

Anderson Stuart's

MEDICAL SCHOOL



JAMES SEMPLE KERR



UNIVERSITY OF SYDNEY

ANDERSON STUART'S
MEDICAL SCHOOL

A PLAN FOR ITS CONSERVATION

JAMES SEMPLE KERR

COMMISSIONED BY

AUSTRALIAN CONSTRUCTION SERVICES

FOR THE

UNIVERSITY OF SYDNEY

1992

Background and acknowledgments

This conservation plan was commissioned by Australian Construction Services on 29 May 1992 as a preliminary to the preparation of a refurbishment master plan for the Anderson Stuart Building of the University of Sydney. It is also intended to provide long-term guidance for the future conservation and development of the building and as such should be revised from time to time.

The work was carried out without intervention in the fabric or excavation and much of the physical data on which the policies are based was provided by Australian Construction Services. Both Barry McGregor and Derek Hallam of that organisation provided detailed and incisive comments on progressive drafts and these resulted in a greatly improved text. Finally a draft was submitted to the university and the suggestions of John Young, John Stone, Phil Westwood, John Simmons and Neil Shannon all of the University of Sydney were worked into the policy section. The University of Sydney Archives, the Macleay Museum, John Young, John Stone and Ken Parsons made plans and photographs available. The document was completed for publication on 21 August 1992.

Explanation of sources and copyright

The first part of this report is largely based on J.S. Kerr's *The Anderson Stuart Building* in Young, Sefton and Webb's *Centenary Book of the University of Sydney Faculty of Medicine*, pages 472–503. More than half of the original text is reproduced verbatim and the copyright of pages 1 to 22 of this report therefore remains vested in the Editorial Sub-committee of the Medical School Centenary Committee of the University of Sydney. The text has been supplemented by additional material and, as well, the original sources omitted from the centenary publication as a result of editorial policy have been reinstated.

Front cover. Henry Joseland's watercolour of about 1886 prepared from the colonial architect's elevations. The dormers were a fanciful embellishment by the artist. Reproduced from the original in the Department of Physiology.

Back cover. The dissecting room in the 1890s looking north-west (see plan in fig.10). Photograph from Sydney University Archives attributed to John Sharkey.

Plan orientation. The conventions of the original plans have been retained. Hence, in figs 4, 5, 9, 10, 14, 15 21 and 33a, south is to the top of the page—in all others north is at the top.

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INTRODUCTION



The Anderson Stuart Building, formerly known as the "Medical School", was completed in 1889 and is one of the University's best known buildings. The building was the creation of its namesake, Thomas Anderson Stuart, who was the University's first Professor of Anatomy and Physiology and Foundation Dean of Medicine. The original building was later extended to the north in three sections. These extensions were sympathetic to the original architecture although there are some intentional discontinuities between the original and later work. There has been no significant change to the footprint of the building since the extensions were completed in 1922.

However, the history of the interior of the building since the First World War has been one of repeated subdivision and occasional minor addition in order to provide more accommodation and services. The modifications were done in a manner which has resulted in a reduction in the internal quality of the accommodation and services which are now in need of refurbishment.

Departments of Physiology, Anatomy and Histology and Embryology, which are preclinical departments of the Faculty of Medicine are currently accommodated within the building. A recent review of these departments concluded that the departments' teaching and research work was being hampered by the outdated and generally inadequate facilities. The study concluded that in the longer term these departments should be relocated in a modern building, purpose designed to technical standards appropriate to the needs of the day. However due to a lack of capital funding a new facility is unlikely for many years. Therefore it is accepted that the Anderson Stuart Building will continue to accommodate these or similar preclinical medical departments for the foreseeable future (ie. 10–15 years) by which time funds for a new modern facility might be found.

Because of the need to retain the use of the Anderson Stuart Building for preclinical medicine for a considerable period, the University decided to commission a feasibility study for the building. A most important feature of the feasibility study is the requirement that any refurbishment work be in sympathy with heritage considerations. Australian Construction Services were commissioned to carry out the feasibility study and they engaged James Semple Kerr, as part of their team, to undertake this conservation study.

This work, which has been developed in consultation with Australian Construction Services, the Faculty of Medicine and the Buildings & Grounds Office of the University, should ensure that the Anderson Stuart Building, which is one of outstanding significance, not only at State but at a national level, is sensitively developed and managed in keeping with the respect it deserves. James Semple Kerr's, "Anderson Stuart's Medical School—A plan for its conservation", is an important contribution in achieving these aims.

Don McNicol
Vice-Chancellor and Principal

UNDERSTANDING THE BUILDING

Genesis

As early as 1859 the University of Sydney adopted a scheme of teaching in medicine which was intended to commence in 1860. The architect then supervising the construction of the university and its earliest colleges, Edmund Blacket, was instructed to prepare plans for the necessary anatomical school. However the project was abandoned because of the opposition of Professors John Woolley and John Smith. They argued that the resources so deployed would have slowed the completion of the work already under way and that in any case it was neither expedient nor timely (Barff, 99).

In 1880 John Henry Challis died leaving a bequest to the University which was to be worth about £200,000 by the end of the decade (CB 356). In anticipation of the coming largesse, extra funds were to be released from January 1883 and in the meantime senate commenced serious planning for the medical school. It sought nominations for the chair of foundation professor of anatomy and physiology from the University of Edinburgh, the Royal College of Surgeons in Edinburgh and London and the Faculty of Surgeons and Physicians and Surgeons in Glasgow. Such was the medical establishment network in the United Kingdom that all the bodies approached recommended the same man: Thomas Peter Anderson Stuart.

Anderson Stuart and the medical school

When appointed in 1882, Anderson Stuart was twenty-six and a gold medallist graduate of the University of Edinburgh. He was a Scot who took both his profession and himself very seriously (CB 172) and was to be equally serious about the design of his new medical school building in Sydney. Before his death in 1920 he dictated to his biographer, William Epps:

From the very first I have striven for the importance of the medical profession, and I was not prepared to see it play second fiddle to any other profession. I believe that my influence in this direction has been of considerable value to the profession of medicine, in raising it to its present high standard and social influence in Australia, where it occupies a leading position (Epps, 124).

It is clear from Anderson Stuart's biography that his personal ambition was not subordinated to his ambition for the profession, rather were they linked—what was good for Anderson Stuart was good for medicine and *vice versa*. He was acutely aware of the power of appearances in achieving success and status: competence without "the sweet oil of a gracious manner and striking personality" could mean failure (Epps, 124). The same attitude was applied to the permanent medical school building. It was not to be merely functional but both stately and sufficiently stylistically elaborate to rival (as well as complement)



1. Thomas Peter Anderson Stuart. Photograph supplied by J.A. Young.

Blacket's main building, irrespective of expense. He even insisted on, and obtained, twenty foot ceilings in all rooms (Anderson Stuart ms, 17.5.1883). The Macleay Museum, commenced the same year (1885) on the equally important north flank of the main building, had no such promoter and guardian: its liver brick, squat towers and coarse detailing became such a standing reproach that the university finally concealed its nakedness behind a sandstone screen in the twentieth century (Kerr, Joan, J&PRNSW, Vol.118, p.187).

Anderson Stuart's successful manoeuvres to obtain resources at the expense of other departments alarmed the chancellor, William Manning. While Manning acknowledged the value of the medical school, he felt it was turning out to be a cuckoo in the university nest or, as Anderson Stuart was later to express it, the medical tail wagging the university dog. Anderson Stuart was later to claim that the medical school had become so prosperous and large that it was never necessary to wag the dog (Epps, 55).

Anderson Stuart arrived in March 1883 with a considerable amount of equipment and medical apparatus purchased in England as well as a wife, Elizabeth Ainslie, prudently acquired before departure. It was not to be a happy union and within three years Elizabeth, who was living alone at the time, was dead of "an overdose of morphia" (CB 197). "As a widower" Anderson Stuart "continued to live with Professor Liversidge" (Epps, 153) with whom he had become "very intimate" (Epps, 51). His second marriage to the nineteen year old Dorothy Primrose was to present "more of the external trappings of success" and produced four sons, two of whom followed him into medicine. His sole surviving son, Bouverie, said that he was a "strict and rather distant figure whose communications with his children were largely through his wife as intermediary" (CB, 197). Anderson Stuart's own public words of praise to his wife complete the picture:

Her excellence lies in looking after the home, looking after her children and looking after her husband... I can give utterance to no higher praise... (Epps, 127).

As Webb and Young point out, the medical school was the focus of his existence—other aspects were peripheral. By his "personality, drive and ability" over the next quarter century he succeeded in "creating one of the largest and most important medical institutions in the Empire outside Britain" (CB 185 & 196-197). During the early years he overcame or subverted some formidable opposition to procuring the considerable resources that his plans demanded. Anderson Stuart was justifiably proud of his achievement, although somewhat reticent of the methods he had adopted. Before his death in 1920 from cancer, he took the precaution of destroying all his personal papers and at the same time instructing his chosen biographer "not to reveal details of his various quarrels and feuds" (CB 174).

It should not be assumed that his contemporaries regarded him as some kind of monster. His students had for him that kind of "queer affection" to which his evident ability, Lowland Scottish reserve, idiosyncratic dress



2. Detail of menu for the first dinner of the medical graduates of the Sydney University, 1903, showing a reasonably accurate representation of the temporary school built in March 1882. Supplied by J.A. Young.

and memorable physiognomy entitled him. They called him Andy (behind his back) but by the time of his death no-one called his medical school building by its early name "Andy's Folly". It is now, rightly, known as the Anderson Stuart Building.

The first medical school building

On arrival in March 1882 Anderson Stuart "found the foundation of a little four-roomed cottage and walls about half way up. It was in this that he was to begin the Medical School" (Epps, 50). The senate originally intended to provide a temporary location for the school in part of the 1879 exhibition building in the Botanic Gardens (CB, 164), however it was burned to the ground in September 1882 and a committee was hastily formed to arrange other accommodation for the beginning of the 1883 year. Finally a plan was prepared by the office of the colonial architect, James Barnet, approved by the Senate and let to tender in February 1883 for completion in twenty-one days at a cost of £833 (White, 5). Its site is now occupied by the old geology building in Science Road.

It was characteristic of Anderson Stuart that he occupied the incomplete building on the day appointed and commenced work with the final stages of the building erecting around him. The space in the cottage was naturally inadequate for its new occupants and Anderson Stuart pressed, successfully, for an addition to be built at once and for the professor of natural history, William Stephens, who occupied two of the four rooms in the cottage, to be accommodated elsewhere. The new structure, a detached three-room range between the cottage and the road to Parramatta, was completed by October. On the removal of Stephens, Anderson Stuart later recollected: "I contrived to make the place smell as disagreeably as possible and he was glad to get out". (Epps, 51).

Planning the permanent building

Shortly after Anderson Stuart's arrival the senate appointed a committee to prepare plans and undertake necessary preliminary work for the permanent buildings of the medical school and to complete the temporary building then under erection. The committee consisted of the vice-chancellor, William Windeyer, Henry Russell, the government astronomer, Theodore Gurney and Archibald Liversidge, respectively the professors of mathematics and chemistry and Arthur Renwick who had been acting dean of the faculty of medicine. All were members of senate (BCM, 8&9.3.1883). After the first meeting on 8 March 1883 Anderson Stuart and Stephens, although not members of senate, attended by invitation.

The committee met three times and on 19 March the professors of chemistry (Liversidge), natural history (Stephens) and anatomy and physiology (Anderson Stuart) submitted rough sketch plans for the requirements of their departments in the proposed buildings. These plans were given to the colonial architect with the following resolutions which had been passed for his guidance:



3. Temporary medical school building and extension from the west with the Macleay Museum at the rear, about 1900. Photograph supplied by J.A. Young.

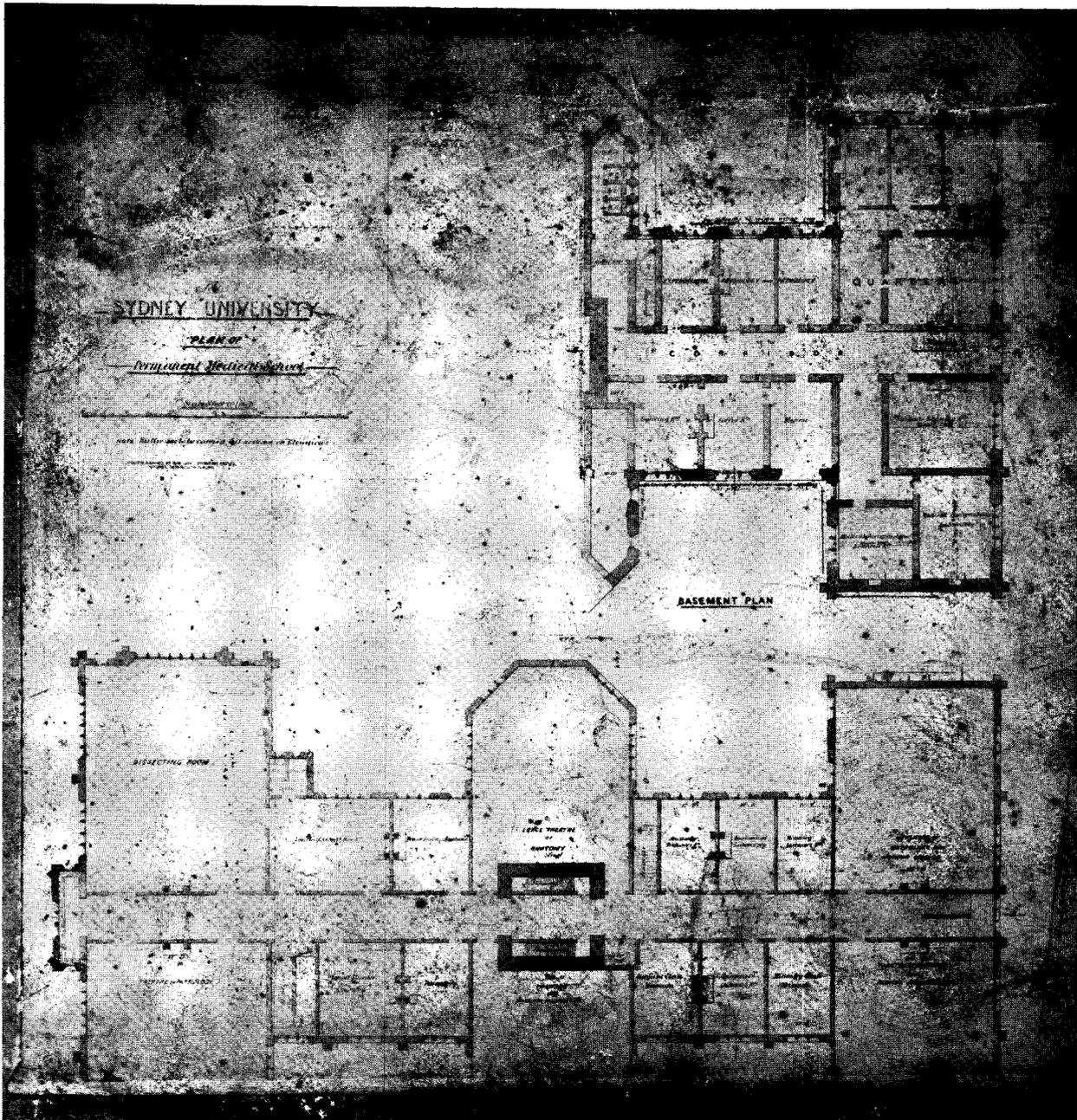
- that the permanent buildings for the Medical and Natural Sciences Departments be erected at the southern end of, and parallel to, the present [Bracket] buildings;
- that the form be that of three pavilions or blocks of which the one next the present buildings be devoted to the Chemical Department, the middle one to Natural History, Geology and Natural Philosophy and the third pavilion to the accommodation of the purely medical subjects;
- that in each pavilion or block the accommodation, the juxtaposition and the lighting of the different rooms, as given in the Professors' sketches and memoranda herewith, be adhered to as far as possible (SM, 4.6.1884).

The year 1883 was one of hectic activity and strain in the over-committed colonial architect's office. Barnet himself was being publicly criticised for permitting Tomaso Sani's carvings to be placed on the GPO, and despite his personal interest in Sydney University it is not surprising that the new designs were slow to emerge. In December, the senate adopted the building committee's recommendation that the vice-chancellor and professors immediately interested should wait upon the minister for public instruction and urge upon him the necessity of issuing instructions for plans to be prepared at once so that the vote for the year should not lapse (SM, 5.12.1883).

Throughout 1883 and 1884 Anderson Stuart kept a steady pressure on his colleagues, the building committee, the senate and through them the government, to ensure that the highest priority was given to meeting the urgent need of proper and adequate accommodation for the medical school. It was as a result of his tenacity and political acumen that senate resolved in June 1884 to reverse an earlier resolution and to proceed with the erection of the medical school without delay instead of the chemical laboratory (SM, 4.6.1884).

Immediately after the meeting, a deputation of the chancellor, the registrar and Anderson Stuart waited upon the colonial secretary and the minister for public instruction with the gratifying result that the colonial architect was instructed to proceed with the plan of the buildings without delay (SM, 2.7.1884). After what must have been quite substantial but unrecorded discussions between Anderson Stuart and his colleagues on the one hand and the colonial architect's office on the other, the plans were finalised and submitted to the senate in November 1884 (figs. 4 to 5). On Anderson Stuart's motion they were approved and an application was immediately made "for a sum of money sufficient for their completion" (SM, 5.11.1884). In response, the government placed an additional vote upon the estimates for 1885 of £15,000.

In the following March, the fellows of senate, including of course, Liversidge and Anderson Stuart, visited the grounds to fix the precise site for the medical school. They retained the proposed chemical department in the position originally intended and specified that it should be eighty feet south of the main building and in line with its general front. It was resolved that the medical school should be eighty feet further south but with its eastern façade aligned with the great hall (SM, 21.3.1885)—thus providing a balancing terminal feature to a grand complex of buildings.

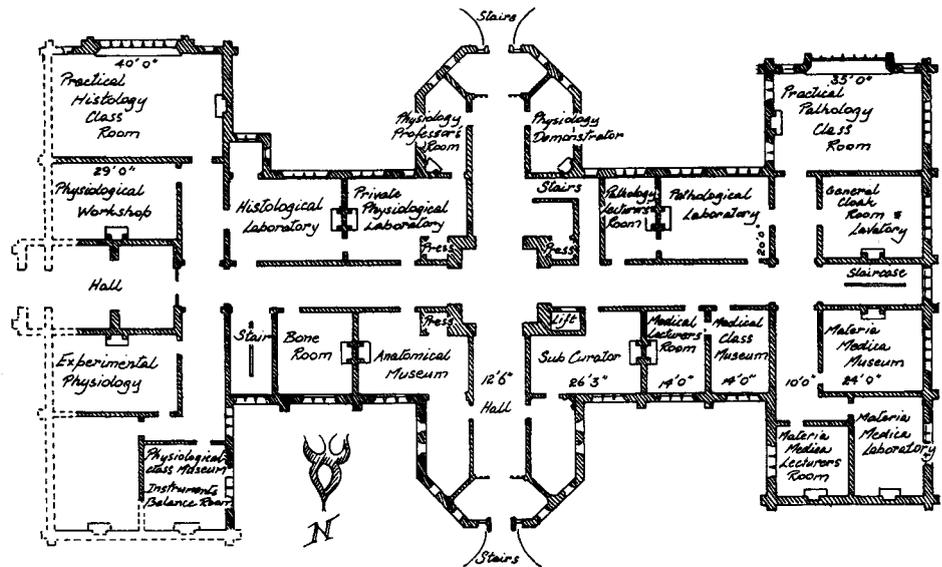


Both Anderson Stuart and Barnet were dedicated to erecting a noble pile. Both understood the need to commit the project as soon as possible, and it is likely that neither was candid about the eventual cost. Anderson Stuart subsequently boasted:

When the vote was going through parliament for a permanent medical school building, it was understood that it was to be for the completion of the building. I had other views and with the very able assistance of the Colonial Architect of the period, James Barnet, the money was spent on the foundations of a noble building... of course the foundations without an superstructure were an anomaly, but gradually the buildings arose, and were completed in 1889-90 (Epps, 58).

4. Basement and first floor plan of proposed medical school signed James Barnet, Col. Arch', 22 November 1884 and referred to in contract of 14 April 1885 with Thomas Alston. S.U. Archives.

5. Redrawn ground plan of Anderson Stuart's proposed medical school showing intended use of spaces. Original signed James Barnet, Col. Archt., 22 November 1884 and referred to in Thomas Alston's contract of 14 April 1885. S.U. Archives but now missing.



In January 1887 the estimate for the project was £48,000, although the colonial architect had already anticipated an expenditure of £60,000 in his budget (PWD Board of Inquiry 1887, p.334 and GAB, Return of Public Works, 1885). Subsequently the Return of Public Works officially acknowledged the following expenditure on the building.

Erection of structure to 1889	£51,199	8s	3d
Finishing trades to 1892	£16,262	5s	8d
Total	£67,461	13s	11d

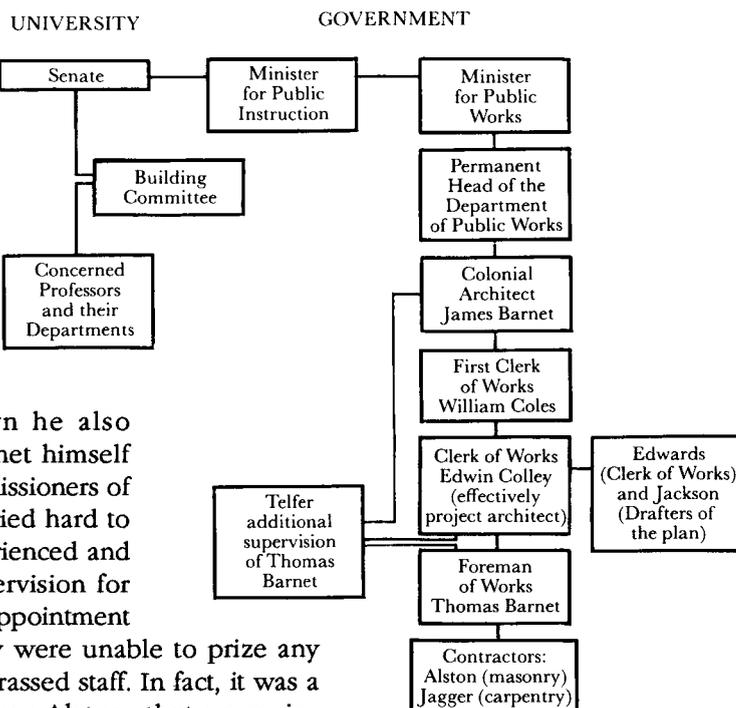
The university authorities afterwards spoke of the building as costing £80,000, although this is no doubt included elements funded from non-government sources such as the stained-glass windows. It was this type of approach to the funding of public works that allowed Barnet's office to produce so many buildings now considered to be important parts of our national heritage, but it was also a major factor leading to his enforced retirement from office in June 1890.

