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1 INTRODUCTION

Radcliffe Humanities was constructed as the Radcliffe Infirmary in 1759-70 to a design by Stiff Leadbetter. It was funded by a bequest of Dr. John Radcliffe (1652-1714). It served as a hospital until 2007, though its clinical functions ceased in 1895. The building was purchased by Oxford University in 2003 and in 2009-12 it was converted for use as University office, teaching, and library accommodation as part of the wider Radcliffe Observatory Quarter redevelopment.

1.1 Purpose of the Conservation Plan

The University has an unrivalled portfolio of historic buildings, of which it is rightly proud. It has traditionally taken a thorough, holistic approach to building conservation, seeking to understand all the varied factors that make historic buildings significant to their diverse stakeholders, and using this to inform necessary change. It has become clear that this approach is vital to the conservation culture of an institution where so many of its historic buildings that are valued for their function also have extensive historical or architectural significance. This Conservation Plan represents the continuation of this tradition of seeking to understand what makes the University’s buildings cherished assets, and of seeking ways to conserve these most important features for the enjoyment of future generations.

The success of this approach is such that it has now become codified in government policy: First in March 2010’s Planning Policy Statement 5: Planning for the Historical Environment then in its replacement, March 2012’s National Planning Policy Framework (hereafter: NPPF). NPPF provides useful guidance on approaching the conservation of heritage assets, and postdates the University’s existing literature. NPPF defines a heritage asset as:

‘A building, monument, site, place, area or landscape identified as having a degree of significance meriting consideration in planning decisions, because of its heritage interest. Heritage asset includes designated heritage assets and assets identified by the local planning authority (including local listing).’

This designation clearly applies to Radcliffe Humanities.

The purpose of this Conservation Plan is to update Radcliffe Humanities’ conservation policy to take into account the new guidance provided by NPPF. It will be of use both for informing responsible regular maintenance and in the preparation of future planning applications, as specified in NPPF paragraph 128.

The Conservation Plan should form the basis for Radcliffe Humanities’ conservation policy and exists as part of an ongoing process. It will be renewed and updated at least every five years or following any major alterations or legislative changes.
1.2 Scope of the Conservation Plan

This plan will cover the exterior and the interior of Radcliffe Humanities, a grade-II*-listed building on Woodstock Road on north central Oxford. It forms part of a group with the former Outpatients building and St. Luke’s chapel.

Radcliffe Humanities is the former Radcliffe Infirmary main building. This document will only refer to the building as the Radcliffe Infirmary in appropriate historical contexts. In this document, the group of buildings including Radcliffe Humanities, the former Radcliffe Infirmary Outpatients building, and the former St. Luke’s chapel will be referred to as the Radcliffe Infirmary group. The entire site, including the areas within the original infirmary walls occupied by the NHS buildings during the 20th century, will be referred to as the Radcliffe Observatory Quarter.

The plan is not a catalogue and to facilitate its practical use will concentrate only on the most vulnerable aspects of significance, suggesting how they should be approached and conserved in the future. A brief list of the most significant architectural features can be found in Appendix 3 and should be referred to when planning any repair or alteration work.

1.3 Existing Information

There are various forms of useful information available regarding Radcliffe Humanities:
A conservation plan was produced for the building by Purcell Miller Tritton LLP in 2006. The building and its setting have altered dramatically since this plan was produced but it provides a great deal of information regarding the history of the building up to that point.

The original 1954 listed building description (Appendix 1) gives some indication of the features that were thought to make up the particular character for which the building was originally listed.

Various planning applications have been made throughout the building’s recent history, providing a fragmentary indication of the changes that have occurred over time.

There are various published sources regarding the architectural development of Oxford and the history of the city and University. These publications provide an important resource for studying this building.

The plan draws on statutory guidance from NPPF prepared by HM’s Department for Communities and Local Government in March 2012.

1.4 Methodology

The Conservation Plan is a document that assesses the current and predicted conservation needs of Radcliffe Humanities and attempts to address them with a view towards maintaining or enhancing the significance of the heritage asset. Its formulation to supersede any existing literature is a response to the requirements of NPPF, and it is prepared in accordance with the policies contained therein.

1.5 Constraints

Radcliffe Humanities and its environs are subject to various constraints imposed by Oxford City Council:

- DS.66 – Development Site: The Radcliffe Infirmary Site: Planning permission will be granted at the Radcliffe Infirmary site for the development of University of Oxford academic research/teaching/administration uses.

- HE.9 – High Building Area: Planning permission will not be granted for any development within a 1,200-metre radius of Carfax which exceeds 18.2m in height, except for minor elements of no bulk.

- TR.3, TR.11, and TR.12 – Car Parking Standards: The City Council will not allow any significant increase in the overall number of car-parking spaces in the transport Central Area or development that provides an inappropriate level of car-parking spaces. It will attempt to reduce the level of non-residential car parking.
• HE.7 - Conservation Areas: The site is not within a Conservation Area, but is bounded on all sides by Conservation Areas.

• The City of Oxford Smoke Control Order No.4: It is an offence to emit smoke from the chimney of a building.
2 UNDERSTANDING THE SITE

2.1.1 History of the City and Surrounding Area\(^1\)

The mediaeval town of Oxford developed at the southern tip of the secondary gravel terrace known as the Summertown-Radley terrace, which covers most of the area of the modern North Oxford; the site is above flood level and is defended on the east, south, and west by rivers and their often marshy flood-plains. Archaeology shows no evidence for a Roman settlement within the City itself, although it is thought that a Roman road ran north-south along what is now the Banbury Road to settlements at Summertown and Headington.

Oxford began to develop during the Saxon period and by 700 AD the settlement had grown up around the crossing of two major trade routes; one between London and the west and the other to the Midlands. The Thames formed the natural boundary of the two Anglo-Saxon kingdoms of Wessex and Mercia and the hamlet of ‘Oxnaforda’ became important as it lay on the boundary between the two kingdoms.

Oxford as a town originated as a burgh in the time of Alfred the Great. The Burgh of Oxford was centred on the area of Carfax and the existing grid street pattern dates from this period. Oxford’s shape and street-plan were similar to those of other late-Saxon ‘planned’ towns; particularly if the original walled area, as has been argued, was roughly square. The north gate would have stood at the Church of St. Michael.

