of other more significant buildings or complexes. If so, it should be completely documented. If it is to be repaired, all renovation works should be supervised by an appropriately qualified heritage architect.

F.18 Building 18 - Accommodation block adjacent to workshop



This building consists of a row of utilitarian accommodation of mixed construction, plastered under a mono-pitch corrugated sheeting roof. It has timber casement windows, but its origins are much more recent than the examples in F16 and F17 above. It has had attempts at maintenance over the years, and is currently in need of further attention. It is architecturally unremarkable and does not contribute in any major way to the cultural landscape of the site.

It is in line for demolition in the new development.

Fig 53: Accommodation block from north east

Accommodation block adjacent to workshop	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: No heritage significance

Recommendation: ACCOMMODATION BLOCK ADJACENT TO WORKSHOP (18)

Demolition, should it be sought, is an option.

F.19 Old Nurses Quarters

A series of square mud brick cottages is found across the site. Below the main hospital on the eastern slope is a continuous group of four with one located further up the slope, and two which form part of the main complex on the crest of the hill. One of these has been addressed in F6 and the other is situated close to the old mission house, and backing onto hospital buildings of more recent construction. Most, except for the latter, are either totally derelict, or in a sorry state of repair.



Fig 54: Nurses accommodation ca 1940 (Sulenkama pamphlet) Fig 55: Row of cottages



Fig 56: Typical state of cottages



Fig 57: Finger decorations to wall



Fig 58: Building below main wards



Fig 59: Example most likely candidate for rehabilitation

Old Nurses Quarters	Local	Regional	National	International
architectural	medium	low	low	low
historical	medium	low	low	low
social	medium	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: *These buildings date back to the early establishment of Nessie Knight Hospital. They are a vital part of the cultural landscape on a site in which the layers of endeavour are palpable and thus is not to be lightly dismissed.*

Recommendation: OLD NURSE'S QUARTERS

Given the position on the periphery of the site and the general dereliction of the buildings, in the opinion of the author demolition could be sought should the context determine the preservation of other more significant buildings or complexes. However, prior to this they should be fully documented, and measured up, and the information form part of a display in the museum. It is highly recommended that one of these buildings should be identified for rehabilitation as an example in the new development. The building situated behind the mission house is possibly the best option. All renovation works should be supervised by an appropriately qualified heritage architect. Further research needs to be carried out on the role of the Church of Scotland in the establishment of Sulenkama Mission

F.20 - Old Mission House



Fig 60: Main elevation from east



Fig 61: View from north east



Fig 62: View from south east



Fig 63: View of veranda and columns



Fig 64: View of veranda on south

This building is a substantial but simple late Edwardian style house, possibly constructed as the second mission house on the property. It is of locally made brick and mortar, rough-cast plastered and painted. The building is founded on stone, and evidence of this is seen in the rough dressed and pointed stone at dado level. Windows are all of steel, and there is little evidence of these replacing earlier timber ones. Cills are brick on edge, and the variant sub-floor ventilators tell of different stages in its development. Veranda columns are cumbersome tapered columns on a square base. The roof is hipped, with a central projecting bay to the main elevation containing a matching pair of windows.

There have been additions made to the house, on the southwest at the rear. However, the architecture is simple and utilitarian and this building survives as a good example of a mission house from the period. The front elevation is relatively intact. The size and material construction of the building makes it possible to reconfigure for adaptive reuse.

Old Mission House	Local	Regional	National	International
architectural	medium	low	low	low
historical	medium	low	low	low
social	medium	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

Statement of significance: *This building dates back to the early establishment of Nessie Knight Hospital. It is a vital part of the cultural landscape on a site in which the layers of endeavour are palpable and thus is not to be lightly dismissed.*

Recommendation: OLD MISSION HOUSE

It is noted that a portion of this building will fall within the footprint of the new development. It is recommended that the proposal be slightly altered in order to accommodate this house, and prevent its demolition. As a threatened building it should also be fully documented, and measured up, and the information form part of a display in the museum. All renovation works should be supervised by an appropriately qualified heritage architect. Further research needs to be carried out on the role of the Church of Scotland in the establishment of Sulenkama Mission