Supervision of the work

Throughout the design and construction period the project was under the care of a "clerk of works" in Barnet's office, Edwin Colley. In practical terms he fulfilled much the same role as a project architect in a government architect's office does today. He was only designated "Clerk of Works" because Barnet had been unable to persuade the public service bureaucracy to introduce more appropriately descriptive titles.

Colley was originally a carver, but he had gained considerable experience in project management. Blacket first employed him on the major carvings of the E.S.&A. Chartered Bank on the corner of George and King Streets in 1857-1858 (Kerr, Joan, *Blacket*, 3.2.F.). Following this, he acted as Blacket's clerk of works for the St John's College project from 1860 (Ibid, 3.10.C). Colley joined the colonial architect's office in 1874 and at the time of the medical school project he was simultaneously engaged on suburban court houses (e.g. North Sydney) and defence works (e.g. Bare Island).

Arrangements for the physical supervision of the medical school project were complex but far from stringent. Barnet's son, Thomas, was the foreman on the site, but he was also supervising work on Spectacle Island and elsewhere. Thomas was young and inexperienced and the elder Barnet gave an old hand, Mr Telfer, the duty of keeping a technical and fatherly eye on him. Colley remained in charge and as he lived at Newtown he also occasionally visited the work, as did Barnet himself when he was in the Colony. The 1887 commissioners of inquiry into the public works department tried hard to establish that young Barnet was too inexperienced and too often absent to provide adequate supervision for such a project and also to imply that his appointment was inappropriate and nepotistic, but they were unable to prize any substantial evidence from a loyal but embarrassed staff. In fact, it was a tribute to the masonry contractor, Thomas Alston, that no major problems or disputes appear to have arisen.



6. Administrative structure for planning, supervising and building the medical school, 1885-90. CB481.

The contractor for the carpentry work was John Jagger, who at this time became the butt of some humour for his white-ant treatment. It was simple and merely involved laying a trail of sugar from a black-ants' nest to a white-ants' nest or tunnel. By this means the former would be led to, and would exterminate, the latter. Despite his views on biological control, he seems to have been a reasonably efficient contractor.

Edwin Colley stated in evidence that the plans for the project were drawn by Mr Jackson and Mr Edwards (PWD Board of Inquiry, 1887, p.334). Alfred Edwards was a more junior "Clerk of Works" in the colonial architect's office. He assisted Colley for most of the duration of the medical school project and had earlier prepared the general plans for Barnet's grand Callan Park lunatic asylum under the direction of the first clerk of works, William Coles. However, he regarded himself as a specialist in light-house design and had prepared plans for Green Cape, Montague Island and the Macquarie Light at South Head. "Clerks of the Works" in Barnet's office were expected to be versatile. Mr Jackson remains a mystery. The Public Service lists for the period do not show him as a member of Barnet's staff and it may be that his was a temporary engagement.

The formal relationships within the university and government involved in the design and construction of the medical school were as set out in fig.6. Informal relationships, however, are more important to the success of any project and here three figures were of particular importance: Thomas Anderson Stuart, James Barnet and Edwin Colley. Anderson Stuart convinced the university that the construction of the medical school should be its highest priority—he provided timely information on functional requirements and relationships in modern medical schools and he monitored the program throughout its entire course. Epps notes that "he allowed nothing to interfere with the steady erection of the new

buildings [and that] he exercised the closest control over it, watching its progress from day to day" (Epps, 59). It was Anderson Stuart who insisted on a high degree of ventilation control, knowing that his anatomy "subjects" would require it. He also insisted on the large rooms and twenty-foot ceilings which were to be a feature of the building (Anderson Stuart ms notes, 17.5.1883).

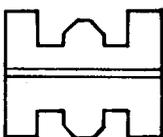
Barnet came to an early understanding with Anderson Stuart and his interest in the project ensured that bureaucratic problems were solved with comparative expedition. He, or Coles at his behest, would certainly have supplied Colley and the draftsmen with an architectural brief and general guidelines to supplement the university's written requirements. Colley co-ordinated the project.

The plan and its embellishments

Although the plans of the Edinburgh medical school were received and must have been a useful reminder to Anderson Stuart of functional successes and failures, they did not form the basis for the architectural solution for the Sydney medical school. Anderson Stuart had, however, assisted Professor Rutherford in planning the fitting out of the Edinburgh medical school and it was to be an invaluable experience. He knew what space was needed for lecture halls, classrooms, laboratories, dissecting rooms, workshops, museums and other apartments as well as what appliances, diagrams and other impedimenta were required for teaching (Epps, 56).

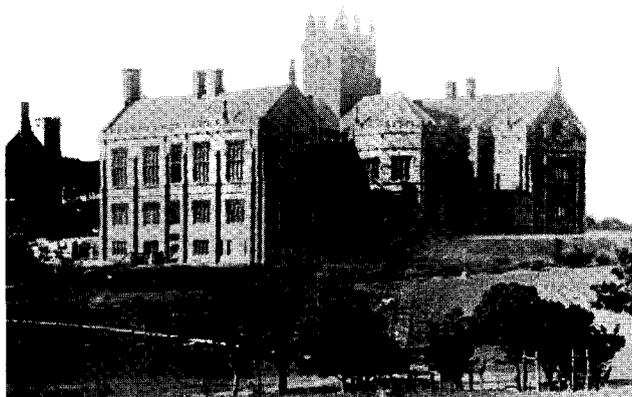
In Sydney there were no site problems and the main constraint, on which there was absolute unanimity of opinion, was the necessity of producing a structure which was "in harmony" with the main building. Hence the draftsmen (Jackson and Edwards), after a brief from Barnet or William Coles, arranged the university's carefully stated function requirements within the familiar masses and forms of the colonial architect's existing institutional *oeuvre* and embellished the elevations (figs 23 & 24) with Perpendicular Gothic elements largely taken from the main building.

In the early 1880s William Coles was the office specialist on the design of asylums. Drawing on contemporary American and English architectural solutions and on the advice of the inspector general of the insane, Norton Manning, he had evolved a standard approach to ward design. Examples survive at Callan Park (original wards 4 and 5) (Kerr, J.S., *Out of Sight*, 123-4) and in the south-eastern extensions of Gladesville (wards 17 and 18). The characteristic form was that of an 'E' plan containing day rooms and facilities with a rear corridor or access verandah. Sleeping accommodation was provided in the upper floor or floors. Edwards knew the approach well as he had been responsible for design and major drafting work at Callan Park to Coles' instructions. It was therefore both simple and logical for Edwards to continue to work with existing familiar forms and to re-arrange the adjacent wards at Callan Park in a back-to-back configuration for the medical school. The interior layout was of course adapted to the different requirements and access was arranged by means of a cruciform passage system (fig.9).



7. Diagram illustrating evolution of medical school plan in 1884. JSK. CB483.

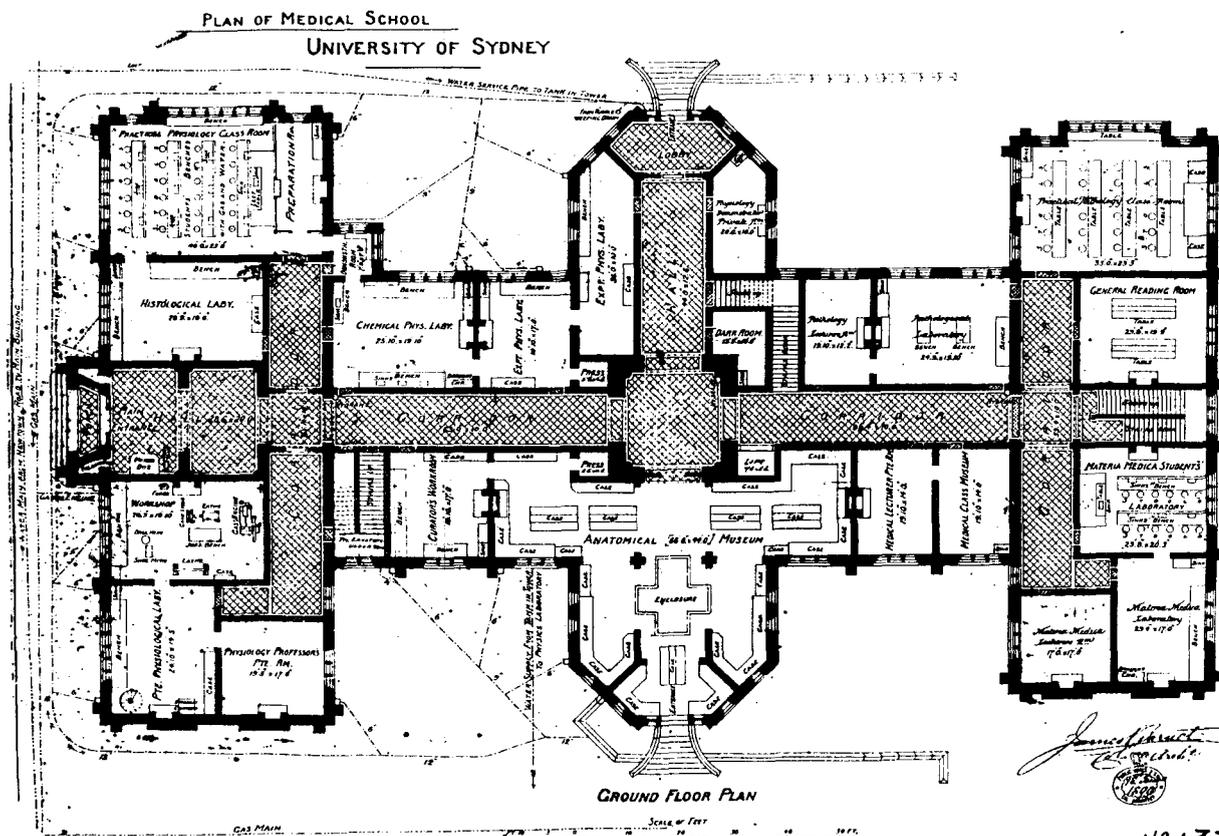
Unlike the asylum buildings, which were dressed in simple Georgian or modest High Victorian forms, the medical school was, as mentioned, clad in Perpendicular Gothic motifs taken from the main building. The resulting façades had a rigid elevational symmetry and rectilinearity which gave the building a repetitive and somewhat mechanical appearance, particularly on its east and west elevations (fig.8). Edmund Blackett in designing the main building had introduced sufficient asymmetry and variation of decorative elements to avoid this trap. However, subsequent additions to the medical school by Vernon's office and by Wilkinson have ameliorated the problem and, in any case, the design and carving of individual masonry features is of such quality as to redeem it from any suggestion of the blandness associated with "cardboard Gothic" (figs 20a & 23).



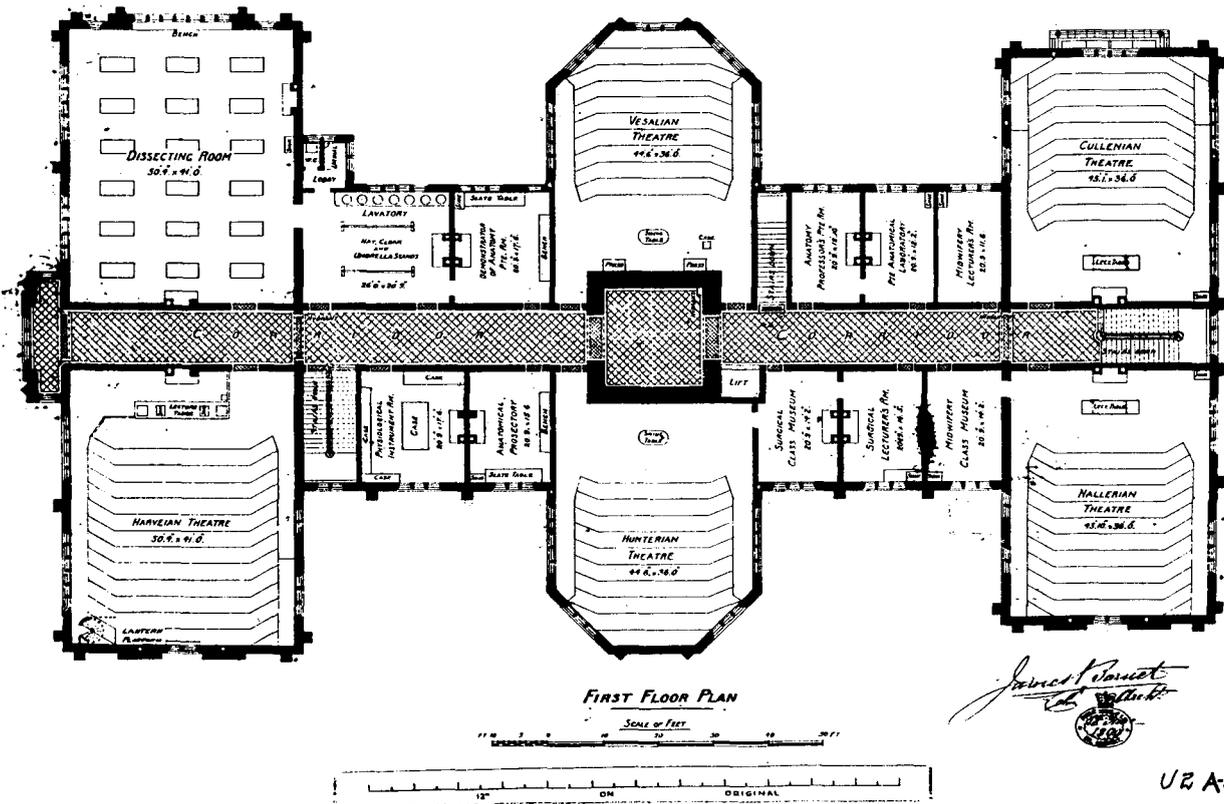
8. View of the medical school from the south-west in 1909. Photograph supplied by J.A. Young.

The original plan (figs 4 to 5) approved by senate in November 1884 and signed by the contractor in April 1885 consisted of a symmetrical arrangement around both the east-west and north-south axial passages. The ground floor was primarily devoted to offices and laboratories with architectural splendour being confined to the two-bay, sexpartite, rib-vaulted hall, and to the axial passages paved with black and white marble tiles. Where the axial passages crossed in the centre under the tower they broadened into a vaulted carrefour. In the revised design actually completed (fig.9) the northern arm of the north-south passage was abandoned to create a fine space for the anatomical museum.

9. Plan of the ground floor of the medical school on completion showing uses, major furniture and fittings. Signed James Barnet, 18 June 1890. S.U. Archives.



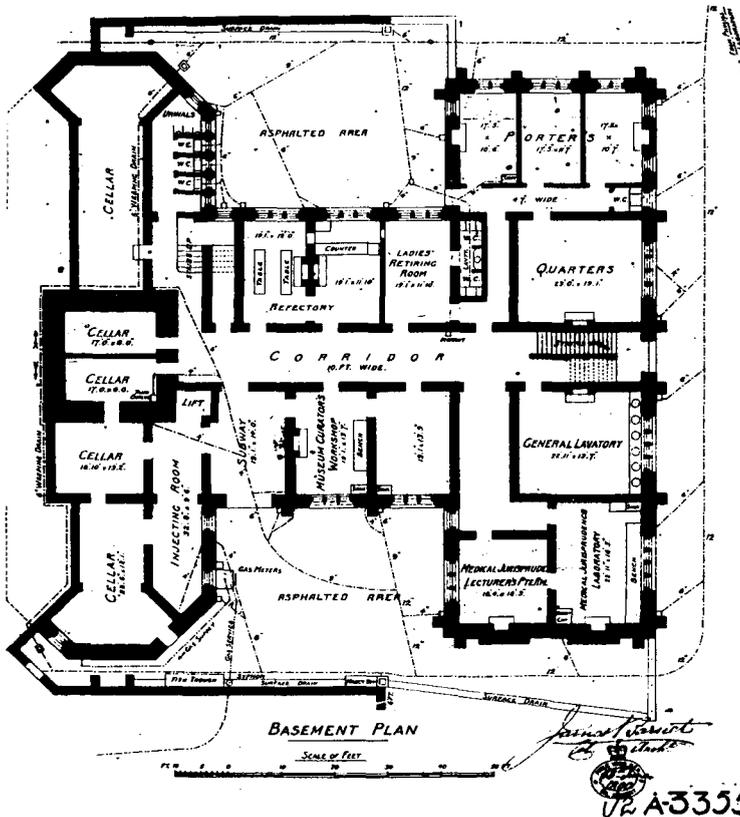
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10. Plan of the first floor and basement of the medical school on completion showing uses, major furniture and fittings. Signed James Barnet, 18 June 1890, S.U. Archives.

The upper floor was devoted to six large teaching spaces, attendant offices and staff rooms. Reading clockwise from the south-east corner they became known as the Dissecting Room, Vesalian Theatre (for anatomy), Cullenian Theatre (pathology and materia medica), Hallerian Theatre (midwifery and medical jurisprudence), Hunterian Theatre (surgery and medicine) and Harveian Theatre (physiology).



UR A3355

The medical school in Edinburgh—the “Athens of the North”—had favoured the classical semi-circular form of the theatre of Polykleitos at Epidauros with its Asklepiian associations for its grander teaching spaces. Anderson Stuart had made a sketch of such a plan (CB 484) and the first Sydney design echoed this arrangement. However, when construction was completed, the theatres were fitted with seating rising in parallel straight tiers, some with cranked ends, on the model of some of the smaller Edinburgh classrooms. It is probable that Anderson Stuart expressed a preference for them as they suited his emphasis on the use of graphic aids. They were also simpler to construct.

On the original plan the basement was devoted to cadaver reception, storage and preparation, experimental physiology and pathology, medical jurisprudence, (male) student amenities and WCs, and the porter's quarters. After the walls had been completed the three rooms devoted to experimental physiology and pathology were converted to a refreshment room, a bar and a ladies' retiring room while the porter had to share his hall space with two ladies' WCs and a "lavatory" (i.e. wash basin). Openings for access were pierced from the ladies' room to the space behind the bar on the one side and to the WCs on the other (fig.10). It seems that the original supposition that there would be no need for facilities for ladies was revised during construction. This would have been due to the enrolment of the school's first female student, Dagmar Berne, in 1886.

Other alterations made after the original contract was signed included increased excavation and an enlargement of the basement area, an improvement of the tracery design of the central eastern window and the addition of a statue of Asklepios standing above a very strange bird on the eastern gable. John Young points out that as the raven-like creature has a beak analogous to Anderson Stuart's own proboscis and as this appendage had given him the student nickname of "coracoid" (from the Greek, *Corax*, a raven or crow), the bird is clearly a reference to Anderson Stuart himself. Any doubt is dispelled by the barely distinguishable initials "AS" immediately above (CB 485). It is not accidental that the beast is keeping a sharp eye on all persons entering the front door.

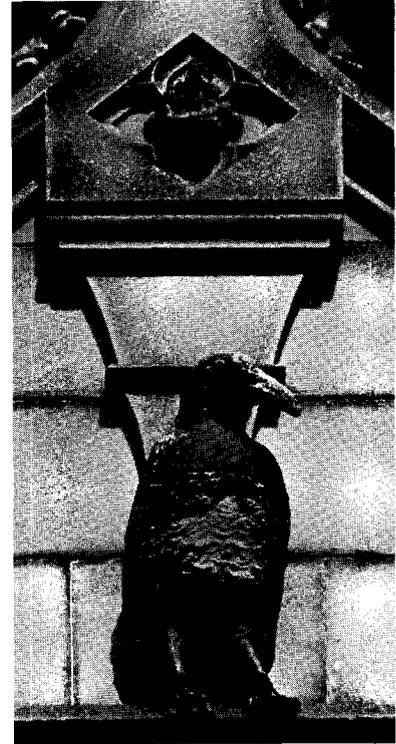
This awkward and endearing pair was the work of Tomaso Sani, the unfortunate Italian sculptor who executed the much-abused realist GPO spandrel carvings for Barnet in 1883 and aroused the spleen of right-thinking classicists throughout the cultured world. Even Lord Leighton, President of the Royal Academy, noted with disgust that Australia had an uphill fight when such work as that on the GPO was possible. Sani's career was ruined and he was twice bankrupted by 1895. Barnet continued to give him loyal patronage in the face of opposition until he himself resigned in 1890.

Construction

The progress of work on the building may be gauged by the actual expenditure reported by the colonial architect.