After the unification of England under Edward the Elder and his successors, Oxford ceased to be a border town in a military sense. Politically, however, it continued to occupy a position between Wessex and Mercia, while geographically it lay in the heart of the kingdom on important trade routes. The combination of circumstances accounts for much of the town’s growth and importance in the later Anglo-Saxon period. By 1066 Oxford had expanded well beyond its original walls, and, with some thousand recorded houses and perhaps eleven churches, was one of the largest towns in England, exceeded in size only by London, York, Norwich, Lincoln, and Winchester. In 1071 the castle was built on the western side of the city by Robert Doyly.

The University developed gradually in the 12\(^{th}\) century as a loose association of masters and scholars under a *magister scholarum* and emerged in the 13\(^{th}\) century as a major factor in the town’s economy. The development of college precincts made considerable differences to the previous street pattern.

Between 1226 and 1240 the Saxon ramparts were replaced by stone walls and it is parts of these walls that exist today. The entry gates were located at the quadrant points with the north entry being at the Church of St. Michael at Northgate which is extant.

It was not uncommon for mediaeval towns to have a number of churches outside the walls and St. Giles’, the church at the point where the Woodstock and Banbury Roads converge,\(^1\)

\(^1\) A short chronology of the Radcliffe Infirmary can be found in Appendix 2.

Radcliffe Humanities, Oxford
October 2012
was first mentioned in 1138. Building evidence shows the present church to have been on the site prior to 1200.

Markets were held in the streets around the central crossroads of the burgh till the late 18th century and it has been thought that the very wide northern entry into the town at St. Giles probably developed as an extra-mural market place.

The convergence of the two roads to the north (now the Woodstock and Banbury Roads) created a wide space down St. Giles’, which was utilised as a green with a pond in the 15th century; it was probably not paved until the late 17th century. Oxford was in a state of decline followed by stagnation in the late mediaeval period, well into the 16th century, and outside of the main urban core housing was spaced out with abundant vacant plots. Collegiate buildings were constructed along St. Giles’ in the 16th century. The Cistercian St. Bernard’s College had been founded on the eastern side of the street in 1437 but it was dissolved c.1542. St. John’s College took over the site in 1555 and soon expanded. There was a large gravel quarry pit in what would become St. John’s College’s North Quadrangle in the 16th-17th century.

Oxford’s fortunes changed from the mid-16th century, with its population rising from c.3,000 to c.10,000 by the 1660s. Rather than the developed area dramatically growing, this rapid expansion was absorbed by building backwards along the length of narrow plots into what had previously been large garden

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spaces, as well as building upwards and filling vacant plots and gardens (Figure 2). Oxford’s early modern development peaked in the late 17th century, with a moderate decline in population occurring during the 18th century. The quality of housing in Oxford declined in this period and the houses of St. Giles’ represent the largest extant concentration of high-status domestic construction from this time.

The Radcliffe Infirmary and the Radcliffe Observatory were in place to the immediate north of St. Giles’ by the late 18th century. There were also some notable institutional developments on St. Giles’ in the 19th century: The northwards expansion of St. John’s College had a substantial impact on the eastern side of the road; the Martyrs’ Memorial was constructed at the southern point of the road in 1843 to a design by George Gilbert Scott; and the University Galleries (now the Ashmolean Museum) and the Taylor Institution were constructed at the southern end of St. Giles’, facing the Martyrs’ Memorial and running onto Beaumont Street, in 1841-45.

Oxford’s population expanded five-fold between 1801 and 1901 and this precipitated extensive development around the city. The majority of the suburban expansion to the north of the city took place to the north of St. Giles’ Church in St. Giles’ Field, a 500-acre stretch of land acquired by St. John’s College in 1577. Perhaps because of the quality of the housing already present, St. Giles’ was saved from a great deal of new residential construction in the 19th century, though some did occur, notably the group of 34-38 St. Giles’ at the northern end of the street: stone houses of an Italianate character constructed in the late 1820s.

St. Giles’ became increasingly busy with traffic in the twentieth

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5 Supra. Note 2.
6 Tyack, G., op. cit., 214.
century providing access to the city from the north. The wide street also provided the only ample car-parking space close to the increasingly-developed University Science Area to the east. In 1923 St. John’s College asked the local authority to impose a 10mph speed limit on the road due to traffic and parking related to the Science Area, and in 1925 a formal car park was established with a paid attendant.8

Since the second half of the 19th century the North Oxford suburb including the Radcliffe Infirmary and the Radcliffe Observatory Quarter, has been separated from the city, including the majority of the collegiate university, by St. Giles’: Its 18th-century houses contrast with the eclectic mix of mediaeval and Victorian construction in the city centre and the Victorian Gothic enclave of the northern suburb.9 The northern spread of the University in the late 19th and 20th century has meant that St. Giles’ (and its subsidiaries, Woodstock Road and Banbury Road) has become an important link between the city and the northern colleges (e.g. Somerville, St. Anne’s, St. Hughes’s, St. Anthony’s, Kellogg, and Lady Margaret Hall), as well as the University offices at Wellington Square, and the science departments of the Keble Road triangle. The ongoing development of the Radcliffe Observatory Quarter will shift the balance of the University somewhat northwards, emphasising the importance of this area.

2.1.2 The Development of the Site

The Radcliffe Infirmary and the Observatory both owe their origins to the generosity of Dr. John Radcliffe, who was born in 1652, son of an attorney in Wakefield, Yorkshire. Radcliffe was admitted to University College in 1665 as a Freeston Exhibitioner, receiving his BA in 1669 and being elected a fellow of Lincoln in 1670. He studied medicine, moving to London in 1684 where became the most successful physician of his day, treating the reigning sovereign and members of the aristocracy. Radcliffe remained unmarried and upon his death in 1714 he left the University the large legacy of £140,000. Contrary to popular history, this money was not specifically intended for a hospital or an observatory: the will specified the enlargement of University College, travelling medical scholarships, and a library (the Radcliffe Camera), with further bequests to family, friends, and servants. The residue of his estate he requested his Trustees to be ‘applied to such charitable [causes or institutions] as they in their discretion shall think best.’

The residue was clearly significant as the Radcliffe Trust remains to this day as a charitable trust funding good works and causes.

The Trustees built the Infirmary on the outskirts of the city as the central land was all largely owned by the colleges. In 1758 the land was given to the Trustees by Thomas Rowney, the then MP for Oxford. This was still relatively open countryside, to such an extent that as late as 1777 a single highwayman was able to hold up the Birmingham coach just opposite the new Infirmary building.