F.21 Comments about landscape and cultural landscape

The most important feature of the entire complex at Nessie Knight is not the specific buildings themselves, but the overall endeavour that they represent. From its establishment as a Church of Scotland Mission station in the late 19th century, the bulk of the development was connected to the directorship of Dr Robert Lamb Paterson, who, together with his wife, the former Nessie Knight, developed a large mission hospital from funds actively sought both here and abroad. That some of these early buildings are still maintained, and, in fact recognised for their place in the development of this mission, is an important fact to note. This adds to the layers of importance, removing the value from a distant historical and paternalistic position to one which is recent, local and relevant. This forms part of the larger cultural landscape, in which the buildings and the tales that they tell in their positions on the site have value in memory.



Fig 65: View to east showing May-lined parterres Fig 66: Hard landscaping outside main wards

The physical landscape is also of import. The 'Sulenkama' pamphlet shows examples of the early gardening endeavours, and this ethic was patently perpetuated through the years. Importantly, this has remained up till today: although much of the more delicate landscaping within the broad structure is no longer addressed (see Fig 66), the May hedges which are old plants, continue to be boxed,

emphasising the outlines of former rose gardens and parterres. This vestigial ethos should be recognised, and landscaping carried out on the site which recognises the historical patterns, yet reinterprets it in a contemporary, perhaps more sustainable manner.



Fig 67: Hard landscaping outside Mission House



Fig 68: Parterres

F.22. Impact significance and final recommendations

Option 1:

Given the complexity of the structures and the extent of the demolition, the impact significance is considered to be HIGH. The general footprint of the new development is acceptable in principle, removing many of the accretions at the rear of the old hospital main wards. It does not, in its current manifestation, recognise the layers of history and endeavour that comprise this cultural landscape, and that elements of this are still recognised and celebrated by the current occupants of the hospital. To this end, the following is recommended:

- That the repair, upgrading and extensions to the main hospital be carried out in consultation with an appropriately qualified heritage practitioner and that the additions be in line with those internationally recognised principles stated in the Burra Charter.
- That the building housing the old dispensary be retained, possibly within a courtyard in the new complex and turned into a museum.
- That one of the nurse's quarters, most likely the one situated near the old mission house on the crest of the hill, be retained, repaired and reused in consultation with an appropriately qualified heritage practitioner and that the additions be in line with those internationally recognised principles stated in the Burra Charter.
- That the mission buildings at the base of the hill be renovated as part of the new development in consultation with an appropriately qualified heritage practitioner and that the additions be in line with those internationally recognised principles stated in the Burra Charter.
- That the mission house be retained, if possible, given that it is situated on the periphery of the development and that this be renovated for reuse in consultation with an appropriately qualified heritage practitioner and that the additions be in line with those internationally recognised principles stated in the Burra Charter.
- That the framework of the historic gardens be plotted by appropriate historical landscape professionals, and that this forms the basis for new landscaping on site.
- That further research be carried out on the role of the Church of Scotland and the mission in the development of the Nessie Knight Hospital.
- **Please note that the above recommendations do not at any point compromise the new development. They should, with suitably dexterous architectural professionals, be able to be cleanly and elegantly sutured into the new development. Furthermore, the appointment of a heritage architect on the team will enhance the manner in which the cultural and historic landscape can form a seamless connection with the needs of the present.**

Option 2:

Given that in Option 2, the bulk of the heritage resources on the site will remain intact, particularly those considered highly significant such as the Old Dispensary and the Main Ward building, the impact significance of Option 2 is considered to be MEDIUM, given the demolition of structures over the age of 60 years and of heritage and cultural landscape value. Furthermore, it is the opinion of the author that, despite the antiquity of the buildings to be demolished in this development footprint, their peripheral location on the site and their lack of connection to the main development suggests that they could thus be considered as sacrificial in ensuring the retention of a greater historical landscape and more significant buildings.

Generally speaking, removing the new structure from the complex of buildings on the crest of the site is a much more preferable option, since this does protect the bulk of the heritage resources and the complex of buildings, specifically the Old Dispensary and the Main Ward building as well as others such as the building constructed by public subscription, the Mission House and examples of nurses accommodation.