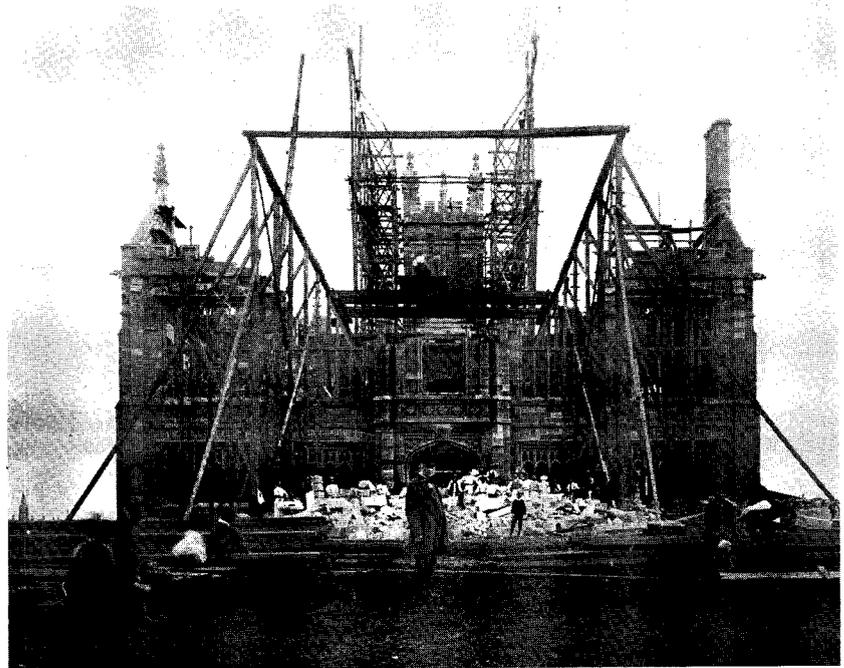
Year	Building	Finishing Trades	Furniture & Fittings
1884	£1,220		
1885	£8,094		
1886	£22,100		
1887	£14,341		
1888	£6,594	£5,440	
1889	£90	£6,356	
1890		£675	£4,233
1891			£3,658
1892			£133

Extracted from the statistical registers of NSW and the returns of public works.



11. Avian allusion to Anderson Stuart over east porch. Photograph by M. Henry-Myers, 1983. Supplied by J.A. Young.

A photo of about 1885 (fig.12) gives a clear picture of the approach of the masonry contractor to the job. On completion of the excavation three parallel gantry cranes were set on tall timber supports. Between them they covered the entire area of the building up to the full intended height of the masonry. Most of the stone was brought rough-cut from the quarry and the masons and carvers worked in the open beside the structure. They can be distinguished by their white aprons and large soft



12. Medical school under construction about 1886. Sydney University archives.

hats. The photograph also makes clear the contemporary practice of constructing interior walls of brick and confining ashlar sandstone to the ornamental façades of the building.

Some delays occurred due to the erratic nature of government funding and to strikes by the carpentry contractor's workmen, but by April 1889 the chancellor was able to report that the building was complete externally and in most of its internal arrangements and that the professor and lecturers had taken possession. Nevertheless it is apparent from the table above that there was still much to be done and that finishing and furnishing work went on for a further three years.

The interior

Most interior spaces had wooden floors, plastered brick walls with timber cornices and ripple-iron ceilings. This was a not uncommon formula for the colonial architect's institutional work during the 1880s and 1890s. However the corridors were more sumptuous. They were set with a complex, black and white, diaper pattern marble paving and, on the ground floor, were crowned by segmental plaster vaults and moulded cornices. Gas lighting was installed (a few brackets survive today). An unusual moulding profile was used consistently throughout the joinery contract which must have been designed and run specifically for the building.

The decorative scheme was conventional: walls were finished with a painted mid-tone dado surmounted by a painted "one and a half" dado rail set at varying levels between waist and eye (fig.13). Walls above the dado and ceilings were pale or white. Wooden or tubular brass picture rails were fitted where the use of the room required it. Lecture rooms were fitted with a custom-made linoleum with a Greek fret border.

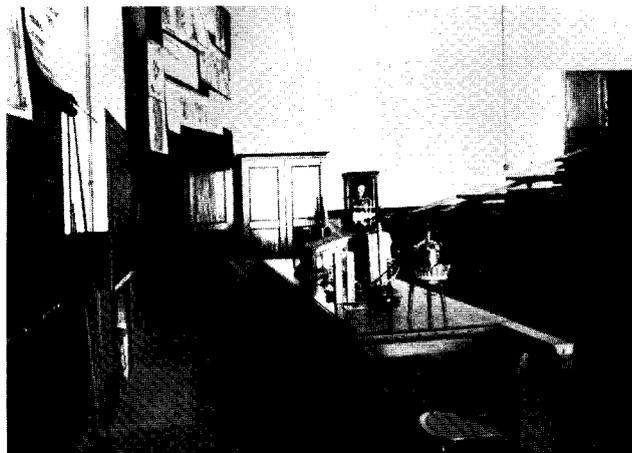


Fig.13 also illustrates a typical teaching layout in the medical school. This was the Harveian Theatre (see plan, fig.10), also known as the physiology lecture room. The arrangement in the photo had changed little since the room was first fitted out. It had tiered

seating accommodation with parallel ranks of wooden desks fitted with iron legs and inkwells, a lecturer's bench with lectern and requisite apparatus, a small fire-place behind the bench to warm the lecturer's fundamentals, blackboards and screens suspended from the ceilings or picture rails to display charts and multi-shelved presses on the side walls to store the charts. The windows were fitted with wooden blackout shutters and a large rectangular section was outlined on the wall to form a screen for lantern slides. A strong emphasis was placed on graphic aids.

13. Photograph of physiology lecture room about 1900. Now divided into 18 compartments. Supplied by J.A. Young.

At the south-east corner of the building the dissecting room (fig.10 and back cover) was a large spartan area, 50 feet by 41, fitted with sturdy wooden tables with 2½ inch marble-slab tops. A large sink and a fireplace were positioned on the west wall and another small fireplace on the north. Rows of anatomical prints hung from the picture-rail and lifesize classical plaster casts were later erected on plinths round the room.

With the exception of the original anatomy museum (now the Burkitt Library), the physiology laboratory and the Wilson Museum (former Cullenian Theatre), all the large spaces in the original building have been subdivided and retain nothing of their original character. The Cullenian Theatre acquired a gallery after 1922 which was finally extended to become an entire floor in 1959, but otherwise it is the least affected teaching space. It is fortunate that the anatomy museum has been used as a library. This has meant that most of the cedar showcases have been retained as shelving and these, together with adjacent hall joinery, give some idea of the interior in its pristine state.

One original bathroom survives substantially intact under the eastern staircase (now room 290). It retains its joinery, black, brown and buff tiled floor, an enormous quadrilateral bath (its sides not being parallel), and a fine tip-up wash-basin and fittings mostly supplied by Lasseter and Co. in the early 1890s. This room was probably Anderson Stuart's private bathroom; today it is used by the Department of Physiology.

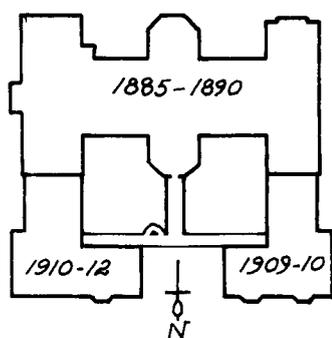
There is no doubt that Anderson Stuart and those associated with the building were very proud of it, and with good reason. It introduced to the colony the best known contemporary developments in such teaching establishments and its external form, detailing and skyline

successfully complemented the main building (fig.24). In August 1885 Anderson Stuart was granted leave to exhibit the plans at the forthcoming Colonial Exhibition in London and in 1886 a newly-arrived English architect, Henry Joseland, was commissioned to prepare a watercolour perspective of the building. As Edmund Blacket and Conrad Martens had earlier combined to prepare watercolours of the main building and of St Paul's College it was a continuation of a university tradition of recording its major structures.

It was this sense of pride which induced a number of individuals to donate the stained glass windows. The east window was given by Philip Sydney Jones, the lower west by John Harris and the upper west by Arthur Renwick's wife, Elizabeth. All three windows commemorated pioneers in the history of medicine from classical Greece to the nineteenth century. The Renwick window included the names given to the major teaching spaces on the same floor: Vesalius, Harvey, Haller, Cullen and Hunter. The window set in the southern portal was donated by George Bennett and depicts the Coats of Arms of medical notables.

All the glass is competent and indisputably English, although the actual maker is unknown. That it was English is confirmed by senate minutes (SM, 15.4.1889) and the controversy that arose in the *Builders' and Contractors' News* of 20 and 27 April 1889 over the use of English glass when there were several reputable stained glass makers in the colony. Anderson Stuart visited England during Michaelmas term 1890 so it is probable that he continued to take a direct interest in the design and fabrication of the glass. Some, at least, of the windows were installed the following year (BG&ICM, 15.8.1891).

In addition to the glass, the corridors are lined with busts of eminent physicians and surgeons (appendix 4), again donated by individual benefactors. The cult of the hero was a major factor in neo-classical art and in British culture since the eighteenth century. Such manifestations would have been seen as entirely appropriate in a medical school, where a sense of continuity and of building on the past was particularly desirable. It is to be hoped that the popularity of the medical school worthies fares better than that of some of their artistic brethren celebrated on the outer walls of the Art Gallery of NSW and that they may continue their association with the building as a medical school for generations to come.

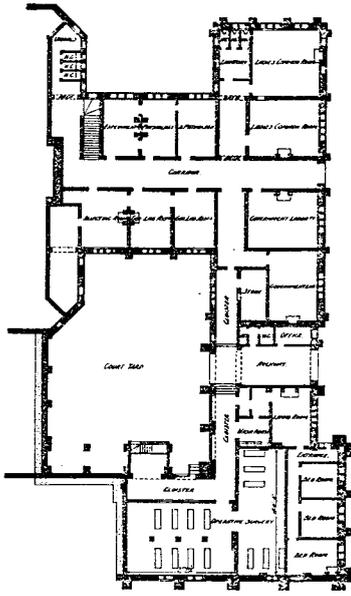


14. Building campaigns of the medical school 1885-1912. JSK.

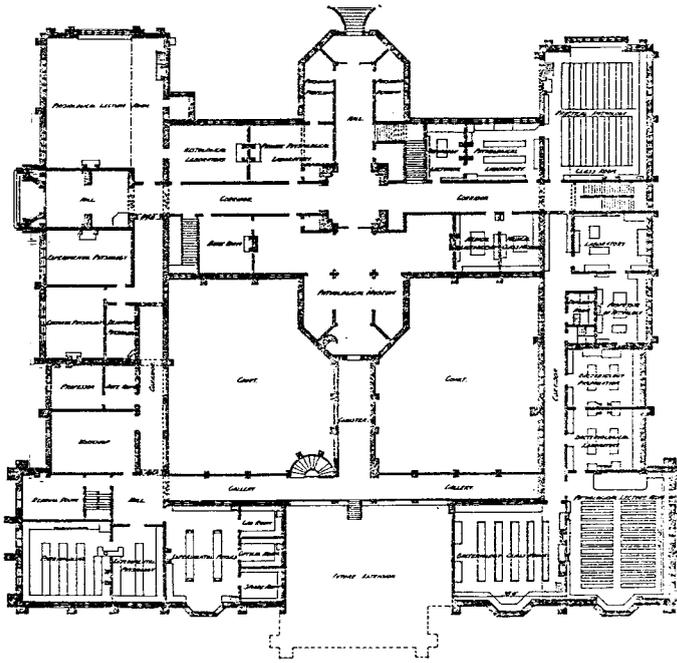
The northern extensions

In September 1906 the university sought the advice of the government architect on how increased accommodation could be provided at the medical school. The plan eventually followed the original concept of a northern courtyard. This involved the addition of an "L" shaped range to the north-west and, later, another to the north-east. They would subsequently be linked with a centrepiece to form a northern range and to enclose a northern court.

Final plans for the first contract (north-west extension) were dated December 1907 and for the second contract (north-east extension), April



Basement Floor



Ground Floor

Scale 1/2 inch = 10 feet

Medical School

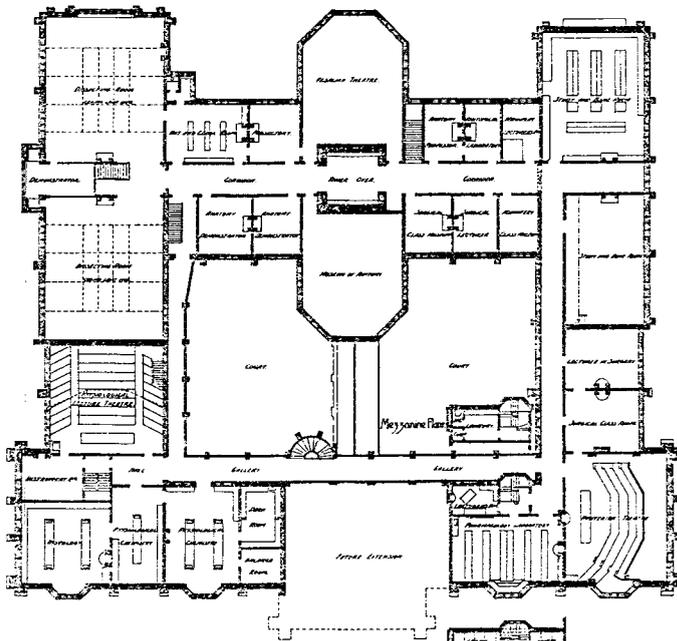
Sydney University

Hand Plan - J. Barr
Principal Designing Architect.
23.8.18.

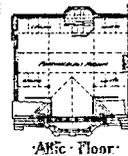
Crommelin
Government Architect

U2 A-3375

15. Floor plans of the medical school showing additions and alterations made 1909-1912. Signed Geo. McRae, 24.8.1918. DPW plan A3375.



First Floor



Attic Floor

1910. As John Barr was the most junior officer to sign the plans it is likely that he was responsible for most of the design work. Barr also prepared plans for the schools of agriculture (1912) and organic chemistry (1913) on the university campus. The government architect, W.L. Vernon, retired during the work on the second contract and Edward Drew, who had authorised all the extension plans, became the acting principal architect in charge of the office.

The first contract was completed in 1910. The contract price was £19,460, but actual expenditure totalled £21,719, plus some £3,800 for fitting out the building. The second contract was for £18,887 and overran to £20,141 before it was finished in 1912.

In his annual report for 1912-1913 the new government architect, George McRae, went to some trouble to emphasise that "the additions to this important building have been designed and carried out to harmonise and form an integral part of the original scheme". At least until the 1920s, harmony with an overall visual concept of the university remained a major consideration with senate, building committees and most departments, as well as the government architect. The design of new buildings and their location on campus were therefore much discussed and frequently controversial—a distinctly healthy climate for the growth of any university complex. The main criterion for approval was "good manners"—how well a proposal fitted in with the existing buildings and setting. Such a concept the adherents of the Modern Movement were to find largely irrelevant. However, modernism was kept at bay for much of the inter-war period by the last of the well-mannered gentlemen, the then professor of architecture, Leslie Wilkinson. It was fitting therefore that Wilkinson was to complete the north range of the medical school in 1922.

Because the extensions of 1909-1912 and the infill of 1922 were carried out with a similar philosophical approach it is useful to consider them together. The stylistic dress of the 1884 building was, as we have seen, Perpendicular Gothic of the late fifteenth and early sixteenth centuries. This was not only exhibited in the window tracery but was carried consistently through the capitals, bases, panelling and mouldings of the more ornate elements such as the eastern portal.

On the other hand the first part of the external walls of the extensions, those that now face the Mills Building and the new Fisher Stack respectively, have a later stylistic treatment with the lower windows even breaking into Elizabethan mullions and transoms. In addition the

junction of the old and new work is unashamedly discontinuous in order to emphasise that the additions are, in fact, additions—hence the break in the line of the crenelation and the string courses. The transition is heightened by the stronger articulation of the additions with their sturdier buttresses, more robust yet sophisticated mouldings and a more inventive and irregular treatment of the elements (fig.16).

On the north façade of the north range additions, as completed by 1912, the stylistic character chosen is

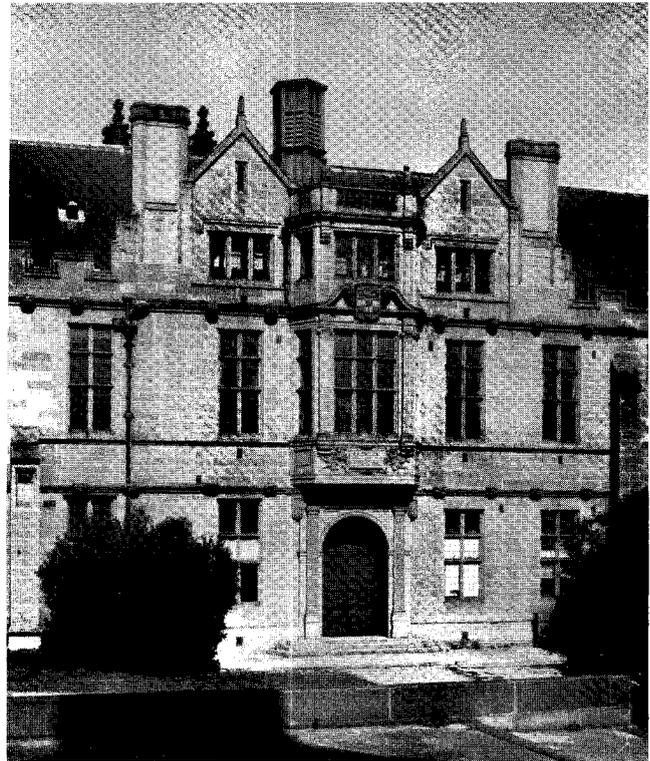
slightly later again. Here it is the Elizabethan of a large English country house just before the arrival of unambiguous Renaissance motifs from Italy. Perpendicular tracery survives in only one window and as an occasional embellishment of buttress and crenelation. The whole front is



16. North-eastern addition of 1910-12. Photograph, J.S. Kerr, 1970.

strongly articulated by bay windows of remarkable variety and complexity. A contemporary and innocent critic, Florence M. Taylor, noted with disapprobation that “the windows could hardly be imagined to be more irregular or divergent” (*Building*, 12.8.1921, 76).

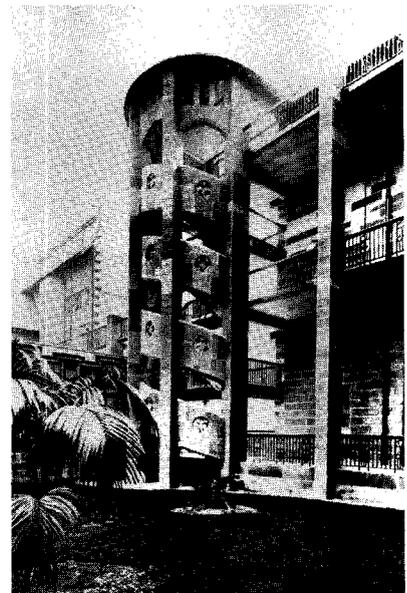
The *pièce de résistance* is however Wilkinson’s central feature with which he infilled the north façade in 1922. The government architect had always intended a centrepiece although a quite different one from Wilkinson’s. Wilkinson treated his as if it were an accretion added at the end of the sixteenth century to give a fashionable enrichment to a slightly earlier Elizabethan establishment. It is an extraordinarily urbane essay in the bucolic use to which late Elizabethans used to put Renaissance motifs. Note for example how adroitly Wilkinson has fitted incongruous fluted Doric and panelled Ionic pilasters and their entablatures on to what is basically a mediaeval carcass, and how he has taken the bossed string courses and turned them into a broken scroll pediment. Architecturally it is a most historically apposite solution as well as being a handsome townscape element.



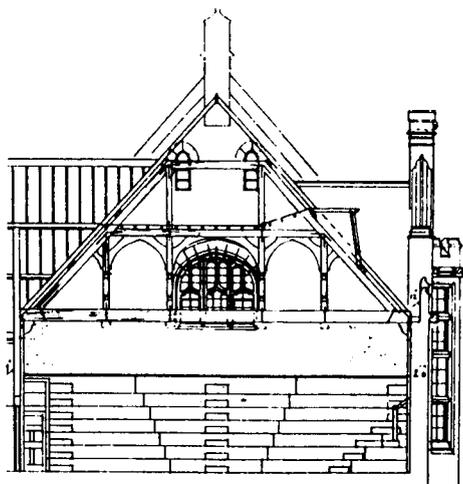
17. Wilkinson’s centrepiece, added to the northern range in 1922. Photograph, J.S. Kerr, 1970.

Most contemporary English architectural theorists would have understood at once that the medical school extensions exhibited a deliberate and progressive recapitulation of the development of English architecture from Perpendicular Gothic to late Elizabethan. The process reflects a philosophical approach to the growth of buildings fashionable at the time and curiously analogous to the contemporary biogenetic theory developed by Haeckel in 1866 which postulated that an embryo recapitulates in its rapid individual development the form modifications undergone by the successive ancestors of the species in the course of their evolution. Perhaps it is a tenuous example of the far-reaching influence of evolutionary theory on all aspects of human thought—even on the design philosophies of architects. In any case the medical school in 1923 was certainly a fine if artful example of what was then often called “organic growth”.

Part of the second contract executed in 1910-1912 included the construction of a semi-circular plan staircase projected into the courtyard (fig.18). Most commentators have noted that it was inspired by the courtyard staircase at the *Chateau de Blois* and it does have a similar form. However, its intentions were different from François I’s grand and costly early sixteenth century erection, as the Sydney design was intended to fit easily and at moderate cost, into the comparatively austere stone and iron courtyard detailing which surrounds it. Its quality and interest depend on clarity of form and a deceptive simplicity of construction and ornamentation. Each bay of the ascending balustrade is formed by a single, joggled keystone, linking supporting stones that project from each pier shaft. The only decorative features are single pierced quatrefoils and continuous chamfers. The whole structure is topped by a candle-snuffer roof.



18. Spiral stair and stilted galleries in north courtyard before 1921. Photograph supplied by J.A. Young.



19. Section across Listerian Theatre signed John Barr, E.L. Drew & W.L. Vernon, 4.12.1907, from Building, 12.8.1921.

Apart from the high, stilted galleries that give access to the additions, the other feature in the courtyard is the three-bay cloister (fig.15). It was built as part of the 1908-1910 contract and was intended to provide an axial approach to the centre of the original building from the then unbuilt entry feature on the north range. The cloister's relationship to the upper courtyard was also important. The earliest design showed four arches on the east side with wide steps linking the central openings to the court (PWD, A-3364); however, when constructed it had three open arched windows which were to echo the triple arch arcade erected opposite during the second contract. The arrangement completed a fine court for summer use.