The land was a piece of open agricultural land described in the original deed:

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9 Ibid 90.
Voluntary hospitals or infirmaries for the sick poor were a relatively new idea at the time, the first such hospital having opened in Winchester in 1736. The project at Oxford largely came about at the behest of the Earl of Lichfield (Chancellor of the University 1762-1772 and Chairman of the Radcliffe Trustees). Oxford was deemed suitable by the Trustees on the strength of the medical education available at the University.

The Radcliffe Trustees paid for the building of the Infirmary, which commenced in 1759, and gave an annual grant towards its operation.

Running costs, as was the norm with voluntary hospitals, were met by subscriptions, each person paying £3 per annum or a single subscription of 30 guineas. This allowed the subscriber to become a Governor of the Infirmary with the privilege of electing officers and recommending patients for admission. Lesser subscriptions gave rights to admission only. Early on, admission to hospital was not on the advice of a doctor but the recommendation of a person whose subscription would pay towards the cost of the stay and treatment. The hospital was not intended for people who could pay for their keep and medicine.

The architect selected by the Trustees for the new Infirmary was Stiff Leadbetter. He was a reasonably well-known architect with a country house practice. He had some experience of hospital building as he had acted as the contractor for the Gloucester Infirmary (designed by Luke Singleton, who later worked on the Radcliffe Infirmary after Leadbetter’s death) and there are marked similarities between the plans. Leadbetter presented his plans for the building on 8th March 1759. The proposals were approved and a contract was signed with Leadbetter on 24th May in the sum of £5,692 10s 0d. The work began reasonably swiftly with the building being roofed in by 1761 but then was plagued by delay and cost overruns. Progress cannot have been helped by the death of Leadbetter in August 1766 and the Trustees appointed a London architect, John Sanderson, to complete the work with help from Luke Singleton. The Infirmary opened for its first patients on 18th October 1770.

The main front of Radcliffe Humanities is still very much as designed (Figure 4), the significant alterations being the raising of the roof to improve the attic accommodation in 1826 and the

Figure 4. The eastern elevation of the Radcliffe Infirmary in 1770, from an engraving by J. Fisher
removal in 1933 of the sweeping staircase which gave the Trustees (but not patients or staff) a fine entrance to a hall on the first floor opposite the Committee Room. As well as the main building, a small building was erected immediately to the west to act as a laundry and brewhouse. This was tight up to the boundary with the Observatory.

The walls surrounding the site and front entrance gate to the Woodstock Road also appear to have been completed at this stage.

At its opening the Infirmary was handed over by the Radcliffe Trustees to the University as a public institution of the University; it was to be governed by the University officers and its physicians and surgeons were fellows of colleges and not paid by the Infirmary. An endowment in 1779 allowed a University professorship for the reading of clinical lectures and the Radcliffe Infirmary Medical School was opened in 1780.

The Infirmary remained a University institution until incorporated by royal charter in 1884, although from 1848 a committee of management was appointed which included representatives of the city and county as well of the University. By 1813 subscribers included some 140 villages, some as far away as Swindon. The system of admitting patients by ‘tickets’ from subscribers was breaking down by 1891, with more than half the hospital’s patients being admitted without them.

Little changed in the Infirmary for the first fifty years of its existence; however, in 1824 a Fever Ward was finally built. The Trustees had founded the Infirmary with a firm rule that did not allow the admission of patients with infectious diseases (along with a refusal to admit children under 7 years old and pregnant women). This had become increasingly unworkable as there was little space in the ‘Pest Houses’ that had previously admitted sufferers from smallpox and similar diseases. A campaign had been mounted in 1818 by a Dr. Wall to have an isolated building in the Infirmary grounds and this finally resulted in the Hakewill fever block opening in 1824 with ten beds. The two-storey building was built on the site of the old brewhouse and a new laundry and brewhouse were simultaneously constructed on the south boundary of the site. This must have been very close to the site of Walton House, built a couple of years later, which was to become the nucleus of Somerville College.

In 1834 the Trustees gave a piece of land to the newly-formed parish of St. Paul’s to allow the construction of their new church. This still stands, although it has ceased to be a church and is now used as a bar and restaurant.

The next major building was an outpatients department immediately southeast of the main building with a large waiting area, six casualty rooms, a dispensary, and the usual offices for staff. At the same time it was decided to improve the front courtyard with the provision of the Triton fountain and the lowering of the original high stone wall and its replacement with railings in 1857 (Figure 5).

The 1857 Outpatients building was followed almost immediately in 1863 by an Accident Ward to the southwest of the Infirmary and mortuary Chapel on the extreme south corner of the site.
The Chapel of St. Luke was added to the Infirmary in 1865. The Chapel was the gift of Thomas Coombes, a governor of the Infirmary and also superintendent of the Clarendon Press. The Chapel was designed by A.W. (later Sir Arthur) Blomfield and was consecrated on 7th June 1865. The cost of the work was £3,000 which included a cloistered corridor joining the Chapel to the main building. This does not appear to be the recently-demolished linking building, which is on a different line to that shown on the 1875 Ordnance Survey sheet.

Since the completion of the Infirmary in 1770, much of the land to the west had been rented out as a market garden. This land was taken back in hand in 1865 with the land being laid out as a garden of trees and shrubs. This presaged a major expansion of the Infirmary over the remaining part of the century. In 1870 the new Fever Ward opened (Block 5) and the ‘Sanitary Towers and Sculleries’ were added to the back of the main building. This was followed in 1872 by the construction of a new and larger laundry and boiler house on the southwest corner of the site. This almost immediately proved too small and was enlarged in 1876. In 1874 the decision was made to build a new children’s ward as a separate building and this was followed almost immediately afterwards by a decision to build a new and larger fever ward (Block 8) to replace the 1870 block which was already inadequate. These two new buildings opened in 1877 and the old fever block was converted to two women’s wards, Alexandra and Victoria. In 1888 both the Children’s and the Women’s Blocks were enlarged and in 1893 a new Men’s Block was built. The Men’s Block involved building over part of the land owned by the Observatory and the indenture that gave permission for this placed restrictions on the location of the building, in order to avoid interference with the Observer’s
meridian plane. The Men’s Block was completed in 1894 and in 1895 the last of the male patients were moved out of the main Infirmary building, leaving it as administrative offices and staff accommodation. A third fever ward was built in 1894 allowing the 1877 ward to house the Oxford Eye Hospital, which had expanded beyond its previous accommodation in Wellington Square.