However, it does obliterate those structures described in F17 through 19 above. As mentioned these are the row of mud-brick nurse's quarters, the old mission house and the old mission cottage in which Dr. Robert Lamb Patterson lived for two years.

For the row of nurse's accommodation buildings, demolition is an option given that there are other examples of nurse's accommodation buildings on site, and a reasonably good example close to the main Mission House on the crest.

Whilst it would be good if demolition of these buildings could be avoided in the final scheme when implemented, given that the options for developing the site are limited, and that the bulk of the heritage resources on the crest of the hill will remain in the layout presented in Option 2, in the opinion of the author demolition of these structures is acceptable given the following:

- It is recommended that these buildings are documented and recorded by appropriate heritage practitioners and form part of a display in a proposed museum.
- Further research on the site and its history is gleaned in order to correctly represent these structures as part of the cultural landscape in the interpretation in the suggested hospital museum.

The proposed development Option 2 has much less impact on the site and its heritage resources, and it is highly recommended that this option is pursued.

G. References

Killie Campbell Collections:

Nessie Knight Club. Ca 1940. *Sulenkama*. Fundraising pamphlet

Nessie Knight Hospital 08 July 2013 Master Plan Report

Nessie Knight Hospital 26 April Draft Master Plan Report

H. Curriculum vitae of Dr. D Whelan of Archaic Consulting

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Academic Qualifications:

B.Architecture (Natal) 1990

PG DipArchitecture (Natal) 1996

Architectural Conservation Course (Natal) 1997

M. Architecture, Research (dissertation on indigenous buildings) (Natal) 2000

The transmutation of the indigenous vernacular in Msinga, KwaZulu-Natal

B.A (UNISA) Anthropology, Archaeology, English 2002

PhD Anthropology SOAS (University of London) 2011

Trading Lives: The social, commercial and political lives of the Zululand traders

Academic Affiliation:

Retired Research Fellow in the Department of Anthropology and Archaeology, UNISA

Examiner Design Thesis UKZN 2009, 2011

University of Pretoria OMG 301 2007-2009, 2011, 2012

Professional Affiliation:

Candidate Member: KwaZulu-Natal Institute for Architecture

Candidate Member: South African Institute for Architecture

Full Member: Association of Professional Heritage Practitioners

Full Member: International Association of Impact Assessors

Awards:

Amafa aKwaZulu-Natali Heritage Award 2012

Committees:

Amafa Built Environment Committee, Midlands Region: Chair

Macrorie House Museum, Board of Trustees: Chair

Montrose House Museum Steering Committee

Friends of the Tatham Art Gallery Committee: Retired Chair

KZNIA Journal Editorial Board

Full time Work Experience:

July 2006-present: ARCHAIC CONSULTING

I am currently working under the name of ARCHAIC Consulting, carrying out research and investigations in the architectural, cultural, historical and anthropological fields. In 2010 and 2011 I taught History of Architecture I and II, and Survey and Landscape at DUT, and History of Architecture I and III in the Centre for Visual Arts, UKZN, Pietermaritzburg.

October 2012: Anthropological and historical investigation: Nhlanhleni Land Claim