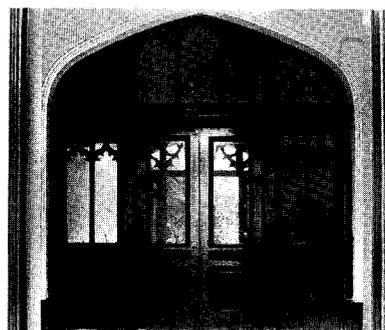
Within the additions made during the first quarter of the twentieth century there are several interior spaces which retain most of their original character. Foremost among these is the Listerian Theatre erected as a part of the 1908-1910 contract. Its most memorable feature is the robust open timber roof (fig.19) with a large tie-beam, four(!) queen posts and a double collar beam, the lower of which is supported by angel wing arched braces. Even in a university with a tradition of remarkable wooden roof systems this is a notable event. Below the roof, tiered student accommodation has been retained, although the actual seating has been renewed.

Importance of the fabric

Throughout the medical school, the combination of masonry detailing, joinery, brass and ironwork and fittings generally play an important part in establishing its quality and atmosphere. Such elements also help an understanding of successive stylistic and functional developments. Compare, for example, the rigid grid of the ventilators in the original 1880s building with the late Victorian foliated scrollwork of 1910 (fig.29a) and the elegant *art nouveau* undulations of the 1912 addition (fig.29b). Compare also the Vesalian Theatre door of 1889 with its 1910 counterpart, the Listerian Theatre door. The former is on a grand Victorian scale with substantial brass furniture (knock-plate, knob and key-hole cover), deep moulded panels, architraves and adjacent plaster mouldings. The Listerian door is of human scale with vertical boarding, round headed and shouldered windows, converging and diverging verticals, simply moulded jamb, no architraves and a plain rounded chamfer on the adjacent masonry. Both are fashionable and typical examples of their time.

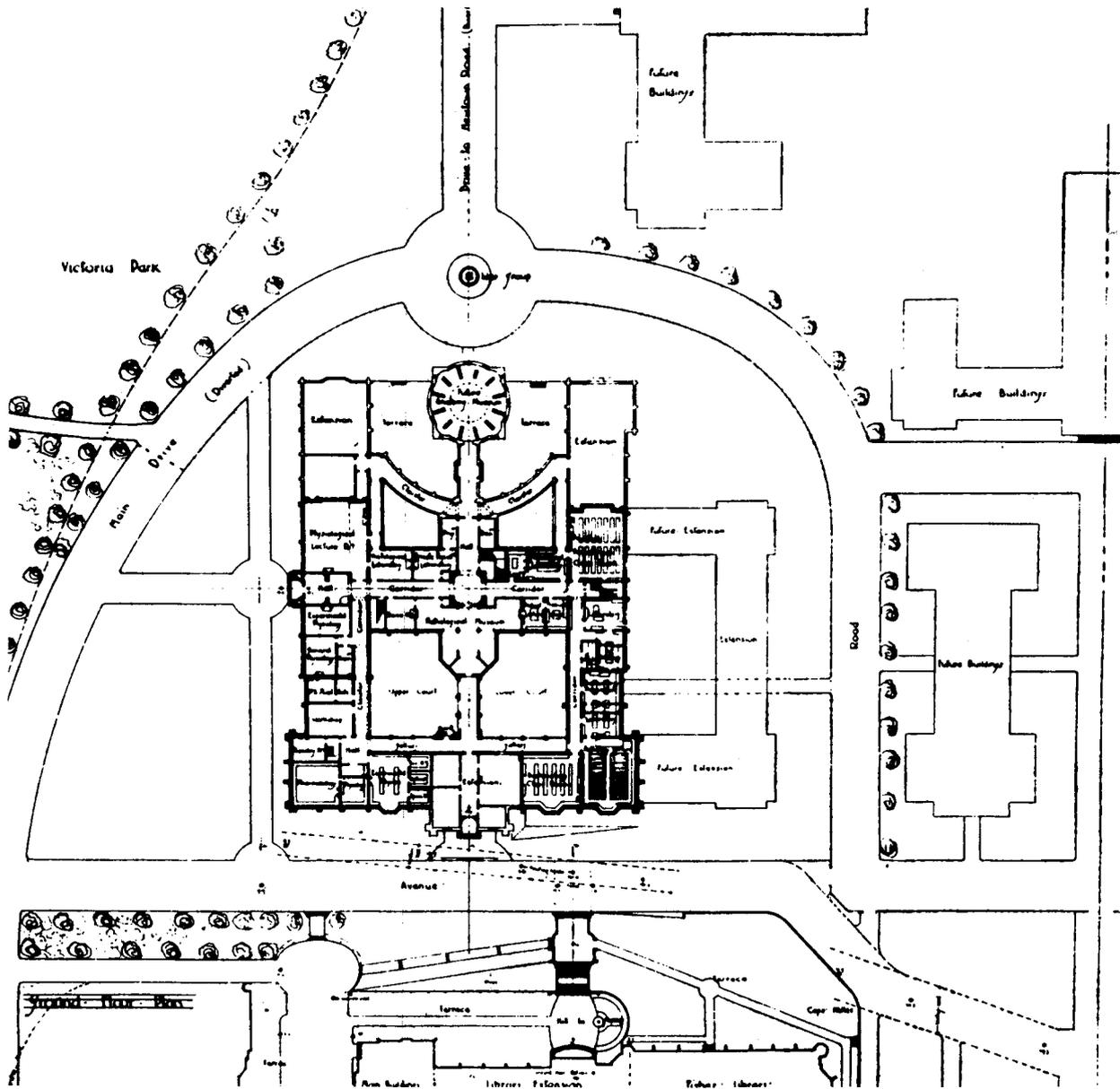


20 a & b. Eastern doorways, outer with masonry of 1886 and joinery of 1889 (above) and inner, probably inserted 1895 (below). Photograph M. Henry-Myers, 1983.



On the other hand, atypical elements can be equally interesting. Three of the four sets of glazed doors and their surrounds in the hall and corridors of the original building are atypical to the point of being anachronistic. Their tracery is Geometric Gothic in the doors and Decorated Gothic in the tympanum. Both are coarse, somewhat unscholarly and distinctly old-fashioned for 1889, in contradistinction to the refined design of the adjacent stone-carving (fig.20a). However, all three are shown on Barnet's 1890 furniture and fittings plan, so they must be part of the original program.

The fourth door is the inner door on the eastern entry (fig.20b). Instead of the quatrefoil panels of the outer doors it has a linen-fold motif and



the tracery throughout is Perpendicular Gothic of the same type as appears on the original stonework. It is therefore ironical that Barnet's plan proves that the only door with Gothic motifs consistent with the original masonry detailing is in fact a later addition—probably of 1895 (BG&ICM, 1.3.1895).

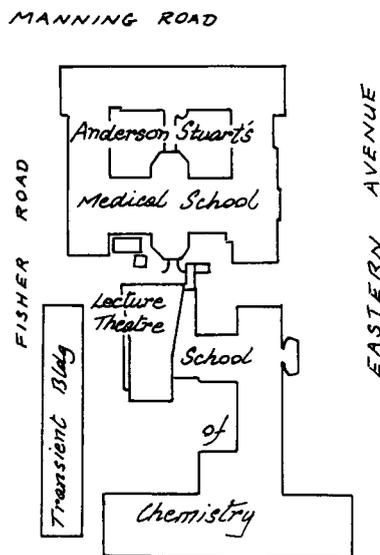
21. Plan of proposed extensions to medical school signed Geo. McRae, Gov' Arch', 13.1.1916, from Building, 12.8.1921.

Further extension and the setting

It took over two years before the additions completed in 1912 were fitted out and equipped for student training. By June 1916 Anderson Stuart was again drawing the building committee's attention to the "urgent necessity for a further extension of the Medical School". In the previous January the government architect's office had prepared block plans indicating the way future extension might be arranged (fig.21). Apart from the infill requirement for the north range, the favoured proposal was for the extension of the east and west ranges to the south with a large more-or-less circular anatomy museum between them.

Tentative provision was also made for the construction of three ranges flanking a new courtyard to the west. This axial planning was to be continued in the setting. An avenue would provide a formal approach to the centre of the extended south façade from the Newtown (City) Road gate and gatehouse.

No action was taken on any of these proposals before Wilkinson became involved. His working sketch of about 1921 accepted a southern extension of the medical school and considered removing the proposed circular anatomy museum to the existing north-west court and substituting a southern range enclosing a southern courtyard. Wilkinson further reinforced the government architect's emphasis on a north-south axis within the building by designing a tall arched passage through his north range infill and by proposing the reintroduction of the intended 1884 north-south passage through the existing anatomy museum on the same line.



22. Sketch plan showing relationship of medical & chemistry schools in 1992. JSK.

When it came to the adjacent setting, Wilkinson recommended a more picturesque grouping of buildings with a large quadrangular complex astride the axis and projecting somewhat east of the great hall and medical school alignment. His proposal featured a series of enclosed and semi-enclosed spaces and planned vistas. When buildings were finally erected neither his concept nor that of the earlier suggestion by the government architect were realised. The final indignity was to be the awkward placement of the chemistry school lecture theatre hard up against the southern façade of the medical school (fig.22).

The chemistry school was designed in 1955 by two architecture students engaged as public works cadets at a time when the Modern Movement was animating architectural training and curtain walls and precast cladding were new and efficient ways to build a brave new world at reasonable cost. It was a time when less emphasis was given to the effect the positioning of a new building might have on its neighbours. As a result the space between the two buildings has been reduced to the status of a back alley considered fit for the location of cheap housing for electrical and mechanical services (fig.28 & 44).

Expediency triumphant

Except for Wilkinson's north range infill already discussed, none of the proposals for the extension of the medical school were implemented. As a result, the history of the building since the first World War (and particularly since the 1950s) has been one of repeated internal subdivision and occasional very minor addition, in order to provide more accommodation and services. An account of this multiplication of partitions, insertion of mezzanine floors and burgeoning accretions is too repetitive and too dismal to warrant telling. What was expedient was done, often without regard to appropriate location, form or materials. The result has been a piecemeal reduction in the internal safety, quality and significance of the building.

By 1980, the external masonry bore ample evidence of this indifference to the quality of the building; services had been laid on, abandoned,

relocated, ripped out and simply left to rust as expediency demanded, leaving a trail of disfigurement and damage. Water had penetrated through the holes, overflows discharged onto the footings, drains remained blocked causing the adjacent stone to fret and iron plugs from former services had been left in to rust and expand. Nor had the openings escaped. Cables were punched through ventilators, air conditioning units penetrated windows and the original wooden sashes, iron casements and lead lights were partly replaced by modern aluminium detailing.

Despite this, the masonry is generally in good condition. The exceptions mentioned are the direct result of human neglect and error and can be remedied. If resources can continue to be made available to give the building the protection of intelligently planned inspection and prompt maintenance, the university can look forward to the celebration of a succession of centenaries at a predictable regular cost. On the other hand, an *ad hoc* response to evident deterioration following a period of neglect would be the most expensive way of maintaining a structure of this type of construction.

Today and tomorrow

In December 1991 the faculty of medicine review committee in its *Review of the Departments of Physiology, Histology and Embryology, and Anatomy* reported that the condition of the building was "the major impediment to further improvement in teaching and research". It went on to point out:

- that teaching space was fragmented and allowed a maximum class size of only 36 (6.4);
- that research space was similarly fragmented (6.5);
- that office space was inadequate, uncomfortable and overcrowded (6.6);
- that this fragmentation impeded communication and collaboration and that occupants did not get to know each other (6.7);
- that occupants worked in areas where there were inadequate egress in the event of fire and insufficient retardant and control features (6.2);
- that air conditioning and ventilation were problems in many parts of the building and that many modern facilities and services were lacking (6.3).

This review committee's report impels the pointed (and perhaps superfluous) response: that a building is not a sentient being with the power of self-correction but an inanimate object whose form is exactly what its human masters have chosen to make it. There is a limit to how many people, functions and services can be stuffed into a building by a process of subdivision before it is rendered inefficient, uninhabitable and, finally, dangerous. If the building is occupied by separate departments with restricted capacities for co-ordination the limit will be reached that much sooner.



23. Eastern façade and entry of the medical school with the 1910-12 extension on the right. Photograph, M. Henry-Myers about 1983, supplied by J.A. Young.

Anderson Stuart's medical school is a sturdy and handsome structure which, given adequate cyclical maintenance, co-ordinated planning and appropriate use, will continue to serve the university for centuries to come. It is also a building of considerable significance to the university in both visual and associational terms (page 23). What is now required is an easing and rationalisation of the demands placed on the fabric to permit:

- the retention of existing fabric and spaces of significance;
- the relocation of some uses from parts of the building that are unsuited to them;
- the co-ordinated introduction of some services and facilities in a way that will not have an adverse effect on the quality and significance of the building;
- the restoration and reconstruction of some former spatial qualities.

An understanding of the nature and degree of significance of the various parts of the building will help to make these actions both feasible and compatible with the retention of that significance. This is addressed in the next section.

ASSESSMENT OF SIGNIFICANCE

The general approach to assessing the nature of significance is that set out in the third edition of *The Conservation Plan* (1990) and relies on an understanding of:

- the fabric as evidence
- the associations of the place
- its physical qualities and relationships.

Statement of significance

The significance of Anderson Stuart's medical school building lies in the quality of its surviving early fabric, spaces and vistas, in its relationship with the main building, in its continuity of use, and in its distinguished associations.

This quality is based on the design, materials and workmanship of the fabric up to the 1920s: carved masonry, metalwork, slate cladding, marble paving, timber structures, joinery and ornamental plaster work and glazing were generally of a high order during the first forty years.

The building, set on the ridge beside the main quadrangle building and aligned with the great hall, is an important, complementary and consonant element in a major historic landscape.



The structure was designed as a medical school and has retained that use continuously for over a century.

Its major association is with its creator, promoter and defender T.P. Anderson Stuart, who supervised every aspect of its development up to his death in 1920. Also involved in its completion were four generations of colonial or government architects and their staffs (Barnet, Vernon, Drew and McRae) followed by the professor of architecture at the university, Wilkinson, who completed the building by adding its northern centrepiece.

The complex is a fine example of what was then called "organic growth" in which stylistic changes were introduced in extensions in a harmonious way.

24. Photograph showing medical school, main building and Macleay Museum with its new sandstone screen. About 1924. Supplied by J.A. Young.

Basis of assessment and levels of significance

This assessment is intended to enable decisions on the future conservation and development of the place to be based on a reasonable understanding of its significance. It is made without regard to the practical considerations which must be taken into account when considering policies. The statement above explains the general nature of that significance and the schedule below the level of significance of the various items. The schedule is divided into four sections:

- items of high significance
- items of compromised significance
- items of some significance
- items of little significance.

High significance

Items of a high level of significance, as the title implies, would warrant inclusion on any register of buildings of significance and, if applied for, would be the appropriate subject of a permanent conservation order by the Heritage Council of NSW. Parts of the place at this level are set out below.

All extant fabric constructed under Barnet 1885–89, Vernon and Drew 1908–1912, Wilkinson 1922 (and repair and reconstruction of same using similar materials, techniques and finishes). Such fabric includes:

- sandstone masonry and carving (both inside and out)
- slate roof cladding and metal accessories
- timber roof and floor structures and floor boarding (whether visible or not)
- interior masonry walls, staircases and fireplaces
- plaster work (including finishes to walls, cornices, ceilings, vaults, skirtings and staircases)
- plaster and marble busts of medical worthies
- ripple-iron ceilings
- joinery (including doors, lights, sashes, architraves, cornices, fireplace surrounds, cupboards, book or show cases and panelling)
- metal fittings (including door and window furniture, ornamental balustrade infill, gas brackets, light fittings and ventilator plates)
- windows and glazing including early lead lights, steel casements, timber sashes and stained glass including Art Nouveau detailing in the extensions
- marble, slate, encaustic and granite pavings and sills
- ceramic ablution and WC facilities and contemporary fittings.

All spaces and linkages surviving more or less intact from the periods detailed above, including:

- entry hall, passage ways and stair wells in the Barnet building
- Burkitt Library formerly anatomy museum
- both east and west parts of the north courtyard flanked by the stilted galleries and spiral stair and traversed by the three-bay cloister
- Wilkinson's northern entry hall and its link through the cloister and into the Burkitt Library
- Listerian Theatre in the north-west extension
- Anderson Stuart's bathroom (room 290)
- Basement WC (room 232).

Views or vistas:

- of the building from the north-east approach along University Place (fig.42)
- progressively revealed of the MacLaurin Hall and the medical school on ascending Manning Road (fig.41)
- of the east entry façade from Eastern Avenue (fig.23)
- of the north façade from the terrace in front of the south range of the main quadrangle buildings (fig.17).

Compromised significance

Some items (particularly spaces and vistas) were of high significance but have been so modified that they can no longer be so assessed. They do, however, retain a potential for a recovery of significance and so have been given a "compromised" status. The five theatres and the dissecting room in the original Barnet building are examples. With the insertion of new mezzanine floors and a

multiplicity of partitions they retain nothing of their spatial character but much of their original enclosing fabric.

- All major early spaces now sub-divided including the five theatres (Vesalian, Cullenian, Hallerian, Hunterian and Harveian) and the dissecting room on the first floor of the Barnet building (fig.10); also the Anderson Stuart theatre in the north-east extension.
- The planned concept of enclosed or semi-enclosed spaces extending to the south of the building.
- The tower space between the attic floor level and the water tank.

Some significance

The level occupied by items of "some" significance contains the threshold for entry on the Australian Heritage Commission's *Register of the National Estate* and on the National Trust of Australia (NSW) *Classified List*. It is an intermediate level containing items which are not of high significance but which could not be described as of "little" significance.

Items at this level include the following original and early spaces surviving more or less intact:

- basement east-west and north-south passage and room 112 (cadaver storage)
- ground floor rooms 216–220, 234–236 and 284–287
- first floor rooms 336–342, 352, 353 and 355
- attic level rooms 407–408, 417 and 418.

Little significance

Items of "little" significance include most of the additions and alterations made to accommodate changing requirements. They tend to be expedient and ephemeral and their impact on the significance of the building ranges from neutral to moderately deleterious.

- Fabric used and all spaces created by the subdivision of original or early space including, therefore, inserted mezzanine floors and partitions.

Intrusive items

In addition there are those intrusive items which in their present form have a direct adverse effect on the character of the place. The visual impact of the way in which electrical and mechanical services have been accommodated is an example.

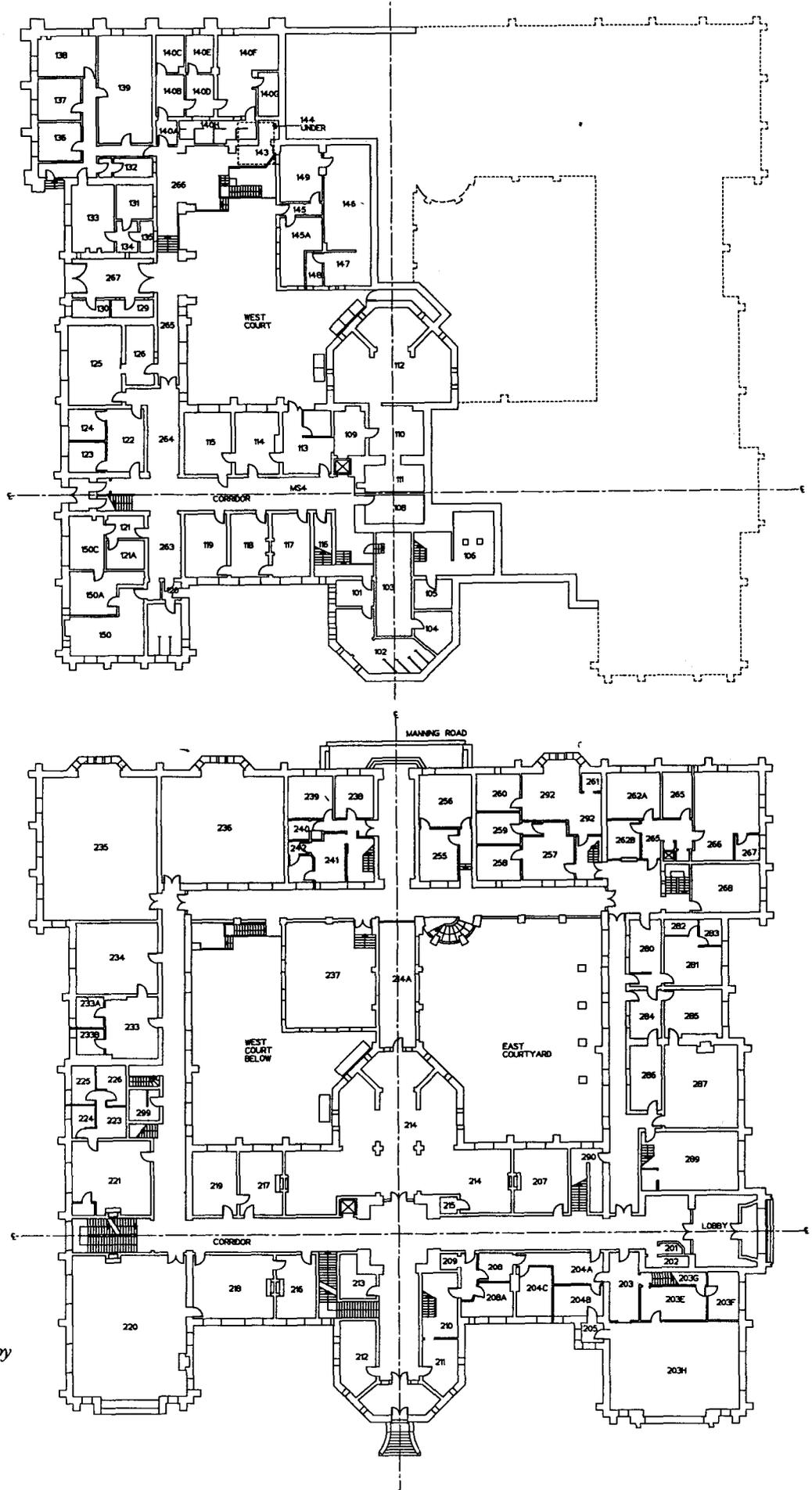
The following items are noted:

- mechanical and electrical services, ducting, cabling and housings projecting outside the building or visible from spaces of considerable significance. Examples of the latter include the gas bottle storage and flusherette tank inserted in the southern entry
- obtrusive brick and concrete facilities added to or built beside the building
- the northern bridge and stair of the chemistry school
- additions and alterations blocking the view of the eastern stained glass window from the first floor passage
- aluminium window details replacing earlier forms
- existing infill of masonry arches of cloister in courtyard.