One major concern in the latter part of the 19th century was the lack of a good operating theatre, the space in the attic of the main building still being used. A new theatre was built on the site of the old Hakewill Ward to the designs of Professor Arthur Thompson, one of the medical lecturers, under the supervision of William Castle, the City Estate Surveyor. The new building was opened in 1899.

The next major building was in 1910-13 when the old Outpatients building and the Mortuary were demolished to make way for a new three-storey Outpatients building. This is the building which completes the south side of the entrance court. This was designed by the architect Edward Warren and remains little changed as far as its external appearance goes. The First World War years and those immediately after it saw a series of hand to mouth measures with temporary buildings being erected in front of the Infirmary for nurses’ accommodation and a similar temporary building behind it housing first the outpatients and then used for social functions. The site was seen to be poorly organised and too small to be effective and the Trustees purchased the Manor House estate in Headington in 1917, which became the site of the John Radcliffe Hospital, built on the site from the 1970s. Plans were drawn up for a major reordering of the new Infirmary site which would involved a new spine corridor straight off the back of the Infirmary directly to Walton Street.

As medical knowledge moved forward and the quality of treatment increased, the numbers of people who would benefit or have their lives saved by treatment at the Radcliffe increased hugely. In 1920 a contributory scheme was set up whereby anyone contributing 2d per week was eligible for admission to the Infirmary.

In 1924 William Morris, later to become Lord Nuffield, presented the Infirmary with £9,000 which extinguished their overdraft and in recognition of his generosity he was elected Vice-President of the Infirmary. On the death of Lord Valentia in 1927, Morris succeeded him as President. He held this office for 21 years until 15th September 1948 when Lord Nuffield took the chair at the final Court of Governors of the Radcliffe Infirmary. The Corporation ceased to exist on the 4th July when the Board of Governors of the United Oxford Hospitals, appointed by the Ministry of Heath, took over responsibility for the hospitals of the city. The Radcliffe Infirmary became a state hospital with the creation of the National Health Service in 1948.

2.1.3 Development on the Radcliffe Observatory Site

The foundation stone of the Radcliffe Observatory was laid on 27th June 1772 after the University had petitioned the Radcliffe Trustees for an Observatory and the instruments for astronomical research. By this time Lord Lichfield was both Chancellor of the University and
Chairman of the Radcliffe Trustees. The site itself was not acquired until 1820 as it was held under lease by St. John’s College from the Duke of Marlborough.

This formal arrangement of building and site belonging to the Trustees and shared use by the University worked well initially as the posts of Radcliffe Observer (the man in charge of the Observatory) and that of Savilian Professor of Astronomy within the University were generally held by the same man at any one time; however, in 1839 the relationship between the Observatory and the University was severed when the University appointed a new Savilian Professor without consulting the Radcliffe Trustees. The Trustees duly appointed their own man as Observer, a brilliant young astronomer whom the University deemed unsuitable for the Chair in Astronomy. Thus, the University was left without an Observatory for a period. Even after the University had acquired its own Observatory for the Savilian Professor, the disagreement left its mark. After 1840 the Savilian Professor was prevented by University statutes from holding the office of Director of the Radcliffe Observatory.

![Figure 6. The Radcliffe Observatory (right) and Radcliffe Infirmary (left) from Banbury Road in 1786](image)

The Radcliffe Observatory went on to become a unique research institute, independent of the University, and where the Observer could carry out his work without the burden of teaching duties. It produced some distinguished men in the history of astronomy.

As early as 1924 the Radcliffe Observer, Harold Knox-Shaw, had been approached for an opinion on whether all or part of the Observatory grounds could be surrendered to the Radcliffe Infirmary to allow its expansion without serious detriment to the work of the Observatory. The Observatory site was nearly twice as big as that of the expanding hospital and the only building additions they had made to their landscaped grounds were two telescope towers. The answer was negative then and again in 1927 when the Radcliffe Infirmary Governors, by this time with Morris as President, were told that there was no
possibility of even a part of the land being given up. Land surrounding the Observatory needed to be kept free of buildings for a clear field of vision for observations.

By the 1920s the Radcliffe Infirmary was desperate for building land. The lease on a site in Museum Road which housed the maternity home was due to expire and Morris had agreed to meet the cost of a new building, estimated at just under £40,000, on the Infirmary site.

In May 1928 Collcutt & Hamp were commissioned to produce a masterplan. The masterplan suggested a radical overhaul of the Infirmary site with a central corridor running from the front entrance to Walton Street with ward blocks coming off from each side. The scheme was to cost £200,000.

In October 1928, Morris offered to provide not only the cost of the maternity home, about £38,000, but also if the public subscribed £80,000 or more, that he would add a further £40,000.

However, the plan to remedy the space problems was superseded by events. During 1928 the President of the International Astronomical Union ‘Commission on Stellar Parallax and Proper Motion’ suggested to Knox-Shaw that, as the University had its own Observatory to satisfy the needs of students, he should think about moving the Radcliffe telescope somewhere such as the south of France or North Africa where conditions were considerably better for observing than in the UK and new work could be undertaken in the southern hemisphere. With support from the Radcliffe Trustees for a move, and a direct offer for the Observatory and its site from Morris, which would allow the building of a complete international standard Observatory elsewhere, Knox-Shaw returned from his selected site in Pretoria, South Africa, in late 1929 and negotiations began for the sale to Morris. The sale price was £100,000.

The sale of the Radcliffe Observatory buildings and grounds to Morris was completed in July 1931 but complications with the Court of Chancery initially forbidding such a large capital sum to be invested abroad where it would be outside the jurisdiction of the Court meant that the Observatory could not move off the site until 1935.

Morris created a Trust (later known as the Nuffield Trust) in order that the Observatory buildings could be used to further a medical school at the University and for the benefit of the Radcliffe Infirmary. The Trust Deed showed on the plan a division between the hospital portion and the school portion of the Observatory grounds and Morris had inserted a clause that the Observer’s House be known as Osler house after the Regius Professor who had given him friendship and advice. The Nuffield Institute for Medical Research was established there in 1936 and remained until it acquired new premises on the Headington John Radcliffe Hospital site in 1979 when the buildings and the (by now) small amount of land surrounding them were allotted to Green College.