September 2012: Architectural Impact Assessment: Clairwood Turf Club

August 2012: Architectural Impact Assessment: St Thomas Road Development
 April 2012: Anthropological and historical investigation: Mavundulu Land Claim
 April 2012: Architectural Impact Assessment: Tongaat-Hulett Shongweni Estates
 March 2012: Architectural Impact Assessment: Fair Oaks Homestead, Karkloof
 February 2012: Architectural Impact Assessment: Maphumulo Gaol
 November 2011: Cultural Landscape recommendations: Ekuphakameni Shembe
 November 2011: Architectural Impact Assessment: Shree Gengaimmen Temple, Bellair
 October 2011: Architectural Impact Assessment: 8 Highbury Road, Hillcrest
 October 2011: Architectural Impact Assessment: Cornubia
 October 2011: Cultural Landscape Assessment: Phase II Spring Grove Dam
 September 2011: Architectural Impact Assessment: The Arch Pietermaritzburg
 August 2011: Architectural Impact Assessment: Camps Drift Waterfront
 July 2011: Architectural Impact Assessment: Kynoch ammunition bunkers
 June 2011: Anthropological and historical investigation: Sappi Mkulisi Claim
 May 2011: Architectural Impact Assessment: Dornoch farmstead, Balgowan
 March 2011: Architectural Impact Assessment: King Shaka airport for Dube Tradeport
 February 2011: Architectural Impact Assessment: Blytheswood Road, Durban
 February 2011: Architectural Impact Assessment Bellevue farm
 January 2011: Anthropological and historical investigation: Harding Farms
 January 2011: Architectural Impact Assessment: Rex Henderson Road Empangeni
 January 2011: Architectural Impact Assessment: Phase II: Fairbreeze mine (Exxarro)
 Nov 2010: Architectural Impact Assessment: Phase 1: Fairbreeze mine(Exxarro)
 Nov 2010: Architectural Impact Assessment: 90 Florida Road, Durban
 Nov 2010: Comparative Labour Assessment; Bell Park Farm
 October 2010: Cultural Landscape investigation Phase I; Springgrove Dam
 Sept 2010: Anthropological and historical investigation: Wondergeluk, Sappi
 Sept 2010: Anthropological and historical investigation: Rosslea, Sappi
 August 2010: Architectural Impact Assessment: Mill at Brookwood Manor
 June 2010: Architectural Impact Assessment: Mills Circle, Pietermaritzburg
 May 2010: Architectural Impact Assessment: Old Manse, Verulam
 April 2010: Anthropological and historical investigation: Karkloof, Sappi
 January 2010 Anthropological and historical investigation: Delectable Dale, Richmond
 January 2010 Anthropological and historical investigation: Mabandla Traditional Authority
 January 2010 Anthropological and historical investigation: Mafuze Claim, Tongaat Hulett
 January 2010: Architectural Impact Assessment: Sutherlands Tannery
 Nov 2009: Architectural Impact Assessment: Bluff Sub Station
 August 2009: Anthropological and historical investigation: Bhejane Claim, Tongaat Hulett
 July 2009: Architectural Impact Assessment: Blackhurst Estate
 May 2009: Anthropological and historical investigation: Newstead Claim, NCT
 May 2009: Anthropological and historical investigation: Braco Claim, Karkloof
 May 2009: Architectural Impact Assessment: Fourways
 Nov 2009: Anthropological and historical investigation: Invernettie Claim
 February 2009: Architectural Impact Assessment: Emberton Estate
 February 2009: Social Impact Assessment Sappi Clan Village
 January 2009: Anthropological and historical investigation: Mount Ashley Land Claim
 Dec 2008: Architectural Impact Assessment: Secret Garden, Bisley
 Nov 2008: Architectural Impact Assessment: Heidelberg House
 Sept 2008: Anthropological and historical investigation: Magcekeni Claim Albert Falls
 August 2008- Anthropological and historical investigation- Mgodhi claim at Howick
 Anthropological and historical investigation Compensation Farm
 Anthropological and historical investigation Benvie farms
 June 2008- Architectural Impact Assessment Royal Natal Hotel
 May 2008- Anthropological and historical investigation Karkloof farms
 Anthropological and historical investigation Aphexi properties
 Architectural Impact Assessment Petronet pipeline
 April 2008- Anthropological and historical investigation Mzimkhulu Valley Landowners
 March 2008 SAPPI Forests:- Desktop study Land Claim investigations
 February 2008 Historic Impact Assessment for 3 Lucas Road, Hillcrest
 February 2008 Historic Impact Assessment for Port Durnford Forest
 February 2008 Anthropological and historical investigation - Petrusstroom Land Claim