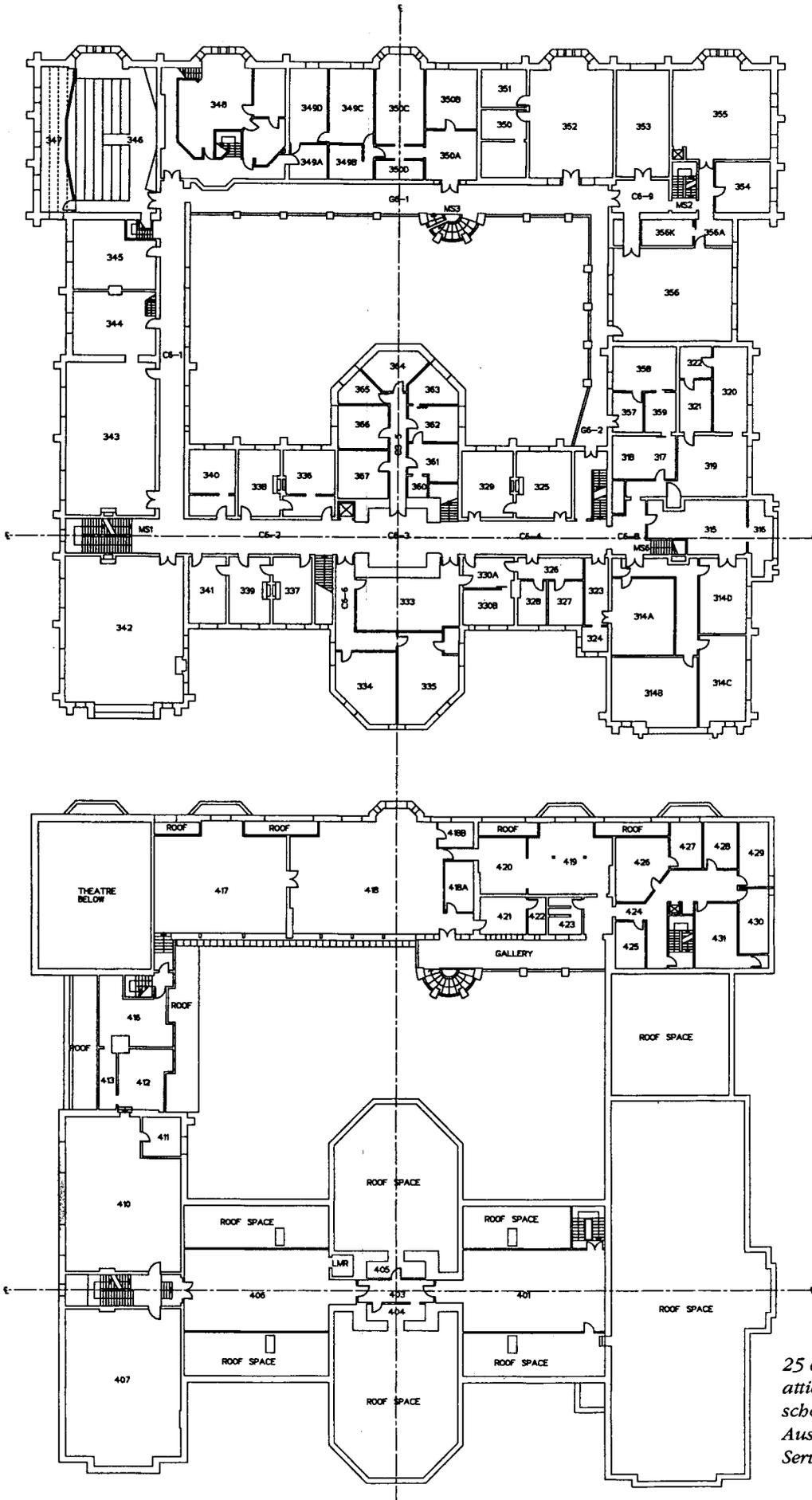
The categories above are not mutually exclusive. An item can be of little significance and intrusive; it may also be both compromised and of some significance. There is, however, a natural line of demarcation below the high significance category and again between items of some and little significance.

Existing assessments

Both the National Trust of Australia (NSW) and the Australian Heritage Commission have listed Anderson Stuart's medical school as a part of the main building precinct. Neither listing has a direct statutory consequence for the university although the commission would have an interest under Section 30 of the Australian Heritage Commission Act, 1975, should commonwealth funding be involved in work on the building. The (NSW) state heritage inventory project has not yet assessed the building.



25 a & b. Basement and ground floor plans of medical school prepared by Australian Construction Services, August 1992.



25 c & d. First floor and attic level plans of medical school prepared by Australian Construction Services, August 1992.

CONSERVATION POLICY

Explanation, terms and structure

The purpose of the conservation policy is to provide a guide to the care of the building. It should be sufficiently flexible to recognise constraints and requirements, accommodate compatible development and, at the same time, enable the quality and significance of the place to be retained and, in some cases, partly recovered.

The following definitions taken from the *Australia ICOMOS Charter for the Conservation of Places of Cultural Significance* (Burra Charter) have been used.

Fabric means all the physical material of the place.

Conservation means all the processes of looking after a place so as to retain its cultural significance. It includes maintenance and may according to circumstance include preservation, restoration, reconstruction and adaptation and will be commonly a combination of more than one of these.

Maintenance means the continuous protective care of the fabric, contents and setting of a place, and is to be distinguished from repair. Repair involves restoration or reconstruction and it should be treated accordingly.

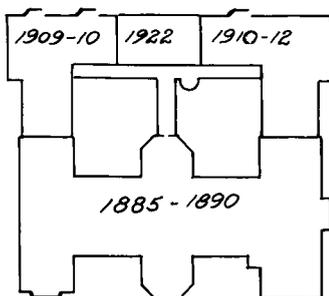
Preservation means maintaining the fabric of a place in its existing state and retarding deterioration.

Restoration means returning the EXISTING fabric of a place to a known earlier state by removing accretions or by reassembling existing components without the introduction of new material.

Reconstruction means returning a place as nearly as possible to a known earlier state and is distinguished by the introduction of materials (new or old) into the fabric. This is not to be confused with either re-creation or conjectural reconstruction which are outside the scope of this Charter.

Adaptation means modifying a place to suit proposed compatible uses.

Compatible use means a use which involves no change to the culturally significant fabric, changes which are substantially reversible, or changes which require a minimal impact.



26. Construction campaigns of the medical school.

As the various parts of the medical school are identified in shortened form in this policy section, some explanation is necessary. The first stage was built in 1885–1890 when James Barnet was the colonial architect so it is referred to as the Barnet building. The second stage to the north-west and the third to the north-east were added in 1908–1910 and 1910–1912 respectively. The government architect up to August 1911 was Walter Liberty Vernon after which Edward Lambert Drew acted in his place. These are mostly called the government architect's extensions. The existing building was completed externally in 1922 to the design of Leslie Wilkinson, the recently arrived professor of architecture, and this part is referred to under his name.

The recommended policies are set out in italics below. They are generally preceded by the information on which the policies are based and, where helpful, followed by examples of options which arise from the policies. The policies should be read in conjunction with the associated text as this will make the context clear and aid interpretation.

Bases of approach

Policy 1.1 *The future conservation and development of the place should be carried out in accordance with the principles of the Australia ICOMOS Charter for the Conservation of Places of Cultural Significance (Burra Charter) as revised in 1988.*

Policy 1.2 *The statement of cultural significance and schedule of items set out on pages 23 to 25, together with the more extensive assessments of individual items contained in the policy section, should be accepted as one of the bases for future planning and work.*

Policy 1.3 *The policies recommended and options discussed throughout this document should be endorsed as a guide to future planning and work.*

Future use of the building

The building was designed as a medical school in the 1880s and fitted out with the appropriate technical and cultural concomitants of such an establishment at the time. By a process of extension, internal adaptation and recycling it has continued in that use ever since. The part it has played in the medical history of the state and the distinguished staff and alumni associated with it as a teaching institution are well described by Young, Sefton and Webb in the Centenary Book of the University of Sydney Faculty of Medicine.

The school is what its founders and benefactors have made it—a building which provides an outward and visible sign of the status and traditions of the profession. With the original university building, it shares the key position on the Grose Farm ridge (fig.24). Inside, from stained glass and sculptured bust, Anderson Stuart's medical heroes have offered a silent exhortation to generations of students (and staff) to emulate, build on and surpass their discoveries.

Because of the building's position, associations and symbolic focus for the medical faculty on campus, the preferred heritage option must be for its continued use as a medical school. In cultural terms, a non-medical use would result in a distinct loss of significance and atmosphere. A change could, however, bring some compensating benefits. Several potential users (for example, in the humanities) would have a less specialised need for services to facilitate research and a greater need for medium to large teaching spaces—both of which would be more compatible with the physical conservation of significant aspects of the building. It is important, however, that any use chosen should not require further subdivision of the building into small compartments.

Policy 2.1 *The policies set out in this document should be applied irrespective of the use to which the building is put.*

Policy 2.2 *The preferred use is for the building to continue as a medical school although not necessarily with the range of functions at present demanded of it. The approach should be sufficiently flexible to permit this continued use and the necessary delivery of services but should at the same time ensure that the building retains and (when practicable) recovers its character and significance.*

Policy 2.3 *Should circumstances force a change of use, new uses should be selected which are most compatible with the retention and recovery of the character and significance of the building.*

Policy 2.4 *Uses with service or subdivision requirements which would have a strong adverse effect on the character of the building are unacceptable.*

Retention of original and early fabric and spaces

The words “original” and “early” are occasionally used to identify fabric and spaces. Original refers to the building campaign in which the structure was first built. For example original fabric in Barnet’s building dates from 1885–1890 but original fabric in Vernon’s north-east extension dates from 1910–12. For convenience, “early” is applied to anything before the mid-1920s that is not “original”. This was when Wilkinson’s comparatively well-mannered adaptations petered out and, after the interregnum of the depression and war, new attitudes appeared which, for a while, held Victorian fabric in comparatively low regard.

Policy 3.1 *Unless otherwise stated in these policies, surviving original and early fabric and spaces of the medical school by Barnet and its extensions by Vernon and Wilkinson should be retained intact.*

Co-ordination and continuity of development

Some of the problems exhibited by the building have arisen from the endeavour to fit in increasing accommodation without adequate co-ordination or control. These problems include *ad hoc* installation of services, overcrowding, unsafe working situations and loss of amenity and character in the building. Parts of the complex are, at present, occupied or controlled by the departments of physiology, anatomy, histology and embryology, dentistry and, finally, the bursar.

Because there has been no effective co-ordination of decision-making with regard to the use and development of the building, the primary consideration in many of the issues that arise is the defence of resources and territory. The consequences for the building are now evident. This conservation plan will provide a guide to the treatment of the building but it will be relatively ineffective unless a way is found to co-ordinate the decision-making process.

Policy 4.1 *A working system of co-ordinated planning and decision-making should be established between the entities occupying or controlling the parts of the building. The objective should be to make efficient and safe use of the space available having regard also to its amenity and significance.*

Continuity of competent advice is equally important for the successful long-term implementation of a conservation plan. An *ad hoc* approach to specialist advice usually leads to muddle and damage to the significance of the place.

Policy 4.2 *Persons with relevant expertise and experience in conservation projects should be engaged for the consistent interpretation of the plan and the resolution of conservation issues as well as for the design and supervision of work on the building.*

Interior subdivision and recovery of significant spaces

The process of dividing the interiors into smaller and smaller and less habitable spaces with narrow access stairs and corridors has created some unsafe and sub-standard working conditions as well as reducing the quality and significance of the interior spaces. It has also affected the outward appearance of the building by cutting across the windows. The Anderson Stuart Theatre, now divided into about ten compartments, is an example.

Policy 5.1 Mezzanine floors and partitions inserted in the building without regard to the character of the original space are of little or no significance and intrusive. When practicable, such floors and partitions should be removed and the original space restored or adapted in a way that is useful, recovers the original significance or is developed in accord with policies 6.1 to 6.3 below.

Policy 5.2 In the meantime, those mezzanine floors and partitions referred to in policy 5.1 may be retained and adapted as long as they do not create unsafe conditions, do no further damage to original and early fabric and remain useful.

Provision of extra floor space

Much of the interior character of the building resides in its generous spatial quality and care should be taken to see that this is not further reduced to meet expedient short-term needs. Decisions may, however, be taken to provide new floor space, particularly when some early spaces are recovered under policy 5.1. The way it is done is important.

Policy 6.1 The provision of extra floor space within the building should be limited to that which is appropriate having regard to:

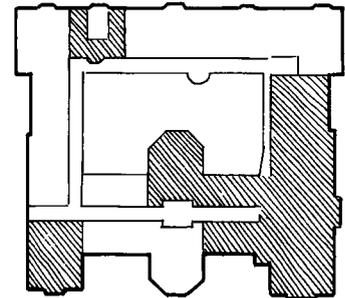
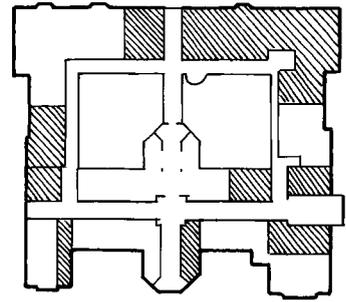
- *the significant spatial qualities of the rooms to be adapted;*
- *the retention of key relationships created by the location of windows, doors and other relevant architectural features.*

Policy 6.2 Such additional floor space should not be planned in isolation but in the context of the use of the entire building and in relation to immediately adjacent spaces.

Policy 6.3 Bearing in mind the changing nature of methods and technology in teaching and research, additions should be made in a way which will permit subsequent removal with minimum damage to significant fabric.

Maintenance and repair

The medical school has suffered from past periods of inadequate maintenance and repair. Even when inspections were carried out preventative maintenance and necessary repair were dilatory or neglected. In recent times this has been rectified but intelligent and prompt maintenance and repair remains the single most important part of the conservation program.



27 a & b Ground and first floor plans showing areas with mezzanine floors superimposed. JSK 1992.

Policy 7.1 *The building should be cared for by a planned maintenance and repair program based on a complete knowledge of the building and its materials, regular inspection and prompt preventative maintenance and repair.*

Policy 7.2 *Only persons qualified and experienced in treating the relevant material (stone, slate, steel, etc.) should be employed and supervision should be consistent.*

Policy 7.3 *Particular attention should be paid to keeping in good order channels which conduct water safely from the building and its footings.*

Policy 7.4 *Makeshift openings and alterations in the external fabric made to accommodate past and present services or to admit light should be sealed or modified to ensure that they do not present a threat to the fabric.*

Policy 7.5 *Services should not be permitted to discharge liquid or gas in a way which will cause deterioration in the fabric.*

Painting

Sydney sandstone is a dominant and beautiful element in the university quadrangle precinct and the preservation of the character it confers is essential. Inside the northern extension of Anderson Stuart's medical school the government architect has used sandstone as a decorative dress to the surrounds of doors and windows. The contrast it provides to the plaster walls has in some cases been lost by subsequent painting.

Policy 8.1 *All exterior and interior unpainted stonework should remain unpainted.*

Policy 8.2 *Exposed interior stonework surrounds that have been subsequently painted should be returned to their original state.*

Policy 8.3 *Painted exterior surfaces should be repainted when needed—bearing in mind technical and heritage requirements.*

For example, vulnerable painted external fabric such as timber and steel window elements should receive sufficiently regular coats to provide protection from deterioration. As the façades are original and intact, the preferred colour scheme for the non-masonry details will be that originally applied in that part of the building.

Neither the urge to mark territory nor the personal taste of the occupant is an adequate guide to interior decoration in a building as important as the medical school.

Policy 8.4 *A co-ordinated approach should be adopted to the arrangement of colours and finishes throughout the building. It should*

be based on an understanding of the original and early decorative treatments and should be prepared in advance of future decorative programs.

This approach falls into three parts:

- accurate restoration of sample rooms;
- co-ordinated treatments reflecting the various stages of the building's construction;
- recycled interiors.

The preferred option is for at least one room in each part of the building to be set aside for a careful restoration of the original decor. The rooms could, for example, reflect the separate approaches taken under the direction of Barnet, Vernon, Drew and Wilkinson. The work would be carried out by removing later accretions to reveal the original surface treatment and by reconstructing necessary lost or damaged areas. Such work is more manageable in the smaller more intact rooms and can be done progressively as resources permit. Meantime such rooms may continue to be repainted but care should be taken not to disturb the original decorative surfaces underneath. Areas of pristine decor revealed by the removal of long-applied fixtures should be preserved and may well result in the choice of that room for restoration.

Significant, reasonably intact, spaces or spaces that have been restored should be painted in a way which reflects the character of the original scheme in that part of the building. For example, where there is a dado, dado stripe or stripes and pale area above, that arrangement should be adopted, but with such variation of tone as is necessary for the practical use of the space. Key spaces which require less exacting light levels such as Barnet's passages should have the original decor restored without modification.

Recycled interiors may be painted in the way that makes them most habitable and efficient but which still bears some relationship to the co-ordinated program. Consideration may be given to a modest but distinct change of tone or colour for the repainting of visible original fabric.

Lighting

The Barnet building was originally lit by gas and some associated ironmongery and wall brackets survive today. Photographs of the 1890s show that the larger rooms had strictly utilitarian inverted "T" pipes pendant from the ceiling with a pair of branched burners at each end (back cover). These were supplemented where necessary by single burners on wall brackets. As the fittings were few in number and provided intense but ill-distributed points of light, it is not surprising that the struggle to admit the maximum amount of natural skylight to the right location continued right up to the 1920s (see pages 39 to 41).

Rooms of status such as Anderson Stuart's private room had ornate brass chandeliers with flared glass bowls to protect and enhance the light (CB, 183). Early in the twentieth century the physiology lecture theatre (i.e. the

former Harveian Theatre) was converted to electric lights each with six small bulbs on radial stalks housed within a large ribbed reflector. This would have been the lecture theatre most used by Anderson Stuart. Despite the opportunity presented for electrification during the major extensions of 1908–12, gas appears to have been retained. In 1921 Florence Taylor reported:

So much out of date is the whole thing, that gas lighting is still used instead of electricity in the rooms, except in one lecture room and in the museum... (*Building*, 12.8.1921, 76).

The following year the Buildings and Grounds Committee recommended to Senate that electric power and light be provided throughout the entire medical school (White, footnote 83) and the work was probably completed in 1927 (PWD, F13-1015-6-7).

Since 1927 a great range of light fittings have appeared and disappeared in the building reflecting a variety of styles and functions. In 1992 white fluorescent tubes are common, but there is a great range of appropriate and inappropriate light levels and fittings.

Policy 9.1 *A co-ordinated approach to lighting throughout the building should be developed using a family of fittings appropriate to the character of the rooms and their functions.*

Policy 9.2 *Existing spaces of considerable significance and spaces which will have been restored in a way which recovers that level of significance should be equipped with light fittings of a form which will best suit the architectural character of the particular space. If necessary to meet required light levels, such fittings may be supplemented by concealed or unobtrusive lighting where this can be installed without damaging significant fabric or the character of the space.*

The suspended linear tubes recently installed in the east-west ground floor passage of Barnet's building are an example of a modern fitting which has a minimal visual impact on the character of the particular space and still provides the desired light levels. The effect is in direct contrast to the dominating featurist character of the nests of canted fluorescent tubes also recently installed in some rooms. When necessary, unobtrusive task lighting may be provided on benches or work stations.

Policy 9.3 *Lighting in those interiors which have been recycled by subdivision and are currently of little or no significance may continue to be lit in the way most appropriate to the technical requirements of the space.*

Policy 9.4 *Surviving gas fittings, such as wall brackets, should be left intact as a reminder of things past.*

Exterior masonry

The exterior masonry of the original medical school building and the subsequent extensions up to the 1920s are of considerable quality and significance. Its initial stylistic vocabulary is that of Blacket's adjacent main building but the treatment was deliberately broadened to incorporate later style characteristics as the extensions proceeded. All the work from 1885 to 1922 was executed by competent masons and carvers in Sydney sandstone of consistent quality and durability. The operative stonemasons' society recognised the medical school's pre-eminence by placing its image on their trade banner in 1904 (Reeves and Stephen, 36-37). It was then as now a handsome and impressive monument.

The footings have proved adequate and cracks such as that on the west bay of the north façade are rare. The main physical problems have arisen from inadequate dispersal of rainwater due to past erratic maintenance and poorly-designed service installations. This has resulted in fretting of stonework beside box gutters, downpipes and parapets and some decay of base courses. The major visual damage to the façade has arisen from the addition of ill-designed housings and methods of reticulation for mechanical and electrical services (for example, fig.28). Such facilities can be re-sited and the method of reticulation re-designed and progressively relocated.

Policy 10.1 *External masonry erected up to 1922 should be retained intact and maintained in accordance with policies 7.1 to 7.5.*

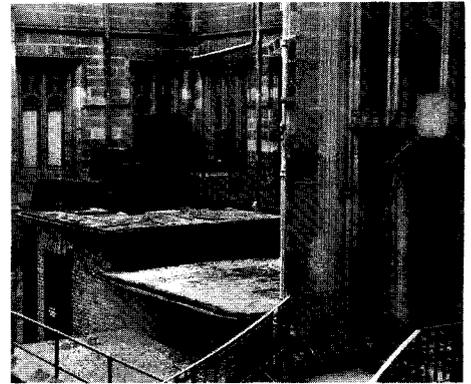
Policy 10.2 *Visually intrusive systems of reticulation and structures housing services should be progressively removed.*

Policy 10.3 *Existing services should be re-designed and re-sited and new services designed and located in a co-ordinated program which will leave the façades visually free of intrusions.*

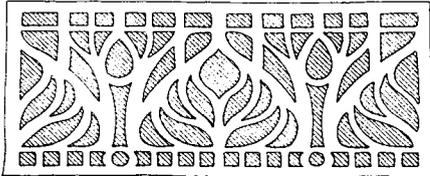
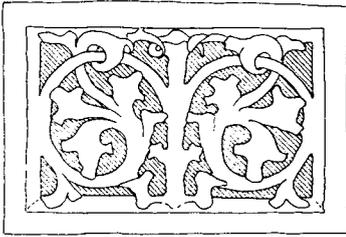
Siting problems are ameliorated by the convenient topography to the north-east which facilitates below-ground installations adjacent to the building (see "setting" policy 27.3). The courtyard also provides potential space for the housing and reticulation of services without damaging its significance as an enclosed space. (See "courtyard" for constraints.)