Morris’s purchase of the Observatory site and his subsequent benefactions would completely change the face of Oxford medicine. From being a competent county hospital the Radcliffe Infirmary became a world leader in medical research.
What is certain is that despite the Observatory being obliged to stay in their buildings until 1935, building of the Infirmary extension started as soon as possible with work commencing on the Maternity Home in August 1930 and the first patient being admitted in July 1931.

Several buildings were constructed in the following years and by May 1934 the new wards and departments of the Infirmary extension programme were completed. The development had cost £108,000, of which £71,000 was provided by the public, so it was not possible to take advantage of Morris’s offer of the additional £40,000. The extra £37,000 had to be found by selling securities and part of the Headington site which it had owned since 1917.

Further blocks were constructed in the area over the following two decades as the site became increasingly developed. During the Second World War, these buildings progressively took on a more temporary character. This practice continued after the War due to funding issues.

Figure 7. The Radcliffe Infirmary site at the height of its development, prior to the 2009-10 demolitions. The greyed-out elements have since been demolished. The extant buildings around the site are highlighted with colour: the Radcliffe Infirmary group with red; the Gibson Building with blue; the Radcliffe Observatory and Osler House with green; and St. Paul’s Church (now Freud Café) with yellow.

Early in 1949 Mr. Alexander Gray FRIBA was engaged by the Board of Governors to prepare a masterplan for the building of a new 1,200-bedded teaching hospital on the Manor Road site at Headington (now the John Radcliffe Hospital); however, the vision of all the
United Oxford Hospitals, including the Radcliffe Infirmary on one site, turned out to be both too expensive and logistically impossible at that frugal time.

Pressure for a new operating theatre at the Infirmary led to the Ministry of Health asking for a masterplan for that site and Gray was again engaged by the Board to carry this out in 1952. In early discussions Gray put forward three factors which he considered needed to be taken into account:

- To preserve what remained of the aesthetic value of the site.
- To open the site up to light and air.
- To impose upon existing permanent buildings a hospital which, in function, would become the main single teaching centre for the University and still maintain its character as a closely knit unit.

From the late 1950s into the early 1970s, the site was further developed. Much of the temporary accommodation was replaced and several new blocks were built.

During the 1970s the organisation of healthcare in the Oxfordshire area was completely changed with the founding of the Area Health Authority in 1974. The subsequent reorganisation saw many clinical activities transferred from the Infirmary to the John Radcliffe site in Headington. First the Maternity service was removed in 1974, followed in 1979 by the Accident and Emergency service and general medical and surgical services. The 1980s saw the Infirmary become a specialist unit for head and neck injuries, for Geriatrics and for Genito-Urinary Medicine. The Oxford Eye Hospital remained on site having finally been incorporated into the Infirmary as the Ophthalmic Unit.

The decision was finally taken in the 1990s by the Area Health Authority that the Radcliffe Infirmary should close and all the remaining clinical functions be transferred to the John Radcliffe site. The site was purchased by the University of Oxford in 2003 and the final departments vacated the buildings in 2007. In 2009-10, all of the hospital buildings on the site, excluding the Gibson Building to the west of the Observatory, the main infirmary building (Radcliffe Humanities), the Outpatients block, and St. Luke’s Chapel, were demolished to make way for the development of the Radcliffe Observatory Quarter (Figure 7).

2.2 History of Radcliffe Humanities

2.2.1 The Construction of the Radcliffe Infirmary

In the 1750s Oxford had a population of c.8000 but lacked a hospital. The first proposals to build a hospital for Oxford were made in 1758 at a meeting of the Radcliffe Trustees who administered the estate of Dr. John Radcliffe (1650-1714). The Earl of Lichfield (Chancellor of the University 1762-1772 and the Chairman of the Radcliffe Trustees) had convinced the Trustees of the importance of providing an infirmary. The sum of £4000 was released for the new hospital, which was constructed on land given by Thomas Rowney, MP for Oxford 1722-1759.
Coggin’s Piece, the land that Rowney gave the Trustees for their hospital, was in the open fields of St. Giles’ Parish, for there were no houses on the west side of this end of Woodstock Road. The area was known as the Three Farms because there was Walton Farm near Lucy’s Ironworks, Blackhall Farm to the northeast, with a third farm almost facing the Infirmary site. A number of gravel pits, used by the parish for repairing the roads, were also found in the area.

Two of the Trustees, the Earl of Lichfield and Cartwright, selected Stiff Leadbetter as the architect for the Infirmary. On 8th March 1759, Leadbetter presented his plans to the Trustees and his proposals were approved. A contract for £5,692 10s was signed on May 24th. The foundation stone of the Infirmary was laid on Monday 27th August.

The exterior walls and roof were completed by summer 1761; however, no provision had been made for a wall around the Infirmary nor any provision for a main drain for the water closets. By February 1764, Leadbetter optimistically reported to the Trustees that the Infirmary would be completed within 12 months. Leadbetter died in 1766 and the Trustees appointed John Sanderson, a London architect, to continue the work with assistance from Luke Singleton, a gentleman amateur architect who had designed Gloucester General Infirmary, until his own death in 1768. In that year, the Trustees reported in *Jackson’s Oxford Journal* that they had erected ‘a spacious and commodious edifice’ for an Infirmary. The hospital was opened on St. Luke’s Day (18th October) 1770. On 30th November of the same year the Bishop of Oxford consecrated the Radcliffe Infirmary’s burial ground on a portion of land that had a garden to the rear of the Infirmary.

### 2.2.2 The original layout of the Radcliffe Infirmary

The original main entrance to the Infirmary was on the first floor. It was approached by a pair of curved staircases. The smaller ground-floor entrance was entered by a small door which led to kitchens and various domestic offices to the north and a large apothecary’s laboratory for the preparation of drugs, and the small Bagot and Drake wards to the south.

The ground and first floors were traversed by the extant long, stone-vaulted corridors. On the first floor the longitudinal corridor is tunnel-vaulted in rough stone, except at the centre near the entrance where it is groin-vaulted in finished stone. The stone-vaulted and paved corridors are an unusual and early attempt at providing fire-proofing. Fire was a major hazard in infirmaries, frequently started by less stable inmates.

On the first floor, the central room with its three bay windows found directly opposite the entrance was the Trustee’s Committee Room or Board Room. This remains intact and on the walls are tables recording the names of benefactors and donations.