December 2007 Rietfontein Farm Architectural and Historic Impact Assessment
 December 2007 Umngeni Municipality assessment of Montrose House with view to its repair
 August 2007- Inchanga Hotel, Historic and Architectural Investigation
 August 2007- Glenhaven (Underberg) Land Claim investigation
 July 2007- Exxarro Sands Mine, Empangeni, Historic and Architectural Investigation
 July 2007- Kingthorpe Farm- Historic and Architectural Investigation
 July 2007- Town Hill Hospital- new Parliament-Historic and Architectural Investigation
 May 2007- SAPPI- Nooitgedacht Land Claim investigation
 February 2007: Labour tenant interviews and report for Cathkin Estate
 January 2007: Richmond Agricultural Showgrounds HIA
 October 2006: HIA for the National Botanical Gardens, Pietermaritzburg (with eThembeni)
 Sept 2006 Historical Report for the Central Drakensberg Ratepayers Association
 Dec 2006: Midlands Freedom Sites: Research Natal Museum Display
 October 2005 HIA for Bulwer Park Mountain Hotel (through Natal Museum)
 October 2005 HIA for the Salisbury Island Naval Base (through Natal Museum)
 March 2006 HIA: Johannesburg & Tshwane portions of the GAUTRAIN (with eThembeni)

Jan 2002-June 2006: Durban Institute / University of Technology

Lecturer in Architectural Technology. In 2002 taught first year construction and 4th year Urban Design, lecture load 20 periods per week. 2003 taught first year history of architecture, to 100 mainly Zulu-speaking students, as well as post-graduate Urban Design and Housing and third year landscape and survey. 2004 and 2005 taught studiowork and landscape to first and third year students, and 2006 taught first year history of Architecture (160 students) and design at third year level together with landscape.

May 2000-August 2000: ICOMOS Intern, New Mexico

Selected to work on the Socorro mission in El Paso, Texas as part of the ICOMOS exchange programme. Work on assessment, planning and practical repair to 19th century adobe church, working with at risk institutionalised children doing a form of community service.

Jan 1997- September 2001: Heritage KwaZulu Natali

Working with provincial heritage and 'Monuments Council' structures around the province across the gamut of possibilities from rural development projects implementing monuments to Zulu nationals, to advice on repairs to Victorian and Edwardian buildings in cities to interpretive centres at stone-age cave sites.

Research and Publication Record:

In addition to the extensive amount of research carried out as a matter of course as director of Archaic Consulting, I also worked as a freelance researcher for Deveraux and Deloitte whilst studying in London from December 2003 until April 2005.

Journal Articles:

2012 – Guest Editor: *KZNIA Journal* 2/2012 and Re(a)dressing the Old Dames pp6-7
 2010 - Book Review of Paul Oliver, 'Built to Meet Needs' in *Journal of the Royal Anthropological Institute* March 2010 Volume 16 Issue 1 pp165-166
 2009 - Memory, identity and inheritance amongst Zululand traders in *Natalia* December 2009 pp 79-93
 2007 - 'Trading Store Style'-an indelible phenomenon in the historical landscape of KwaZulu-Natal in *SAJAH* Vol 22 no 2 2007 238-249
 2006 - Changing Zuluness: capturing the mecurial Indigenous Vernacular Architecture of the Eastern Seaboard of Southern Africa in *Traditional Dwellings and Settlements Review*, Berkely, Ca- Vol 17 no 2 pp71-82
 2005 - Guest editor: *KZNIA Journal* 1/2005 pp 1-3 and 10-11

2003 - Decorated Architecture as a Material Culture: a preliminary look at the vernacular architecture of the Msinga area in *Southern African Humanities*, Pietermaritzburg December 2003: Vol 15 pp 129-141

2002 - The emergence of a decorated vernacular architecture amongst the Mthembu and Mchunu people of Msinga in *KZNIA Journal*, 1/2002; p14,15

2001 - Potolozi- the resurrection of an old gem; relevant conservation in action in *KZNIA Journal* 3/2001: 14-15

1998- Eastern Iron Age Pathways in *KZNIA Journal* 3/1998, p9

Chapters in books:

2012 – Chapter: Whose Colony and whose legacy: Layers of power and Hybrid Identities in Edendale, Pietermaritzburg, South Africa. In Demissie, F. 2012 *Colonial Architecture and Urbanism: intertwined contested histories*. London: Ashgate Publishing.