Windows and external wall ventilators

Most of the medical school windows and ventilators retain their original form and fittings. Each stage of construction of the building produced a variation in the way in which the openings were filled and one which was characteristic of the time and design source. For example, Barnet's office favoured modest timber sashes and frames behind the Perpendicular tracery, Vernon preferred slender iron or steel casements between the mullions and transoms, while Wilkinson retained the casements but fitted them with small leaded panes.



28. Plant and switch rooms, and ducting, against the south façade of the medical school. JSK photograph, 1992.



29a & b. Ventilator plates in the additions of 1908-10 and 1910-12 respectively. JSK 1992.

The decorated wall ventilator plates exhibited equivalent developments. For example the distinction between Vernon's 1910 north-west wing and 1912 north-east wing was particularly marked: the former was fitted with late Victorian foliated scroll-work (fig.29a); the latter with an elegant Art Nouveau pattern (fig.29b). It is worth going to some trouble to retain such visually pleasing, stylistically instructive and architecturally appropriate window and ventilator details.

Policy 11.1 *Window and ventilator repair and reconstruction should be carried out in the manner and to the details appropriate to the construction stage in which they are set. Original fabric should be retained wherever possible, however where original materials are unavailable, indistinguishable and durable facsimiles are acceptable.*

Policy 11.2 *Inappropriate and obtrusive details and features already installed such as alloy framing and reflective film should be removed and the elements restored or reconstructed to the original form in accordance with policy 11.1 above.*

Policy 11.3 *Regular inspections should be made of members subject to rot and rust to ensure prompt preventative maintenance and repair.*

Roof cladding

As on the main quadrangle buildings, the roofs have been continuously clad with Welsh blue slate—much of which was refixed in the 1970s and '80s. The original muntz metal accessories corroded and were replaced in copper to similar detailing.

Policy 12.1 *The roofs of the medical school should be regularly inspected and given prompt maintenance as set out in policies 7.1 to 7.5.*

Policy 12.2 *The roofs should continue to be covered with Welsh blue slate of the original size or a slate of identical colour, size and equivalent quality.*

Policy 12.3 *Accessories should be replaced, when necessary, to the original detailing and in the original materials, namely:*

- *flashing in lead;*
- *rainwater beads in cast iron or a durable facsimile;*
- *ridges, valleys, cappings, box and eaves gutters and downpipes in copper.*

An exception has been made in the case of details originally executed in muntz metal. These may continue to be replaced in copper.

Roof features

Except for the centrally-placed Hunterian and Vesalian theatres with their semi-hexagonal hipped roofs on the north-south axis of the tower, the roofs of the medical school are developed as a series of gable forms.

Barnet topped his tower, gables and buttresses with crocketed pinnacles and the east entry gable with Sani's figure of Asklepios. His chimney stacks were grouped, sturdy and chamfered. Later extensions featured more complex and ornate chimney stacks and both end gables and dormer gables were surmounted by gabled aedicules housing carved features. Wilkinson's northern centrepiece was surmounted by a handsome timber lantern which functioned as a ventilator. Its original lead capping with wrought iron details (fig.30) is now missing.

The medical school roofscape remains (as was intended) an important picturesque element of the early university precinct and care needs to be taken to retain its character and modify some existing accretions.

Policy 13.1 *All original masonry features above the parapets and roofs should be retained intact, regularly inspected and maintained. Any necessary repair and reconstruction should be carried out promptly to eliminate the need for removal on the grounds of instability and safety.*

Policy 13.2 *Where necessary to reduce rainwater penetration, masonry features should be capped with lead.*

Because of the need for individual flues and roof exhaust vents, there is a limit to the number of fume cupboards that it is appropriate to place in the building. Consideration should therefore be given to locating any substantial increase in the number of such facilities elsewhere. Meantime, the following policies are appropriate.

Policy 13.3 *Requirements for new roof vents should be kept to a minimum by the co-ordinated planning of the use and location of rooms requiring such facilities.*

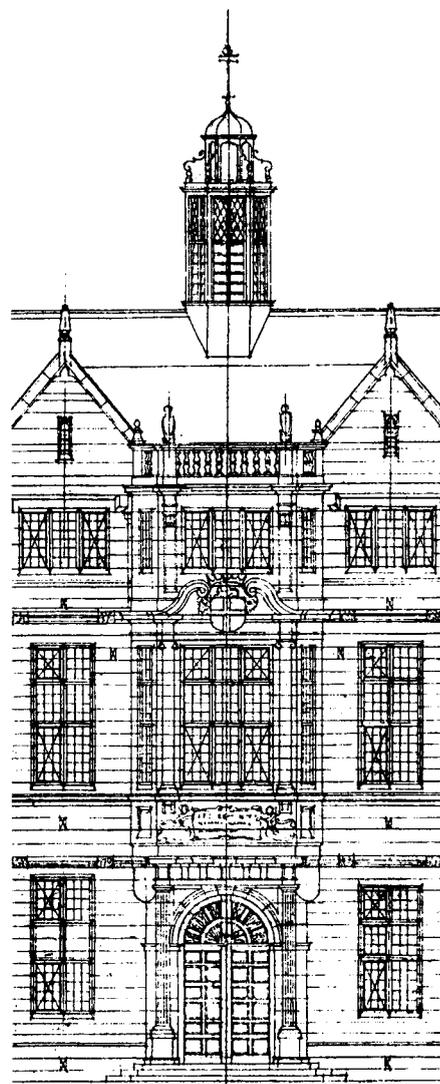
Policy 13.4 *New roof vents should be:*

- *grouped formally in the zone immediately on the courtyard side of the ridge lines (fig.31);*
- *excluded from the outer slopes of the roof;*
- *designed to make distinct and visually satisfactory (as well as waterproof) connections with the roof;*
- *no higher than one metre above the adjacent ridge line;*
- *of a colour and texture which minimises intrusion against roof and sky.*

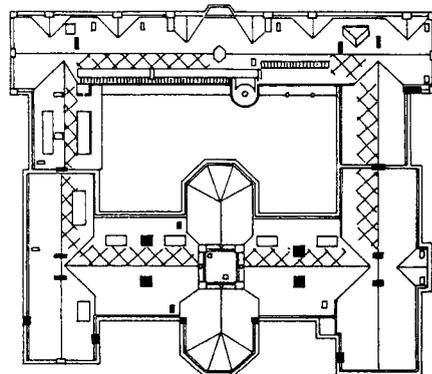
The tower roof may also prove to be a suitable dispersal point for most of the emissions from Barnet's east-west range; however before a decision is made the tank and its associated structures should be investigated and assessed (see policy 15.1).

Policy 13.5 *Existing vents should be incorporated into the program set out in policies 13.3 and 13.4 above and their disposition rationalised as it becomes appropriate and practical.*

Policy 13.6 *Electrical conduits, water pipes or other services should not be carried through or across roof cladding.*



30. Wilkinson's lantern over his centrepiece in the north range. Detail from OBG plan F13-1006 of 18.10.1921. Detailed drawings are at OBG F13-1011.



31. Roof plan with roof lights in outline, masonry chimneys in black and zone for vents cross hatched. JSK 1992, based on suggestion by Barry McGregor.

Policy 13.7 *Wilkinson's ventilator lantern on the north range (fig.30) should be repaired and may be adapted to perform its original function. The original terminal feature should be reconstructed (OBG plan F13-1011).*

Roof truss structures and associated spaces

A major distinction between the spatial approach of the colonial architect's office under Barnet in the 1880s and its successor's office in the early twentieth century under Vernon was the approach to roof structures. Barnet's trusses were sufficient for the job and concealed above ceilings of plaster or ripple iron. The Oregon trusses now exposed above the Shellshear Museum are examples. In the extensions designed after 1907 such structures no longer merely supported the roof of the larger teaching rooms but were an integral and impressive part of the space below.

When the extensions to the medical school were designed, Vernon's office had just completed the magnificent hammer-beam roof of the new Fisher Library (now MacLaurin Hall) and his officers were eager to insert a variety of ornamental trusses in the more important upper floor rooms of the school. Chief of these were the Listerian and Anderson Stuart Theatres (page 41). The room immediately east of the Listerian (417) was also given an impressive roof and, while still at the design stage, an internal stair and attic were installed. Wilkinson's adjacent space (418) extended the attic of 417—utilising trusses and south facing glazing to create a studio atmosphere.

Policy 14.1 *All original roof structures should be retained, preferably with the original relationship to the space below.*

Policy 14.2 *Spaces 417 and 418 should be retained as single volumes in their original form.*

Barnet's tower interior and tank

The water tank tower was both a picturesque and functional element in the colonial architect's institutional work but few now survive intact. Of those that do, the medical school and its immediate predecessor, the high tower at Callan Park (Rozelle) Asylum, are fine examples. The space between the attic floor and the reinforced steel joists that support the steel tank is a spectacular volume made more complex by connections to the roof spaces of the former Hunterian and Vesalian Theatres. The character of the place is at present obscured by makeshift partitions and ceilings, redundant and functional mechanical services and the storage of combustible materials.

Policy 15.1 *Before any decision is taken which may affect the tank and its associated structures and services, a specialist industrial assessment of its value should be made and any consequent constraints outlined.*

Policy 15.2 *Because of its impressive quality, the tower space above the attic floor should be restored to view and any use to which it is adapted should allow it to retain its character and spatial volume.*

The Barnet Theatres and skylighting

In Barnet's plan the upper floor was devoted to large teaching spaces (fig.32) which required big windows and roof lights to be lit adequately. The five theatres (Vesalian, Cullenian, Hallerian, Hunterian and Harveian) and the 50 feet by 41 dissection room had recessed windows in the lower eastern slopes of their roofs as well as windows which almost filled the space of each bay.

Hunterian and Vesalian Theatres

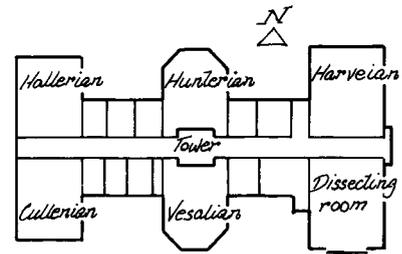
The central north-south range under the tower was necessarily more restricted in its access to light and Anderson Stuart had the government architect change the original recessed roof windows for full skylights over both the Vesalian and Hunterian Theatres. The new skylights straddled the ridge and the light was conducted down white painted ripple iron light wells to the theatres below. The Hunterian well is accessible today and still largely intact. The two moveable oregon planks which cross the well may have been associated with a blackout screen when the theatre below was in magic lantern mode.

The Vesalian light well is less accessible but also appears to be intact although it has a more complex history. About 1909 the government architect moved the skylight and well from the middle of the Vesalian roof to a position beside the tower (PWD plan, A-3370 and contemporary photographs). This gave direct light to the demonstration, graphic aids and blackboard below. The Hunterian light well was not moved as it was proposed to remove its tiered seating and convert it to a museum of anatomy. A further octagonal light well was to be punched through the Hunterian floor to illuminate the ground floor (now Burkitt Library) below; however there is no evidence that this penetration was carried out.

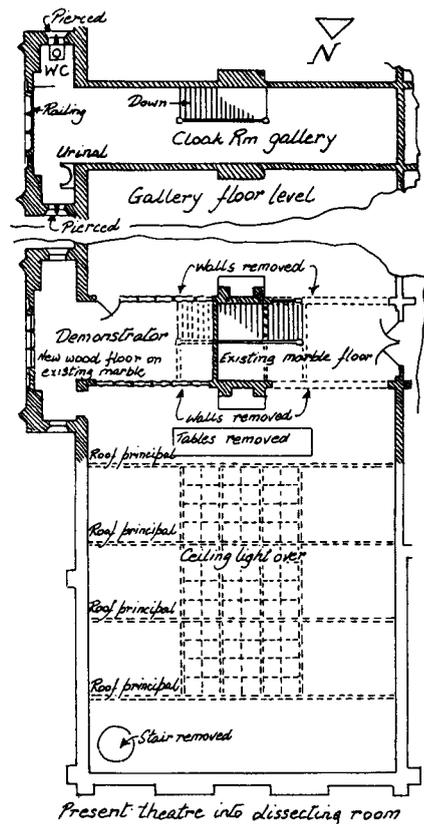
Dissecting room and Harveian Theatre

Good light is essential for precise anatomical dissection. The prosectors and anatomy students found the raking light of the east range dissecting room distinctly inferior to natural top lighting and neither the existing gas lighting nor the increasingly fashionable electric lighting were then considered equal to the task. Hence during the successive extensions in 1908-12, the government architect carried out alterations to improve the lighting as well as to accommodate increasing numbers of students (fig.33a). The alterations included:

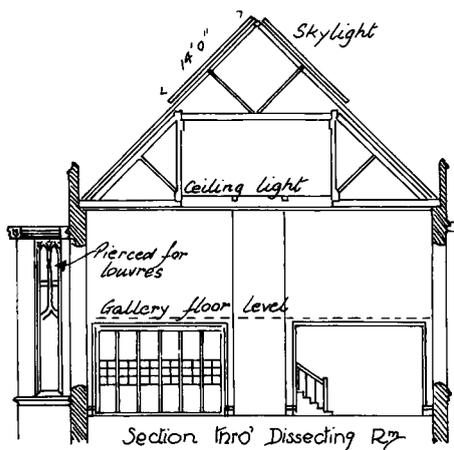
- converting the Harveian Theatre in the northern part of the east range into an additional dissecting room (PWD plan 22.3.1910);
- closing off the adjacent east-west passage to provide space for the demonstrator and inserting a gallery floor above the passage to accommodate a cloakroom, WC and urinal (ibid);
- inserting skylights of exceptional size in the roofs of the original and new dissecting rooms (ibid and PWD plan of 4.12.1907).



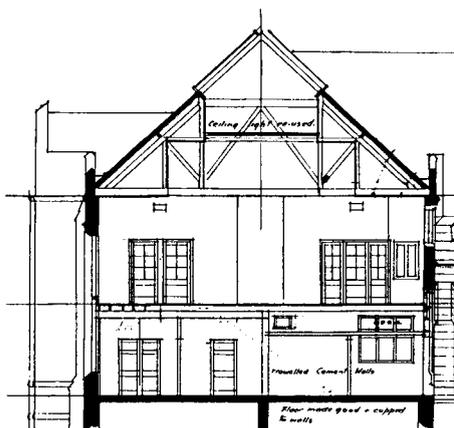
32. First floor sketch plan showing early location of theatres. JSK 1992.



33a. John Barr's plan for the conversion of the Harveian Theatre to a dissecting room and placing a wc and urinal in front of the stained glass window. Approved by Vernon 22.3.1910. JSK adaptation of the original.



33b. Section through northern dissecting room (33a) looking south. Adapted from plan of 22.3.1910.



34. Ceiling light and roof as adjusted by Wilkinson on insertion of mezzanine floor in northern dissecting room. OBG plan, F13-1014, November 1924.

The skylights fitted over the ridge like a saddle and consisted of forty reinforced glass panes—twenty on each side (fig.33b). All Barnet's theatres were ceiled in ripple iron and a corresponding glazed structure was therefore let into the ceiling to transmit the light to the rooms below. The skylights were removed in recent times but evidence of their presence survives. New common rafters and battens now occupy their sites and mortices remain in the tie beams where the lower lights were seated.

The northern room has a continuing story. In about 1925 Wilkinson inserted a mezzanine with a variety of rooms and uses underneath and placed the dissecting room above (OBG plan, F13-1014) (fig.34). At the same time he lifted the ceiling light closer to the collar beam in the roof, where it remains to this day—long after the roof light has been removed and a modern ceiling inserted below. In 1925 Wilkinson also added a narrow hand-operated lift to enable cadavers to be raised to the new level.

Fate of the Hunterian and Vesalian Theatres

After the World War I the medical school came under increasing pressure from enrolments and both the government architect and Wilkinson prepared plans for cramming as much seating as possible into the Vesalian and former Hunterian Theatres. Wilkinson proposed to accommodate 294 in the latter (OBG plan, F13-1004). The nature of the additional seating is uncertain but both theatres lost their spatial distinction in the 1960s: a mezzanine was inserted in the Hunterian and its new levels subdivided; the Vesalian space was merely partitioned and new low ceilings inserted. The latter is therefore the most easily reclaimable original theatre space in the Barnet building.

Cullenian and Hallerian Theatres

Wilkinson's 1922 proposal (OBG plan, F13-1013) to insert floors about eight feet below the tie beams of the Cullenian and Hallerian Theatres was only carried out in the former. It was executed to a much modified plan with gallery floors round a central well which carried light from a new dormer range in the roof to the original first floor below. The linked spaces became the Wilson Museum. Barnet's original ripple iron ceiling was removed in the process and some of it re-used to ceil under the gallery. In the 1950s the well was closed and the Shellshear Museum occupied the new continuous gallery floor. It has recently been refitted.

Policies

The general policies 3.1 (retention of original and early fabric and spaces) and 5.1 to 5.2 (interior subdivision and recovery of significant spaces) are applicable to the former theatres on Barnet's upper floor. More specific policies are set out below.

Policy 16.1 *In view of the subdivision of the spaces of every one of Barnet's original five theatres, the limited value of the spaces obtained and of the difficulties caused by the fragmentation of teaching space (Faculty of Medicine Review Committee Report, 1991, 6.4), at least one theatre should be restored to its original spatial character.*

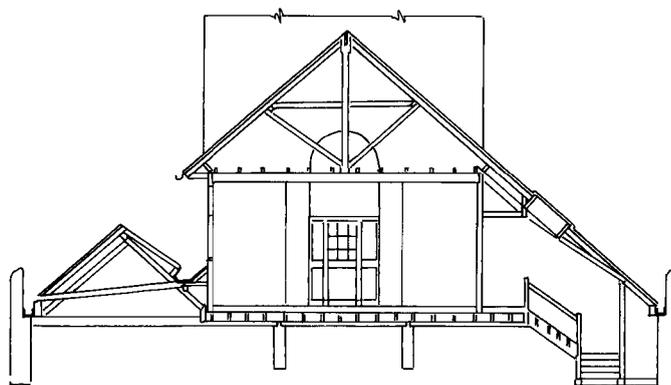
The Vesalian Theatre is the most convenient and rewarding choice. It has not had a mezzanine floor inserted and the existing partitions and low ceiling are comparatively easily removed. While all surviving original and early fabric should be retained (ripple iron ceiling, light well, fireplace, etc.) the fitout may be appropriate for present teaching requirements. The Cullenian Theatre (Wilson Museum) may be more easily recovered as a large teaching space but its quality and significance is diminished by the inserted floor of the Shellshear Museum which cuts across the windows of the original Cullenian space.

Policy 16.2 Skylight and light well systems are an early and interesting part of the development of the building. Their remains should be left intact in the roof and protected from damage during any works.

It is a desirable option to reinstate one or more of the natural overhead light systems should there ever be a practical advantage in doing so.

The Barnet attic skylight windows

Existing skylight windows on the north slope of Barnet's east-west range were probably inserted by Wilkinson in the early 1920s (OBG plan, F13-1001). The reverse slope to the base of the window is an impractical feature (fig.35) and has resulted in past rainwater inundations of the attic. Either the water disposal system should be substantially improved or the skylight windows redesigned in a more functional form.



Policy 17.1 Any redesign of the method of admitting light to the attic of Barnet's east-west range should result in an unobtrusive and stylistically compatible structure.

35. Early sketch illustrating Wilkinson's proposed method of inserting windows to light the attic space of Barnet's east-west range. OBS plan F13-1001 adapted by JSK.

While the retention of Wilkinson's design is preferred, existing skylight systems used elsewhere on the courtyard slopes of the northern extensions are acceptable alternative options.

Listerian and Anderson Stuart Theatres

In the extensions carried out between 1908 and 1912, the government architect took particular care to develop the architectural potential of two major upper floor teaching spaces: the Listerian Theatre (finished 1910); and the physiological lecture theatre (finished 1912). Following Anderson Stuart's death in 1920 the latter was renamed the Anderson Stuart Theatre.

The main feature of each theatre was an elaborate, and different, open timber roof structure. The Listerian had a tie beam and a double collar, the lower collar being supported by four queen posts with angel-wing braces (fig.19). The tie beam in the Anderson Stuart was supported by

heavy wall braces; the beam supported in turn a queen post truss surmounted by a longitudinal strutting beam, struts and a further collar (fig.35). In both theatres a boarded ceiling was set above the principal rafters and collars enabling the truss to become an integral part of these important spaces.

The Listerian Theatre has always been equipped with tiered seating facing east although its configuration and details have changed over the years. The space is lit by a splendid mullion and transom bay window in the north wall and a Perpendicular Gothic three-light glass window above seating level in the west wall. The storage space under the seating is separately lit by three rectangular openings with Gothic tracery.

While the Listerian space and roof has been retained more or less intact, the Anderson Stuart has had a new mezzanine level and ceiling inserted and the theatre has been divided into about ten rooms. The cubical space with its four large late Gothic windows and powerful roof is now entirely obscured.

Policy 18.1 As the Listerian Theatre is the sole survivor of the seven that were originally equipped with tiered seating, it should remain a theatre in that configuration with the appropriate relationship of space, roof and windows maintained and all surviving original materials and details conserved.

The actual seating is modern nondescript and, should it ever become necessary, it may be replaced by a similar tiered configuration.

Policy 18.2 Necessary reconstruction should be undertaken to repair water damage and rot in the Listerian roof arising from past neglect.

Policy 18.3 In the long term, the Anderson Stuart Theatre should be restored to its original spatial form by the removal of the mezzanine floor, partitions and modern ceiling to reveal the existing original roof and boarded ceiling. In the meantime no action should be taken which will make this objective more difficult.