On the right-hand side of this was the apothecary’s shop. This was the Treasurer’s office by the 1970s and later a general office. On the left-hand side was a consultation room for the physicians which by the 1970s was the administrator’s office. Within this central area were rooms for the secretary, matron, and medical staff. Beyond these on either side were the rooms for the matron (essentially a housekeeper who ruled the nurses and servants) and...
secretary (who kept the minutes of the Board meetings and committees and paid the accounts). Two small rooms were designed for the use of the surgeons.

At the ends of the first-floor spine corridor were the wards. Lichfield (a female ward) was found in the north wing and Marlborough (a male ward) in the south wing. Each ward had 18 beds and 2 fireplaces. The beds were four-posters with a canopy above and a curtain around. They were arranged along the walls with partitions between each bed. Shortly afterwards a further men’s ward, Rowney, was opened. Close to the end of the corridors were staircases. These ascended from the ground floor to the attics. Patients would be seen by the physicians and surgeons in their rooms on the first floor where the apothecary’s shop was nearby. The building was not intended to serve a large number of out-patients and no proper waiting accommodation was provided.

On the second floor was originally found the chapel (above the Board room). On either side of the chapel were the staff bedrooms with the Rowney and Frewin wards at the ends of the corridor. The Mordaunt ward, with 12 beds, faced the chapel above the entrance hall.

On the attic storey was found the operating theatre in the central area above the chapel. There were also a series of smaller rooms that formed the private apartments for patients. These later became the five attic wards.

The Infirmary was not universally popular or admired. For example, John Howard, a philanthropist and prison reformer, wrote in 1784 that despite being a ‘modern showy building’ the Infirmary should not be used as a model due to the fact that:

‘...the height of the wards was too low, and as the windows were always kept shut and the fan lights over the door glazed, the wards, especially the male wards, were offensive beyond conception; furthermore the sewers were not properly attended to, and the kitchens were in the wrong place.’

These opinions were not shared by all and a German physician, Dr. Fischer, wrote a review of English medicine in 1796 in which he wrote of the Radcliffe Infirmary that he was very favourably impressed with the lavatories and recommended that they be introduced in the London hospitals.

2.2.3 The development of the Radcliffe Infirmary building

The Radcliffe Infirmary opened with only the Lichfield and Marlborough wards, but such was the demand that three additional wards were opened in October 1771. These were the Mordaunt, Bagot, and Drake wards (named after the Radcliffe Trustees). The Bagot and Drake Wards contained four beds each. Each ward had a single nurse who lived in a small room off the ward. Each ward also had a water closet with piped hot and cold water; however, the sanitary arrangements caused many problems as they were a novelty and there was a lack of water. The drains ran into a cesspool in the back court of the Infirmary, close to the well which supplied water.
By 1775 the Infirmary contained 94 beds in 7 wards. There were also attic rooms that could be used in an emergency.

In 1826, the Governors of the Infirmary considered enlarging the building, which at that time had 130 beds. Ultimately, it was decided to raise the roof of the attic wards, allowing an extra 14 beds to be added, and the Bagot and Drake wards were amalgamated into a single ward. A single bathroom was added on the first floor, beside the Board room, in 1932. By that time a suite of bathrooms had been installed on the ground floor.

In 1841, the operating theatre over the chapel was altered by the enlargement of its doorway in order to accommodate enough space for a patient on a stretcher, whilst in 1844 a new window was constructed in order to offer improved lighting and ventilation. In 1844 the layout of the wards was altered.

In 1848, a committee of management was appointed which included representatives of the city, county, and the University. In 1850, the Infirmary drains were connected to the sewer in Jericho parish. In 1857, the hall bathroom was converted into an outpatient room for the surgeons, though this meant that 100 or more patients were required to wait in the draughty corridor to be seen. A new accident ward replaced the Bagot and Drake wards in 1863.

In 1857 the setting was altered by the truncation of the Woodstock Road wall, which received an iron screen fence and the terracotta Triton fountain. The iron screen fence was sacrificed, as was the fate of many such fences, for scrap iron during the First World War.

In 1865, the Chapel of St. Luke was constructed to the north of the main infirmary block and linked to it via a ‘cloister corridor.’ The old chapel in the Infirmary was converted into maids’ bedrooms with the inserted fire surround still present in the room. In July 1867, the Mordaunt ward, opposite the old chapel, was opened as a children’s ward.

In 1869, work was begun on a pair of octagonal full-height sanitary towers and sculleries by Charles Buckeridge to the rear of the main infirmary with water tanks to the attic storey. The builders of the towers were Messrs. Wyatt and Son, who also built the Fever Wards at this time. They were paid £1,400 for ‘improvement of wards.’ The towers contained sculleries, toilets, and baths for the use of both patients and staff. The baths were not for cleanliness but for treatment. Shortly afterwards the external drainage was improved and the ‘bath towers’ (three-storey rectangular towers containing baths and sculleries with water tanks above) were built adjoining the cross-wings at the rear of the infirmary. The towers were completed by 1873 at a total cost of £4,302 4s 8d. These have since been demolished.

The attic wards were still causing problems in the 1870s as they had never been suitable for use as ordinary wards yet were still in use. The tops of the windows were only six feet above the floor level and the wards were hot in summer and cold in winter. The Annual Report for 1873 records in the expenditure lists (repair fund) that Wyatt (who was responsible for building the towers) completed alterations in the attics, work on the laundry, and work on the boundary wall.
Plans by Giles & Gough from 1884 reveal that there were proposals under consideration to enlarge the Infirmary by creating a new ward to hold 30 beds on the second floor to the rear of the Infirmary at the north cross wing. The first floor would also contain a ward of 20 beds below this with a nurses mess room, pantry, and servants’ hall on the ground floor. These plans never came to fruition.

The Infirmary received its charter in 1885, rendering it a self-governing institution. Mrs. Combe, wife of Thomas Combe, one of the Governors, was elected the first female Vice-President. In the late 1880s the Infirmary suffered from a lack of public support and finance, facing a wave of criticism nationally and in the local press. Burdett’s Hospital Annual stated: ‘The Radcliffe Infirmary at the present time is unworthy, inadequate, and altogether inefficient.’ In his history of the building, Robb-Smith argued many of these criticisms were unjustified, although he conceded that some of the other complaints relating to such things as the dingy entrances, the poverty of the nursing accommodation, and the inadequacy of the kitchen and offices were probably warranted.¹⁰

In 1889 the Annual Report for the Radcliffe Infirmary reported that there were ‘certain rather important structural deficiencies in the water towers.’ The complete interiors were replaced: the decayed wooden floors and partitions were replaced with concrete floors and brick partitions by 1890.