1998 - Chapter: Infill Architecture and Restoration and Chapter: The Context of Landscape and Nature in *Rhodes Reassessed; towards the conservation of an unique South African Town*. Durban: University of Natal School of Architecture

Conference Proceedings:

2004 -The possibilities or impossibilities of the indigenous vernacular heritage in *IASTE Working Papers Series*: Dec 2004 Vol: 171

I have also presented full papers at a number of International Conferences, namely US ICOMOS Symposium in Santa Fe (2002), IASTE Conference, Sharjah (2004), and Terra Mali (2008), as well as some local conferences and symposia.

I. Conservation Guidelines suggested in the Burra Charter (1988)

These guidelines, which cover the development of conservation policy and strategy for implementation of that policy, were adopted by the Australian national committee of the International Council on Monuments and Sites (Australia ICOMOS) on 25 May 1985 and revised on 23 April 1988. They should be read in conjunction with the Burra Charter.

1.0 Preface

1.1 Intention of guidelines

These guidelines are intended to clarify the nature of professional work done within the terms of the Burra Charter. They recommend a methodical procedure for development of the conservation policy for a place, for the statement of conservation policy and for the strategy for the implementation of that policy

1.2 Cultural significance

The establishment of cultural significance and the preparation of a statement of cultural significance are essential prerequisites to the development of a conservation policy (refer to Guidelines to the Burra Charter: Cultural Significance).

1.3 Need to develop conservation policy

The development of a conservation policy, embodied in a report as defined in Section 5.0, is an essential prerequisite to making decisions about the future of a place.

1.4 Skills required

In accordance with the Burra Charter, the study of a place should make use of all relevant disciplines. The professional skills required for such study are not common. It cannot be assumed that any one practitioner will have the full range of skills required to develop a conservation policy and prepare the appropriate report. In the course of the task it may be necessary to consult with other practitioners and organisations.

2.0 The Scope of the Conservation Policy

2.1 Introduction

The purpose of the conservation policy is to state how the conservation of the place may best be achieved both in the long and short term. It will be specific to that place. The conservation policy will include the issues listed below.

2.2 Fabric and setting

The conservation policy should identify the most appropriate way of caring for the fabric and setting of the place arising out of the statement of significance and other constraints. A specific combination of conservation actions should be identified. This may or may not involve changes to the fabric.

2.3 Use

The conservation policy should identify a use or combination of uses, or constraints on use, that are compatible with the retention of the cultural significance of the place and that are feasible.

2.4 Interpretation

The conservation policy should identify appropriate ways of making the significance of the place understood consistent with the retention of that significance. This may be a combination of the treatment of the fabric, the use of the place and the use of introduced interpretive material. In some instances the cultural significance and other constraints may preclude the introduction of such uses and material.

2.5 Management

The conservation policy should identify a management structure through which the conservation policy is capable of being implemented. It should also identify:

- (a) those to be responsible for subsequent conservation and management decisions and for the day-to-day management of the place;
- (b) the mechanism by which these decisions are to be made and recorded;
- (c) the means of providing security and regular maintenance for the place.

2.6 Control of physical intervention in the fabric

The conservation policy should include provisions for the control of physical intervention. It may:

- (a) specify unavoidable intervention;
- (b) identify the likely impact of any intervention on the cultural significance;
- (c) specify the degree and nature of intervention acceptable for non-conservation purposes;
- (d) specify explicit research proposals;
- (e) specify how research proposals will be assessed;
- (f) provide for the conservation of significant fabric and contents removed from the place;
- (g) provide for the analysis of material;
- (h) provide for the dissemination of the resultant information;
- (i) specify the treatment of the site when the intervention is complete.

2.7 Constraints on investigation

The conservation policy should identify social, religious, legal or other cultural constraints which might limit the accessibility or investigation of the place.

2.8 Future developments

The conservation policy should set guidelines for future developments resulting from changing needs.

2.9 Adoption and review

The conservation policy should contain provision for adoption and review.