An alternative acceptable option would be the restoration of the space between the open roof structure and the mezzanine floor and the reduction of the width of the mezzanine floor to a gallery form which would allow the windows to be reincorporated into the space.

Policy 18.4 Painting and lighting in the Listerian and Anderson Stuart Theatres should be designed in accord with policies 8.4, 9.1 to 9.2 and 9.4.

Policy 18.5 Air conditioning, if necessary, should be designed to fit unobtrusively into the character of the place (policy 25.1).

Treatment of intact spaces not individually discussed

A number of fine spaces survive with their character and significance more or less intact or which only have minor or ephemeral intrusions. Others have had substantial alterations which have done little damage to the significance of the place. Those that are not dealt with elsewhere in this report are discussed below.

Rooms 216, 218 and 220

These rooms are on the ground floor in the south-west corner of Barnet's building. Room 220 was originally divided into a classroom and a reading room with corridor access (fig.9). In 1908–10 the internal partitions were removed to create a large pathology classroom and an open timber gallery was built against the east wall (fig.15). It has not been altered since and is a fine big space with large Gothic windows. The only obvious evidence of its original configuration is a substantial boxed reinforced steel joist which supports the floor above the position of the removed partition.

The gallery in 220 is an addition made without disturbing the character of the room, but its use for metal storage shelving is both visually inappropriate and awkward in view of the steep narrow steps provided. In Barnet's east-west range, immediately east of room 220 and its gallery, are rooms 218 and 216. Both retain their original spaces and the future development of all three rooms should be considered in conjunction.

Rooms 235, 236 and 234

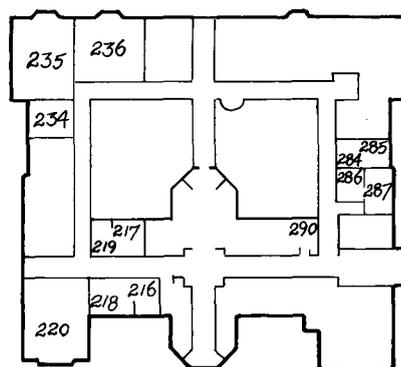
Rooms 235, 236 and 234 are on the ground floor in the north-west corner of the 1908–10 extension and all retain their original spaces and are substantially intact. Handsome bay windows are a feature of both 235 and 236 although the window in 235 is at present sheeted over with chipboard. Again, the development of these three adjacent rooms should be seen in conjunction. A more flexible approach to room 234 may be acceptable if it becomes necessary to accommodate a fire stair, lift and service risers (see policies 24.2, 25.1 & 26.1).

Rooms 284 and 285

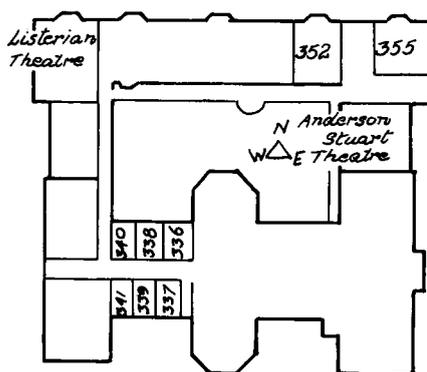
This ground floor suite was occupied by Anderson Stuart after the 1910–12 additions and alterations were completed—a corridor having been driven through his original private room (of which room 286 was a part). It is substantially intact.

Room 287

Originally Anderson Stuart's private physiological laboratory, it had a private spiral stair to the Harveian Theatre on the first floor above. The stair is now removed and the room has been cleared and redecorated.



36. Sketch plan of ground floor identifying rooms discussed. JSK 1992.



37. Sketch plan of first floor identifying rooms discussed. JSK 1992.

Rooms 352, 353 and 355

This suite of three laboratory rooms on the first floor of the 1910–12 north-east extension retains its original spaces and windows. Rooms 355 and 352 are lit by northern bay windows: the former has Gothic tracery and the latter, together with 353, has Elizabethan mullion and transom details. Access was originally only via 352 and the three rooms were linked by doors, one of which is now blocked.

Rooms 216–219 and 336–341

The rooms flanking the ground and first floor corridors of the western part of Barnet's east-west range retain their original spaces more or less intact.

Policies

Policy 19.1 *The future development of the spaces in rooms 216–220, 234–236, 284, 285, 287, 352, 353 and 355 should be carried out in accord with policies 3.1 (retention of original and early fabric and spaces), 6.1 to 6.3 (provision of extra floor space), 8.4 (painting) and 9.1–2 & 9.4 (lighting).*

Policy 19.2 *At least one of the rooms 216–219 and 336–341 should be restored to its original surface finishes as revealed recently in room 341.*

This should be done if possible by the removal of later accretions and by carefully supplementing lost parts of the original decor. Meantime, any redecoration should not damage or remove underlying original finishes.

Ablution and WC facilities

The 1890 ground plan of Barnet's buildings shows a private "lavatory" under the north-east stair (room 290). This was Anderson Stuart's own facility adjacent to his room and it retains its fittings today including a large bath, tip-up Lasseter basin, tiled floor and joinery. Intact "lavatories" (i.e. washing facilities) of the period are rare today and this one with its associations should be retained.

Policy 19.3 *The ground floor bathroom under the north-east stair (room 290) should be retained with its fittings, joinery and tiling intact, its decor restored and, where necessary, reconstructed.*

A small mezzanine room (232) between the basement and ground floor in the west range contains an early and handsome fluted ceramic WC pedestal and cistern.

Policy 19.4 *The WC pedestal and associated fittings in room 232 should be retained, preferably in use, but, if necessary, at another location within the building.*

Barnet's entry, passages and associated stairs

The entry and spinal passageways of Barnet's building are key elements in establishing the character of the place as well as providing an ample circulation system. They were clearly intended to reflect the status appropriate to such an institution. Hence the exceptional scale, patterned marble paving and fine joinery.

Anderson Stuart believed it particularly important to express the building's significance as a medical establishment, therefore, on taking partial possession in April 1899, he set about reinforcing the ambience of the passageways and inspiring its users by installing plaster busts and stained glass windows of "eminent medical men". All were donated by members of the profession (or their families) in the colony—directly as a result of "encouragement" by Anderson Stuart. The first donations were received the same year: stained glass in April and busts in July (SM, 15.4. & 1.7.1889). Such was the response that by 1892, when James White was commissioned to prepare a (real marble) bust of Anderson Stuart himself, the worthies were already installed and gazing down from above their moulded pendant bosses at the mortals passing below. (See appendix 4.) Anderson Stuart's bust can now be seen inside the eastern entry immediately after passing the plaster maquette prepared by Sani for the carving of Asklepios on the east gable.

After manufacture in England, the stained glass was installed about 1891 (BG&ICM, 15.8.1891) around the southern entry to the ground floor passage, at the eastern end of the upper passage and in the western stair-well servicing both upper and lower passages. Like the busts, the windows commemorate medical worthies. One uncharacteristic architectural solecism was perpetrated (or permitted) by Anderson Stuart during his incumbency. This was the placing of a demonstrators' WC and urinal beside the stained-glass window on a new mezzanine gallery at the eastern end of the upper passage (fig.33a). As a result the glass was largely obscured, the axis vista terminated and the passage tiles in the area boarded over. Subsequent work has led to the window being totally obscured from the passage.

The ground and upper passages reflect the hierarchical distinctions which were appropriate in Late Victorian times. At ground level the passages were topped by a segmental plastered concrete vault. At the eastern entry and at the meeting of the east-west and north-south passages, groined vaults were developed. They were embellished with thin plaster ribs which sprang from equally thin engaged columns. The upper passages simply had flat ripple-iron ceilings set over moulded timber cornices. Their plaster details were also simplified. Unlike its tall moulded companions downstairs, the upper level skirtings were simply indicated by a half round moulding recessed in plaster to mark the appropriate height.

The highly burnished finish of the plaster on the western and north-eastern staircase linking the upper and lower passages is an interesting feature. In texture it resembles scagliola and is probably made from the same double-fired Keen's plaster. A similar finish exists on the staircase to the east above room 290 but this is at present painted over.

Policy 20.1 *The surviving east-west and north-south passages and associated staircases in the Barnet building (figs 9 & 10) should be conserved in as near to their original form as possible and particular care should be taken to retain original details of floor tiles, plaster, joinery, fittings, signs and busts. Missing or damaged original or early features in these passages and stairs, including material finishes and decorative schemes, should be restored and reconstructed.*

Policy 20.2 *No action which reduces the original passage space or impairs its quality should be permitted. Existing intrusions which adversely affect the spaces should be removed.*

This would, for example, preclude the introduction of mechanical, electrical and hydraulic services' ducting and pipes to the passages and necessitate the removal of the flusherette tank and gas cylinder box from the south passage. In the long term it would also require the recovery of the relationship between the eastern stained glass window and the upper passage as the existing arrangement destroys much of the intended character and quality of the spinal passage.

The northern passages and courtyard galleries

The government architect's 1907 and 1910 plans for the northern extensions linked the northern ground floor arms of Barnet's passage to the new work by punching smaller corridors through the northern rooms of the east and west ranges (fig.15). In the east range it went through Anderson Stuart's private room (PWD plan, A-3370) and in the west through the materia medica lecturer's room (PWD plan, A-3364). On the first floor of the west range the link corridor resulted in the reduction of the Hallerian Theatre and the removal of its tiered seating (PWD plan, A-3365).

On the first floor of the east range, however, the devotion of the entire space to the dissection of cadavers made it necessary to bypass the space and instead the government architect converted the window of Barnet's north-east stair head into a door and constructed a linking external gallery. Between 1910 and 1912 the present external galleries and semicircular staircase were completed in the courtyard to give access to those parts of the new ranges which had no internal passages. The only exception was the attic room (417) east of the Listerian Theatre which had neither internal passage nor external gallery and this space was reached by an internal spiral stair from the first floor (PWD, A-3365). The stair was subsequently removed but its masonry housing remains as a picturesque three-sided projection in the south or courtyard wall.

In the northern extensions, the government architect retained the existing room heights established by Anderson Stuart but the new passages presented a contrast in style and scale to the original building. Where Barnet's passages had doors, high lights and upper high lights of inordinate height and heavy proportions, Vernon and Drew's passage doors were of human scale, simple boarded construction and the portals were surrounded by exposed stonework set against the plaster walls. These comparatively diminutive entries made the height of the rooms behind even more surprising.

The courtyard galleries were supported by slender masonry piers creating tall rectangular bays. With one exception, the openings in the walls behind were also rectangular—the larger ones with mullions and transoms. The exception occurred on the ground floor of the eastern courtyard gallery. Here the government architect inserted three Gothic arches to echo the cloister opposite. A later alteration to the design dated March 1910 involved the substitution of a stone balustrade on the semicircular courtyard stair in place of the wrought iron used elsewhere in the gallery (PWD plan, A-3391). In recent years the gallery slab floors have been given additional support by the insertion of reinforced concrete beams presumably to eliminate the sagging of the thin slabs.

Policy 21.1 *The original passages in the north-west and north-east extensions should be retained and restored, however the ceiling space may be adapted for the installation of services and the construction of a new ceiling appropriate to the character of the passage below.*

Policy 21.2 *The courtyard galleries should be retained and may be adapted to support new services in an unobtrusive manner.*

Policy 21.3 *All adaptations should be carried out in a way that is complementary to the character of the adjacent original fabric and spaces.*

For example, care should be taken to achieve a satisfactory relationship with adjacent wall and window details.

Burkitt Library, cloister and the north-south axis

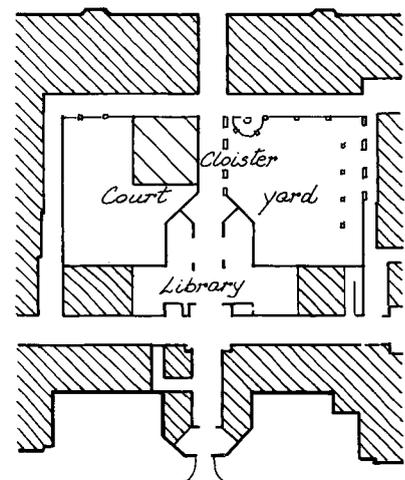
The Burkitt Library was originally designed and fitted out as an anatomical museum (fig.9) although it has been occupied as a library since 1956. Fortunately the fine original specimen showcases were retained during conversion and are now used to display the books.

The library sits beside the centre point of Barnet's east-west passage and astride the north-south axis completed by Vernon's three-bay cloister (1910) and Wilkinson's north range archway (1922). As the cynosure of the through passage system, it is the natural meeting point for users of the building and is an intact original space directly related to a fine (and potentially finer) courtyard.

Policy 22.1 *The existing Burkitt Library space with its adapted original specimen cases, fittings and south entry doors should be retained intact.*

Policy 22.2 *Impediments to the vista and pedestrian movement on the north-south axis between the library and Wilkinson's archway should be removed.*

Policy 22.3 *A library is an acceptable use for the space. Other uses that conform to policies 21.1 and 21.2 above are acceptable provided that the facility remains open to all users of the medical school and is accessible from both north and south.*



38. Diagram showing library in relation to the passage system and courtyard. JSK 1992.

The use of the cloister as a reading room is incompatible with its intended purpose as an access route.

Policy 22.4 The cloister with its three arches should be retained and the existing wood and glass infill removed or redesigned in a form more sympathetic to its character as a cloister. It may be adapted to provide direct access to the eastern part of the courtyard.

Policy 22.5 The western wall of the cloister may be adapted if developments in the western half of the courtyard make this appropriate. (See "courtyard", below.)

The courtyard

The courtyard referred to here includes the entire space embraced by the Barnet building and its western, northern and eastern extensions.

The concept for extension envisaged by Barnet and Anderson Stuart was for the initial back-to-back "E" plan building to be extended north and south by "U"-shaped ranges enclosing courtyards. The northern court was completely enclosed by 1922 but despite various plans prepared by the government architect and Wilkinson the idea of a southern court was abandoned and, in the 1950s, the chemistry school was built in its place.

The medical school had been built on a slope which declined to the west and the western half was therefore able to be stood on a basement largely devoted to delivery and support functions including the porter's quarters. When the northern court was completed its western half was continued as a delivery and service area at the lower level and a buttressed retaining wall separated it from the upper eastern level. From this time the characters of the upper and lower halves were progressively reinforced as ornamental and utilitarian respectively. The upper half received its four-bay cloister, spiral stair and palm tree—the lower was visually separated by the blank west wall of the cloister and gradually gathered a number of ungainly service facilities including a debased rectangular cement rendered two-storey building masquerading as stone, sprinkler pumps, a flammable liquids store, mechanical services housings and a utilitarian staircase to the ground floor.

While the lower level of the court is the only practical access point for deliveries to the complex and a convenient location for required new service facilities, it remains an important part of the overall courtyard. This circumstance suggests an option which helps solve practical problems in the further development and servicing of the building, has potential for enhancing the quality of the courtyard space and retains significant fabric. This involves raising the level of the western part of the courtyard to approximate that of the eastern part and creating an all-weather delivery and service area underneath.

Policy 23.1 The basement level court should be the only delivery and despatch point for items arriving and departing which require to be moved by trolley. See also policy 26.1 (lifts).

Delivery of heavy items such as gas cylinders to other entries results in damage to slate and marble steps and paving and to the introduction of intrusive makeshift facilities.

Policy 23.2 Should the practical advantages warrant it, the level of the western or basement part of the court may be raised to a similar level to the eastern part with delivery, service facilities and reticulation nodes underneath.

Any support structure for the raised level should generally be free standing with a minimum of intervention in the pre-1922 masonry. It should also be carefully detailed to enable light to reach the windows of the mortuary and western passage in the basement. The eastern part of the court was originally grassed and no particular significance resides in the existing cement paving. The eastern court therefore provides a potential sub-ground area for the reticulation of services, if necessary in conduits of sufficient size to admit of continued inspection and future adaptation without re-excavation.

Policy 23.3 In conjunction with the raising of the western part of the court, the cement-rendered two-storey building should be removed and consideration given to creating an opening or openings in the western wall of the cloister consonant with those in the east.

Policy 23.4 Irrespective of the option chosen, the long-term plan for the courtyard should be to increase its visual quality from all viewing points above ground level (including from the galleries) by removing, relocating or redesigning ill-conceived additions and awkwardly-sited and reticulated mechanical and electrical services.

This would include the cement rendered two-storey building, the adjacent stair and housings for services.

Attic use and fire safety

The first attic room in the complex (417) was constructed immediately east of the Listerian Theatre roof in 1910. Access was via a spiral stair from the first floor (fig.15). Although the attic is shown on plans as early as December 1907 (PWD plan, A-3370), its substantial ornamental roof structure suggests that the attic floor was not part of the original concept.

The eastern end of the north range was completed in 1912. The roof truss was a more prosaic structure and the space it enclosed was intended to be floored and devoted to storage and WCs. As reference to this attic was omitted from the 1918 plan (PWD plan, A-3375) it does not appear to have been fitted out at this stage. Access was by the semicircular stair in the courtyard and the open galleries as well as by an internal stair. Both stairs, which serviced all floors, remain intact today.

The increase of student numbers after World War I forced a more extensive use of roof space in both the Barnet building and the Vernon extensions. When Wilkinson inserted the missing centrepiece in the

north range in 1922 he integrated and completed an attic storey the full length of the range (Listerian Theatre roof excepted) and illuminated most of it by extensive southern skylights. The stair to the original attic of 1910 was probably removed at this time. In 1922 Wilkinson planned the fitting out of the roof space between collar and tie beams immediately south of the Listerian Theatre (rooms 412-3 & 416). It is not clear when this was carried out but access is now effected by a timber stair from the first floor passage.

During the early 1920s, Wilkinson also utilised the longitudinal space within the trusses of Barnet's east-west range. Access was via two new timber stairways: one at the western end of the main passage and the other in its north-eastern branch. Both were continuations of the existing masonry stairs. The spaces thus made available were linked by a corridor through the tower, providing access and alternative escape facilities at either end of the building. Natural lighting was achieved by recessed windows in the roof (fig.35) (OBG plan, F13-1001).

Wilkinson's other attempts at creating new usable spaces involved the insertion of mezzanine or gallery floors above some of the larger first floor spaces. He prepared proposals for the Cullenian (OBG plan, F13-1013), former Hallenian (ibid) and former Harveian Theatres (OBG plan, F13-1014). The Harveian was by then a large top-lit dissecting room and the Hallenian had had a connecting passage run along its east side to the north-west extension at full height. Wilkinson completed the Harveian mezzanine (fig.34) and inserted the Cullenian gallery to a revised plan with a central opening to the floor below (page 40). The Hallerian proposal was never executed.

Wilkinson believed the building interiors were of value and did his best to fit in extra accommodation with respect for the architectural character of the place. In the late 1950s when there was an urgent need for more space and funds became available there was no such restraint.

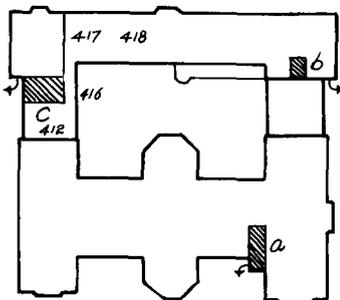
Policy 24.1 The way in which attic and upper levels are used, their subsequent fire load and the number of people permitted to work in each area should be restricted by the requirements for fire safety, safe egress and the long term retention of the significant qualities of the building.

It would, for example, be inappropriate to conduct large classes at attic level which may require new obtrusive escape stairs. It follows that teaching spaces for large numbers of students should not be located above the first floor.

Policy 24.2 No external fire stairs should be applied to the building and internal stairs should be located to avoid or do the minimum damage to significant fabrics and spaces.

The following locations may be considered for new fire stairs should they become necessary:

- the former WC annexe at the southern junction of Barnet's east-west and eastern ranges together with a strip of similar width to the annexe through to the main east-west passage (fig 39 item a);



39. Sketch plan showing least damaging locations for fire stairs and location of attic rooms mentioned on page 51. JSK 1992.

- the existing masonry stair in the north-east corner of the building running from attic to ground level and capable of enclosure without damage to significant elements (fig.39 item b);
- that part of the north-west range immediately south of the Listerian Theatre. This location would make unnecessary a new external exit as the existing doorway under the south-west corner of the Theatre could be used and an enclosed stair could provide direct service to all floors up to the attic. It would entail a modest but acceptable sacrifice of a fine space in room 234 on the ground floor (fig.39 item c).

The external gallery linking the west range extension to the courtyard stair is not repeated at attic level, nor is the construction of such a gallery an acceptable option as it would be a most awkward addition to Wilkinson's design—clashing with windows, cornice and roof. Should alternative escape routes be required from this north-west part of the complex then an internal link should be maintained between the west and north ranges and provision made for access in both directions to the appropriate stairs. Because of the character of the open roof structure and skylight ranges in the attic rooms south, and particularly east, of the Listerian, the insertion of passageways should be avoided and instead open access should be available through the attic rooms in question (412–418).

Barnet's original stairs at the western and north-eastern ends of his building are so extended by Wilkinson's additional timber flights serving the attic level that they present a hazard which can only be partly ameliorated by fire safety devices such as smoke detectors and baffles. Barnet's stairs are of considerable significance and an integral part of the grand passage system. Wilkinson's stair, however, is of relatively minor significance and, in the case of the western stair well on the first floor, hides the stained glass window.

Policy 24.3 Barnet's stairs and stair wells are of major importance to the building and should be retained intact, if necessary at the expense of the timber flights added by Wilkinson.

Two uses of the roof space contribute to the risk of fire: the practice of storing or dumping combustible materials and the presence of unenclosed electrical and mechanical equipment.

Policy 24.4 Combustible materials should not be stored in the roof spaces.

Policy 24.5 Electrical and mechanical equipment in the roof should be enclosed or rendered safe to protect surrounding fabric from the risk of fires arising from operation or malfunction.

Reticulation of services

Services to the building include power; hot, cold and waste water; fire detection and sprinkling systems; gas; telephone and data cabling; ventilation; and air conditioning. In addition to some duplication and



inefficiency, the reticulation systems have made a visual mess of parts of the building and have impaired fabric of significance (fig.40). An approach is needed which will identify the least damaging vertical and horizontal channels for reticulating services within the building as well as provide flexibility and spare capacity for future requirements.