In 1890 the Annual Report complained that the main infirmary block was ‘old fashioned.’ Then in 1891 it stated that:

‘...while the Committee speak confidently of the efficiency of the Hospital as far as the patients are concerned, they are compelled to confess that the Old Building [Radcliffe Humanities] shows the natural signs of age, that it is somewhat gloomy and ill arranged, and that to bring the Hospital up to the level of the more advanced establishments of the same description in England, the completion of a plan accepted several years ago by the Governors is necessary: the male patients should be withdrawn from the Old Building into a new and separate block, and the Old Building thoroughly repaired and recast.’

The Board Minutes for 3rd June 1891 reveal that there was a proposal for ‘the entire demolition of the Old Block and the building of a new Front block.’ Fortunately, it was eventually decided to convert the block into administrative offices.

In 1895, the Infirmary underwent a drastic change of function with patients being transferred to new wards that had opened on the site within the last 20 years alongside a new operating theatre and specialist departments (ophthalmology, dentistry, and pathology). For the first time the original hospital was empty of patients, for example the Mordaunt ward was converted into nurses’ bedrooms.

By 1898, the alterations that occurred within the Infirmary to make it suitable for residential and administrative accommodation were nearing completion. These alterations were undertaken by Mr. Kingerlee at a cost of £2,087 and included the introduction of electric

lights, new furniture, and decoration. Mr. Kingerlee also built the new operating theatre in 1898-99.

**Figure 8. The Radcliffe Infirmary group in 1908, photograph by H.W. Taunt**

In 1933, the ground-floor entrance by Stanley Hamp replaced the original first-floor entrance and created a two-storey entrance hall. Pre-1933 Governors and honorary staff used the staircase to the first floor entrance and everyone else came in by the ambulance entrance. In 1930, when the new plans were drawn, the cost was estimated at £95,000. The actual cost was £105,000 of which £71,000 had been provided by donations and £37,000 by the sale of securities. The original stairs to the first floor were removed and the first-floor entrance is now a window:

‘The new entrance was rightly described as a brilliant piece of architectural surgery; by removing the double staircase and the landing outside the committee room, Stanley Hamp created a lofty entrance hall out of a cobwebby tunnel.’

In 1931-35, alterations were made to the Infirmary building to improve accommodation for domestic staff and to increase the efficiency of the general administration by rearranging offices.

A single-storey brick extension, attached to the north side of the central bay on the west elevation of the infirmary, was constructed in the 1950s. The Radcliffe Infirmary was designated a Grade-II* listed building in January 1954. New bereavement service facilities were opened on the ground floor in 1993.

11 Ibid, 151.
The Radcliffe Infirmary joined the National Health Service upon its formation in 1948. In 2003 the site was purchased by Oxford University on the understanding that the NHS facilities would relocate to the John Radcliffe Hospital site in Headington. The last NHS departments vacated the site in 2007.

2.2.4 The Radcliffe Observatory Quarter Masterplan and the formation of Radcliffe Humanities

In 2007 a masterplan for the site was submitted to Oxford City Council by Oxford University as a consultation document. This outlined the long-term plans for the site, which included the demolition of much of the later construction across the site, including the recently-listed Outpatients building, in order to facilitate redevelopment of the site for University usage. The site was renamed the Radcliffe Observatory Quarter in order to pay tribute to its long history without causing it to be confused with a hospital site, as leaving ‘infirmary’ in the name inevitably would. Opposition to the demolition of the Outpatients facility was vocal and quickly reconsidered, prompting the submission of a revised masterplan in 2008 which, among other changes, removed this portion from the planned demolition. The first portion of the masterplan began implementation in 2009 when listed building consent was granted for changing the use of the former hospital buildings to University administration and ancillary education use. Permission was granted for the demolition of the 1869 sanitary towers and the single-storey link to St. Luke’s Chapel. Permission was given for the removal of non-original partitions, the insertion of new partitions, the rebuilding of the main stairs, the insertion of new stairs, and a new lift.

The majority of the 19th- and 20th-century hospital buildings across the Radcliffe Observatory Quarter were demolished in 2009-10, leaving only the Gibson Building to the extreme north and the listed buildings of the Radcliffe Infirmary group. The extensive clearing from the site of the later, purpose-built hospital buildings readied the space for the extensive redevelopment envisaged for the University’s usage. The listed buildings were retained, despite the otherwise widespread demolition, due to their aesthetic and historic value, as well as their significance to the Woodstock Road streetscape.

The 2009-12 alterations to Radcliffe Humanities removed several non-original internal partitions. The original southern staircase was replaced with a replica. The rooms adjacent to the north of this staircase were replaced on every floor with kitchens and a lift shaft. On every floor, the southern stair and its southern-adjacent room were replaced with male, female, and unisex disabled WCs, and (but for the third floor) service cupboards.

The old ward of the southern cross wing was opened up by the removal of modern partitions. At least on the ground floor, this space had been originally partitioned to form a northern and southern room, but this had long since been replaced with far more extensive partitioning to form a series of small rooms. These were replaced with less intrusive glass partitions on all but the third floor, where the wing was left as a single large, open space. The equivalent ward space at the end of the northern wing was similarly cleared of modern partitioning, except for on the first floor where it was already a single, open laboratory space. These spaces have
been left clear (forming the Philosophy/Theology Library on the ground and first floors) on all floors but the second floor, where glass partitions have created two offices and a break-out space.

The original plan for the building was very simple, consisting on every floor of a long central corridor with several rooms accessed off it, leading to a projecting cross wing at either end (Figure 11). The 2009-12 alterations removed numerous non-original partitions from the rooms on the eastern side of the central corridors. On the ground floor, partitions were removed from the common room, library office, library front desk, and the seminar/graduate study space. Partitions were removed from an office (555.20.20, Appendix 4) on the first floor. Two offices (555.30.21 and 20) were created from three former bedrooms on the second floor by filling a doorway and replacing two partitions with a single new one. On the third floor, partitions were removed from several former bedrooms to form larger offices (555.40.21, 18, and 16).