3.0 Development of Conservation Policy

3.1 Introduction.

In developing a conservation policy for the place it is necessary to assess all the information relevant to the future care of the place and its fabric. Central to this task is the statement of cultural significance. The task includes a report as set out in Section 5.0. The contents of the report should be arranged to suit the place and the limitations of the task, but it will generally be in three sections:

- (a) the development of a conservation policy (see 3.2 and 3.3);
- (b) the statement of conservation policy (see 3.4 and 3.5);
- (c) the development of an appropriate strategy for implementation of the conservation policy (see 4.0).

3.2 Collection of Information

In order to develop the conservation policy sufficient information relevant to the following should be collected:

3.2.1 Significant fabric

Establish or confirm the nature, extent, and degree of intactness of the significant fabric including contents (see Guidelines to the Burra Charter: Cultural Significance).

3.2.2 Client, owner and user requirements and resources

Investigate needs, aspirations, current proposals, available finances, etc., in respect of the place.

3.2.3 Other requirements and concerns

Investigate other requirements and concerns likely to affect the future of the place and its setting including:

- (a) federal, state and local government acts, ordinances and planning controls;
- (b) community needs and expectations;
- (c) locational and social context.

3.2.4 Condition of fabric

Survey the fabric sufficiently to establish how its physical state will affect options for the treatment of the fabric.

3.2.5 Uses

Collect information about uses, sufficient to determine whether or not such uses are compatible with the significance of the place and feasible.

3.2.6 Comparative information

Collect comparative information about the conservation of similar places (if appropriate).

3.2.7 Unavailable information

Identify information which has been sought and is unavailable and which may be critical to the determination of the conservation policy or to its implementation.

3.3 Assessment of information

The information gathered above should now be assessed in relation to the constraints arising from the statement of cultural significance for the purpose of developing a conservation policy. In the course of the assessment it may be necessary to collect further information.

3.4 Statement of conservation policy

The practitioner should prepare a statement of conservation policy that addresses each of the issues listed in 2.0, viz.:

- fabric and setting;
- use;
- interpretation;
- management;
- control of intervention in the fabric;
- constraints on investigation;
- future developments;
- adoption and review. The statement of conservation policy should be cross-referenced to sufficient documentary and graphic material to explain the issues considered.

3.5 Consequences of conservation policy

The practitioner should set out the way in which the implementation of the conservation policy will or will not:

- (a) change the place including its setting;
- (b) affect its significance;
- (c) affect the locality and its amenity;
- (d) affect the client owner and user;

(e) affect others involved.

4.0 Implementation of Conservation Policy

Following the preparation of the conservation policy a strategy for its implementation should be prepared in consultation with the client. The strategy may include information about:

- (a) the financial resources to be used;
- (b) the technical and other staff to be used;
- (c) the sequence of events;
- (d) the timing of events;
- (e) the management structure.

The strategy should allow the implementation of the conservation policy under changing circumstances.

5.0 The Report

5.1 Introduction

The report is the vehicle through which the conservation policy is expressed, and upon which conservation action is based. See also Guidelines to the Burra Charter: Procedures for Undertaking Studies and Reports.

5.2 Written material

Written material will include:

- (a) the statement of cultural significance;
- (b) the development of conservation policy;
- (c) the statement of conservation policy;
- (d) the strategy for implementation of conservation policy. It should also include:
 - (a) name of the client;
 - (b) names of all the practitioners engaged in the task, the work they undertook, and any separate reports they prepared;
 - (c) authorship of the report;
 - (d) date;
 - (e) brief or outline of brief;
 - (f) constraints on the task, for example, time, money, expertise;
 - (g) sources (see 5.4).

5.3 Graphic material

Graphic material may include maps, plans, drawings, diagrams, sketches, photographs and tables, clearly reproduced. Material which does not serve a specific purpose should not be included.

5.4 Sources

All sources used in the report must be cited with sufficient precision to enable others to locate them.

All sources of information, both documentary and oral, consulted during the task should be listed, whether or not they proved fruitful. In respect of source material privately held, the name and address of the owner should be given, but only with the owner's consent.

5.5 Exhibition and adoption

The report should be exhibited and the statement of conservation policy adopted in accordance with Guidelines to the Burra Charter: Procedures for Undertaking Studies and Reports