Policy 25.1 *Vertical and horizontal channels for the reticulation of services to floors and rooms should be located and designed in a way that will have the minimum adverse effect on fabric and spaces of significance.*

For example, vertical channels to upper floors may be located:

- against the south-east corner of the tower masonry in the space equivalent to that occupied by the lift diagonally opposite;
- in conjunction with the proposed new fire stair site in the north-west extension (policy 24.2);
- in a series of vertically aligned rooms of modest significance or in which the presence of the services will have minimal impact.

The grand original passages in the Barnet building should be kept clear of all services but the tall passages and galleries in the north-west and north-east extensions may be adapted in accordance with policies 21.1 to 21.3 to accommodate the horizontal reticulation of services.

Investigation is required into the nature of the spaces, if any, between ceilings and floors, but in general two options are available for minimising the impact of the reticulation of services to individual rooms:

- horizontal reticulation in spaces above ceilings; or
- where necessary, the use of one room to provide reticulation facilities for adjacent rooms.

It follows that, in the latter example, the sacrificial rooms should be the ones of least significance, or most compromised and for which restoration is not desired.

The efficient co-ordination of the requirements of the various users (policy 4.1) will play a vital part in reducing the level of damage resulting from the cycle of insertion, alteration, replacement and removal of services.

Lifts

In addition to services, a single small lift is set beside the tower in the Barnet building and travels from the basement to the first floor. It was primarily designed to transport cadavers from the mortuary to the level of the dissecting rooms and, because of its inadequacies, there is a need for a second lift to carry goods from near the basement delivery area in the north-west to attic level.

40. *Electrical and mechanical services above the courtyard cloister. JSK photograph, 1992.*

Policy 26.1 *As any additional lift should be located near the basement delivery area and as the area immediately south of the Listerian Theatre has been identified as appropriate for a fire stair (policy 24.2), it is prudent to place the lift in the immediate vicinity north of the entry to the basement court.*

This means that fire stair, lift and possibly the vertical delivery of local services is confined in a single vertical column. Apart from the accepted practical advantages it concentrates the heritage impact and frees other areas.

Setting

This section is written in the context of Conybeare Morrison and Partners' *The University of Sydney strategy plan* of August 1990 and in particular with regard to:

Action Plan No.1, Eastern Avenue Mall, following page 83;

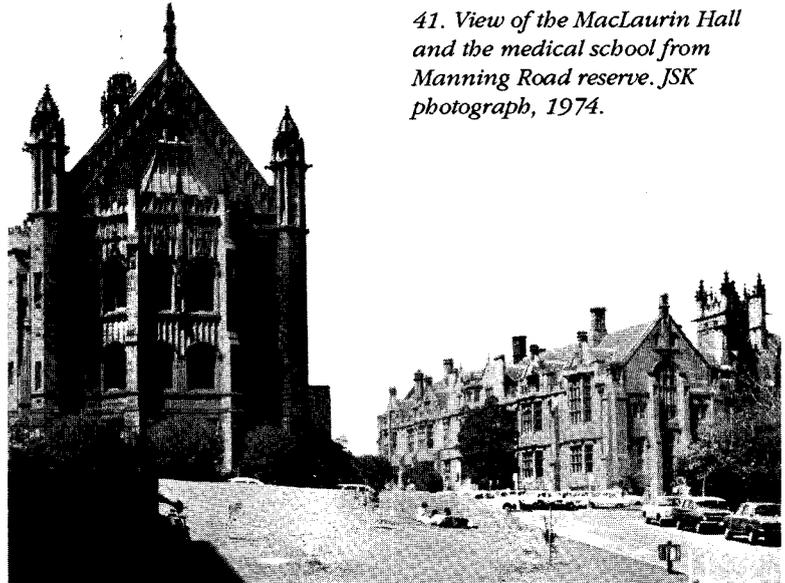
Action plan No.2, Manning Road Park, following page 85.

These two plans, to which Conybeare Morrison give priority, involve converting Eastern Avenue, Manning Road and the north end of Fisher Road to pedestrian ways reinforced with landscaping and some avenue planting. Provision is made for vehicle deliveries to be continued to the basement of Anderson Stuart's medical school building via a cul-de-sac in Fisher Road. As the roads mentioned above are in heavy pedestrian use and flank three sides of the medical school, it gives appropriate prominence to the building itself.

Views and vistas

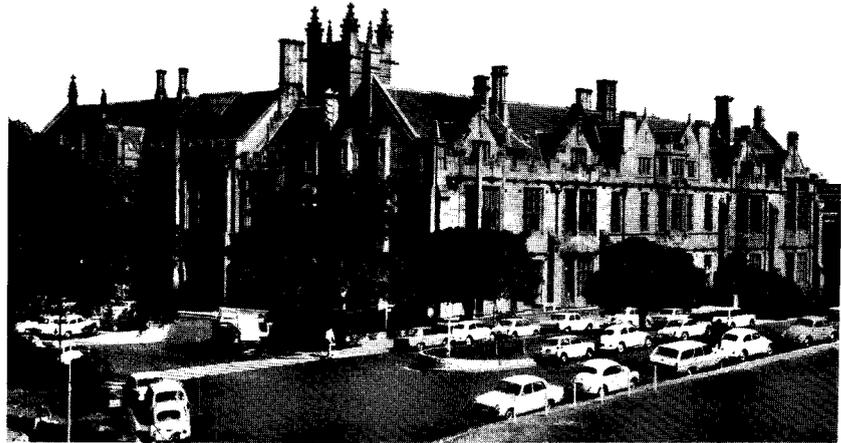
Four views or vistas of the building were assessed as significant on page 25 of this report:

- first, the view progressively revealed on ascending Manning Road with the MacLaurin Hall on the left and the medical school on the right (fig.41);
- second, the view of the north façade of the building and its frontispiece from the terrace in front of the south range of the main quadrangle building;
- third, the vistas of the building when approaching from the north-east along University Place (fig.42);
- fourth, the vistas of the eastern façade entry area from Eastern Avenue (fig.23).



41. View of the MacLaurin Hall and the medical school from Manning Road reserve. JSK photograph, 1974.

42. View of medical school from the Fisher Library. JSK photograph 1975.



While the much-photographed and occasionally painted view of the building from the south-east (front cover) is now blocked by the school of chemistry, the redevelopment of the transient building site would create an opportunity for a fine vista of the south-west aspect of the medical school. This would be progressively revealed on moving north in Fisher Road.

Conybear Morrison also draws particular attention to the significance of the silhouettes of the quadrangle buildings and Anderson Stuart's medical school: their "pitched roofs, castellated parapets, towers, dormer windows [and] lanterns define the image of the campus" (CM, 37). It is important that this image is not obscured.

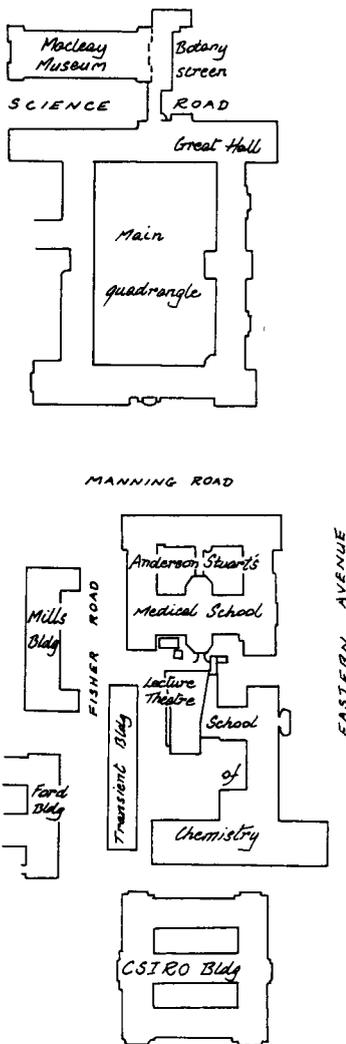
Policy 27.1 *The proposed conversion of the roads in the vicinity of the medical school to pedestrian and occasional service vehicle use is supported provided the landscaping, tree planting, paving and any structures are adjusted to reinforce, rather than obscure the views and vistas set out above. The work should also respond to the northern and eastern entrances, major windows and the materials of the medical school.*

Policy 27.2 *External lighting in the vicinity of the medical school should be located to help emphasise the building's character and detail.*

Policy 27.3 *Housings for service facilities which it is necessary to place adjacent to the building should be underground and care should be taken to see that any discharges do not damage the fabric.*

The school of chemistry & substation No.824

During the first century of the university's development, care was taken to ensure that all buildings on the Grose Farm ridge were designed in a Gothic mode or in one of its later developments. In the nineteenth century it was appropriate for core university buildings to be so dressed and in the twentieth century concepts of homogeneity and good manners prevailed on campus to keep the approach intact. Where the dress was considered a failure, as on the Macleay Museum, it was concealed behind a new and seemly screen. By the mid twentieth century all buildings on the ridge from this screen beside Parramatta Road to the CSIRO laboratories near City Road presented reasonably consistent facades to the precinct.



43. Buildings on the Grose Farm ridge from Parramatta Road to City Road. JSK 1992.

In the late 1950s, however, the modernist belief in the omnipotence of progress resulted in the brutal intrusion of the chemistry school building on this ridge where the genius of the place was most peculiarly Gothic. As Conybeare Morrison noted, roof lines as well as façades repudiated the character of the precinct:

the flat and utilitarian roofs of modern structures lie in stark contrast with these other roofs, especially when closely related as with the Chemistry Building sharing the ridge-line location with Anderson Stuart and the MacLaurin Buildings. The modern structures' response to the need for a considered 'sky-line' zone of building, which is more than plant room boxes, is unsatisfactory in this context (CM, 37).

The chemistry building may have been in an inappropriate style but, more important, it was in the wrong place—sticking its limb into the south face of the medical school. The blank, concrete panelled wall of the chemistry lecture theatre and its adjacent court are only about eight metres away from the medical school portal and the concrete lecture theatre steps reach right to the alignment of the medical school (figs 43 & 44). If these extended concrete steps were originally intended to bridge a water main, it was a bizarre, awkward and unnecessary solution.

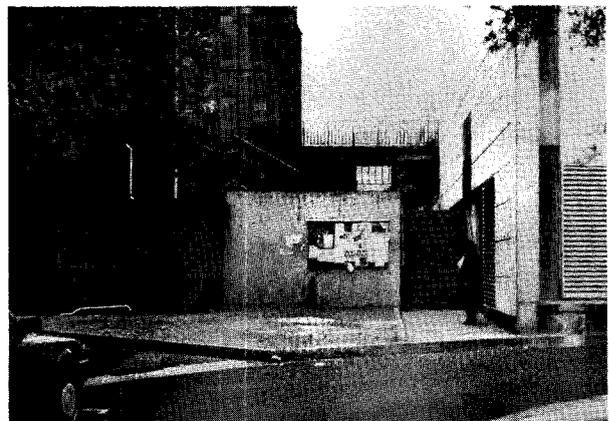
Once the space between the buildings was established in so degraded a form it became a suitable place to stuff further utilitarian intrusions. Beside the shuttered concrete retaining wall, two large, slab-topped brick boxes were constructed (for a substation and switch room) with ducting ascending through the Gothic windows of the medical school (fig.28). These were followed by a variety of minor service accretions (some of which are now being removed). The result is a visual mess which affects both the medical school and the much-used pedestrian way between the buildings.

The chemistry school building is a mistake which has to be accepted for the possible lifespan of this conservation policy but the problems created can be ameliorated.

Policy 27.4 *The character of the space between the medical and chemical school buildings should be improved:*

- a) *by removing or redesigning intrusive services, housings and features such as the substation, switch room and the chemistry school bridge and steps;*
- b) *by providing a landscaped east-west pedestrian way designed to complement the quality and character of the medical school façade and in particular to respond to its southern portal, steps, recessed courts and fenestration.*

Policy 27.5 *Supplementary plantings should be considered to further reduce the impact of the chemistry school building on its northern neighbour.*



44. Sleaze alley—the pedestrian way between the south façade of the medical school and the chemistry school lecture room. JSK photograph 1992.

In the long term, consideration should be given to resiting the chemistry school lecture theatre block. The opportunity will come when the transient building site is redeveloped. Such a move would permit a more appropriate relationship with the south front of the medical school and provide greater flexibility in the development of the site between the main chemistry school range and Fisher Road. The development would also provide one alternative location for the substation.

Parking

On the subject of parking, Conybeare Morrison and Partners had this to say:

One of the most serious features of the environment throughout the entire campus is the invasive movement and parking of motor vehicles. Almost every building, regardless of its architectural worth, has carparking right up to the entrance ways. Many architecturally and historically significant buildings such as the 'Main Building', the Anderson Stuart Building, and Pharmacy have such an amount of parking adjacent to the main facades that forecourts and appropriate entrance are functionally compromised. Some of the architectural qualities of the structures themselves are lost behind a wall of parked vehicles (CM, 47).

The eastern apron of Anderson Stuart's medical school is entirely devoted to car parking—a single row of cars off Eastern Avenue and a further two in front of the building.

Policy 27.6 The eastern carpark should revert to being a landscaped forecourt to complement and display the building and reinforce the approach to the entry portal.

Policy 27.7 Parking should continue to be excluded from Manning Road north of the building.

Review of Policy

Conservation policies may need adjustment to meet unforeseen circumstances or to clarify intentions.

Policy 28.1 This policy document should be reviewed as the need arises but not later than September 1997.

APPENDIX 1 ABBREVIATIONS

BCM	Building committee minutes	GAB	Government architect's branch
BG&ICM	Building, grounds and improvements committee minutes	J&P, RSNWS	Journal and Proceedings of the Royal Society of NSW
CB	Centenary Book of the University of Sydney faculty of medicine	OBG	Office of Buildings & Grounds
CM	Conybeare Morrison & Partners, Strategy Plan	PWD	NSW Department of Public Works
		SM	Senate minutes
		SUA	University of Sydney Archives

APPENDIX 2 SOURCES

The following documentary sources were drawn on for the text.

- Anderson Stuart, T.P., manuscript titled "Notes to plan of Permanent Medical School", dated 17 May 1883, held Dept of Anatomy.
- Australasian Builder and Contractors' News*, Melbourne & Sydney 1887-1895.
- Australian Dictionary of Biography*, vols 7-12, Melbourne University Press.
- Barff, H.E., *A short historical account of the University of Sydney...*, Sydney, Angus & Robertson, 1902.
- Builders' and Contractors' News*.
- Building Committee Minutes, 8 & 9.3.1883, U.of S. Archives, G1/11/1.
- Building, Grounds and Improvement Committee Minutes, 1.3.1895, U.of S. Archives, G1/11/2.
- Colonial (later) Government Architect's Return of Public Works, Published annually.
- Conybeare Morrison & Partners, *The University of Sydney Strategy Plan*, Sydney, August 1990.
- Department of Public Works Board of Inquiry, Minutes of Evidence, p.334, Mr E. Colley, 18.1.1887.
- Epps, William, *Anderson Stuart M.D., Physiologist, teacher, builder, organizer, citizen*, Angus & Robertson, Sydney, 1922.
- Faculty of Medicine, *Review of the Departments of Physiology, Histology & Embryology, and Anatomy*, Review Committee Report, University of Sydney, December 1991.
- Kerr, James Semple, *Out of sight, out of mind*, Sydney, Ervin Gallery in association with the Australian Bicentennial Authority, 1988; *The conservation plan*, Sydney, N.T.of A. (NSW), 3rd edition, 1990.
- Kerr, Joan, *Edmund T. Blacket: our great Victorian architect*, Sydney, N.T.of A. (NSW), 1983.
- McKenzie, Bertha, *Stained Glass and Stone, The Gothic Buildings of the University of Sydney*, Sydney University Monographs No.5, 1989.
- Senate Minutes, University of Sydney Archives: 5.12.1883 (G1/1/6); 4.6, 2.7 & 5.11.1884 (G1/1/7); 21.3.1885 (G1/1/7).
- Stephen, Ann and Reeves, Andrew, *Badges of Labour, Banners of Pride*, MAAS in association with George, Allen & Unwin, [no date—about 1985].
- [Taylor, Florence M.], *The Medical School in the University of Sydney, Building*, 12.8.1921, 70-78 and supplement.
- White, Gillian, *The Medical School in the University of Sydney*, 1972, Fine Arts Essay, U.of S.
- Young, J.A., Sefton, A.J., Webb, N., *Centenary Book of the University of Sydney Faculty of Medicine*, Sydney University Press, 1984.

APPENDIX 3 PLANS REFERRED TO IN TEXT

The plans listed below were of particular use in understanding the development of the building and may continue to be of use in future conservation work.

- SUA: K8-11** **1884**
 This series (scale 1/8" = 1'), titled "Sydney University Permanent Medical School", was signed James Barnett, Col^l. Arch^t., 22 Nov^r. 1884. It became a contract document signed by the masonry contractor, Thomas Alston on 14 April 188[5] and subsequently photographed by the NSW government printer. Some of these drawings were illustrated in the Centenary Book (CB, 474-477) but all are now missing from Sydney University Archives.
- K8: title, east and south elevations and contract endorsement.
- K9: ground plan and incomplete upper floor plan. A rough stencilled drawing posted to the backing sheet of K9 showed alterations to the basement to accommodate a "Ladies Retiring Room" and wc.
- K10: basement plan and part of upper floor plan including section missing from K9.
- K11: title, west elevation, section E-F and contract endorsement.
 (Information from the author who catalogued the plans for SUA in 1972.)
- PWD: A-3355-7** **1890**
 Another 1/8" series titled "Plan of Medical School" showing the building as built and fitted out. Signed James Barnett, Col^l. Arch^t., 18 June 1890.
- A-3355: basement plan
 A-3356: ground floor plan
 A-3357: first floor plan
 A-3358: ground and upper floor plans of window details.
- PWD: F13-1209-11**
 A reduced size photolithograph series of A-3355 to 7 above was later catalogued under this number.

PWD: A-3364-5 **1907-08**

Plans of medical school (1/8" = 1') showing proposed north-west extension and alterations to existing building. Signed: Jno Barr; W.L. Vernon, Gov. Archt., 4.12.07; and E.L. Drew, Ass. Archt., 10.[1?].08. Drew's later date may refer to the addition of a four-bay cloister to the courtyard.

A-3364: ground floor plan with section and elevation of cloister.

A-3365: first and attic floor plans.

PWD: A-3370 **1909-10**

Plans titled "2nd Contract Medical School", alterations and additions (1/8" = 1') showing the proposed north-east extension and a three-bay cloister. Signed: Jno Barr; E.L. Drew, Ass. Archt., 21.12.09; W.L. Vernon, Gov. Archt., 22.3.10.

A set of (as yet uncatalogued) colour wash prints of these "contract" plans were deposited anonymously with Sydney University archives in 1992:

- No.1: first and ground floor plans, corresponding with A-3370 above;
- No.2: east, north, west and south elevations and an east-west section CC;
- No.3: attic floor and sections AA, BB & DD;
- No.4: conversion of Harveian Theatre into a skylit dissecting room and fitting a gallery floor to the adjacent passage. Also showing a revised balustrade design for the courtyard stair.

PWD: A-3391 **1911**

Plan and elevation details of amendments to stair in courtyard (1/2" = 1') showing wrought iron balustrade replaced by stone. Signed: Jno Barr, 24.11.11; E.L. Drew, Actg Principal Archt., 27.11.11; G.M. Blair, 27.11.11.

PWD: A-3375 **1918**

Record plan of basement, ground, first and attic floors (about 1" = 16') showing names and fitout of rooms and site of future infill. Signed: G.M. Blair, Principal Designing Archt., 23.8.18; Geo. McRae, Gov. Archt., 24.8.18.

OBG: F13-1001 **Undated, about 1921**

Sketch plan and sections showing conversion of roof space in Barnet's east-west range to attic and extension of staircases to serve new level. Probably by Leslie Wilkinson.

OBG: F13-1003 **1920**

Proposed gallery and alterations to Vesalian Theatre. GAB contract No.1007, drawing No.1. Drawn, A.S. Armstrong,

19.1.20; checked, Alfred S. Hook [sic], Design Archt., 20.1.20; passed, G.M. Blair, Prin. Des. Archt., 22.1.20; authorised, Geo. McRae, Gov. Archt., 23.1.20.

OBG F13-1002 & 1004 **1920**

Proposed gallery and alterations to Vesalian Theatre. Signed, Leslie Wilkinson, Archt., Sydney University, 1920.

OBG: F13-1006 **1921**

Plans and alterations for the completion of the north wing (1/8" = 1') prepared for Leslie Wilkinson 18.10.1921. One of the above is a contract plan signed by the contractor, Beat Bros, 6.12.1921.

OBG: F13-1011 **Undated, 1921 or '22**

Details of lantern to be placed on north range. The terminal feature, now missing, was framed in oregon, cased in redwood, had a lead-sheeted ogee dome with supporting wrought iron scroll work buttresses and a finial. Unsigned but prepared for Wilkinson.

OBG: F13-1013 **1922**

Plans and sections of upper floors to be inserted in the west range of the Barnet building, i.e. over the Hallerian and Cullenian Theatres. Drawn by J.C.F. for Wilkinson, 22.12.1922.

OBG: F13-1014 **1924**

Proposal for inserting a mezzanine floor in the northern dissecting room (former Harveian Theatre) of Barnet's east range. Traced by J.W.F.B. for Wilkinson, November 1924. The work was carried out and involved subdividing the lower level and relocating the dissecting room to the upper level under the skylight.

OBG: F13-1015-1017 **1927**

Basement, ground and first floor plans for electrical work showing types of fittings extant and proposed throughout the building. Signed by Seymour Wells, Acting Government Archt., 30.8.1927 (ground and first floors) and 29.12.1927 (basement).

OBG: F13-1175-1177 **1958**

Ground, first, second or attic and mezzanine floor plans (1/16" = 1') drawn by Betty Teytz, 1.3.1958 and amended to 1975.

OBG: F13-1134 **1969**

Alterations to former Anderson Stuart Theatre space (1/4" = 1'). Drawn by F.P.C., 4.2.1969.

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