The alterations also included the removal of several western (rear) extensions including the 1869 octagonal sanitary towers and the 1950s single-storey brick-built extension to the rear of the ground-floor seminar/graduate study space. The single-storey link corridor to St. Luke’s Chapel was also demolished at this time.

The alterations to Radcliffe Humanities were completed by August 2012, when the Philosophy and Theology faculties occupied the building. A modern replica of the triton statue was installed in the forecourt in October 2012 and it is intended that the original statue (which is separately listed), no longer suitable for an exposed location due to major cracks, will be installed on the modern John Radcliffe Hospital site in Headington following conservation work.

Figure 9. Radcliffe Humanities in 2012
3 SIGNIFICANCE

NPPF paragraph 128 specifies that in assessing planning applications:

‘Local planning authorities should require an applicant to provide a description of the significance of any heritage assets affected including any contribution made by their setting.’

The significance of Radcliffe Humanities has been publically recognised by its designation as a Grade-II*-listed building in 1954 (see Appendix 1).

3.1 Significance as part of Woodstock Road and North Oxford

Radcliffe Humanities is an important contributory factor in the character of the southern end of Woodstock Road, one of Oxford’s primary north-south arterial roads. The character of this area is defined by an important concentration of listed buildings of both an institutional and residential nature, running from northern St. Giles’ and St. Giles’ Church as far north as the Radcliffe Observatory and Belsyre Court (Figure 10).

Figure 10. The listed buildings and unlisted heritage assets of southern Woodstock Road. The former Radcliffe Infirmary walls and gates are also separately listed
Radcliffe Humanities forms a specific group with the other former Radcliffe Infirmary buildings: St. Luke’s Chapel and the former Outpatients building. The 18th-century wall that delineates the site is permeated at three points along Woodstock Road by gateways. Where the walls cross in front of the former infirmary buildings they have been lowered and fitted with iron railings (1857). St. Luke’s Chapel (Grade II, 1865), Radcliffe Humanities (Grade II*, 1759-70), the Outpatients Building (Grade II, 1911-13), and the courtyard fountain (Grade II, 19th century) all form a pleasant group, the buildings framing the fountain and courtyard on three sides. The full effect cannot be fully appreciated from the street because of the railings and plantings, but a good indication can be experienced from the eastern side of the street. These main buildings rise above the height of the wall. Whilst they cannot be fully appreciated from the south due to the eastwards projection of the rear elevation of the Outpatients Building, when moving southwards down the road the roofline of St. Luke’s Chapel combined with the northern elevation of the Outpatients Building creates an attractive vista.

The old Radcliffe Infirmary (and now the Radcliffe Observatory Quarter, of which Radcliffe Humanities is an integral element) is one of the northernmost large institutions outside of the city centre of Oxford. The location of buildings of this age and nature in this location has some illustrative value regarding the nature of Oxford in the early modern period: The extensive development of the city centre by the late 18th century, and its dominance by large university and collegiate buildings, relegated this new institution to a suburban location. The old infirmary came to form an institutional buffer between the city and the northern suburbs that developed in the 19th and 20th centuries. This rôle is continued by the Radcliffe Observatory Quarter.

3.2 Architectural and Aesthetic Significance

Radcliffe Humanities possesses some illustrative value as one of only a small number of extant English 18th-century purpose-built infirmary buildings. Leadbetter had previously built Gloucester General Infirmary (demolished in 1984), which Luke Singleton designed (who himself went on to work on the Radcliffe Infirmary after Leadbetter’s death), and he borrowed heavily from this design. The building, in its layout and construction, illustrates the perceived needs of a hospital building in the mid-to-late 18th century and in this way illustrates elements of this period in the histories of both medicine and its architecture.

3.2.1 External Elevations

‘5-part façade with projecting cross-wings of two windows wide to each end and a slightly projecting frontispiece, three windows wide capped with pediment. Ground floor entrance of 1933 by Stanley Hemp replaces original first[-]floor entrance. Entrance of round-headed doorway with keystone flanked by pilasters carrying a panel and capped with finials. Ground floor reads as basement with six-over-three sashes and plinth. Six-over-six sashes to first and second stories. Sashes have flush surrounds, except for salient sills and first[-]floor sill band. Segmental arch three-over-three dormers to mansard attic behind parapet with cornice.
Round window to pediment. Narrow, deep ashlar chimneys... 1911-13 outpatients block by Edward Warren attached and projecting to front left.”

The eastern façade of Radcliffe Humanities is one of its most significant features. It stands much as originally designed by Leadbetter, with two major exceptions: the roof was raised to improve the attic accommodation in 1826 and the sweeping staircase to the original first-floor entrance (now the central window) was removed in 1933. The first-floor entrance originally had a pedimented porch which has since been removed, and the first attic dormer to the immediate north of the central pediment is a later addition.

The primary façade is a simple and attractive example of a restrained classicism and one of Leadbetter’s finer buildings. Leadbetter is more renowned as a builder than as an architect, but he was eminently competent and remains one of the more significant British architect-builders of the 1750s and 60s. Whilst the simple Palladianism of the façade has a great deal of aesthetic value, it is neither outstanding nor original.

The grouping of the former Radcliffe Infirmary buildings around the fountain and courtyard enhances the aesthetic value of the constituent elements, and the eastern façade of Radcliffe Humanities benefits greatly from this monumental arrangement. The modern, replica triton statue admirably fulfils the rôle of the original in this effective arrangement.

Figure 11. The modern floorplan of the ground floor of Radcliffe Humanities (grey) with Leadbetter’s 1764 plan superimposed (in red) over it

12 Listed Building Description (see Appendix 1).
3.2.2 Internal Spaces

The interior spaces of this building have undergone extensive alteration since their initial construction, as might be expected of a building which served continuously as a hospital from 1770 to 2007 (though its function shifted from clinical to administrative/residential in 1895). Many of the incremental developments that had occurred over its 230 years of service were removed during the 2009-12 redevelopment, leaving many of the original features in place as well as introducing a multitude of new ones.

The recent alterations removed many of the non-original partitions and much of the later material that had accumulated across the site throughout its history. The layout is now very similar to Leadbetter’s original design and the majority of the original principal walls remain in place. The most obvious divergence from the original design is the ground-floor main entrance, necessitated by the 1933 removal of the sweeping staircase to the original first-floor entrance. Since 1933, the original first-floor entrance hall has formed a gallery, overlooking the ground-floor entrance. This creates on the ground-floor a well-lit, double-height space, an appropriately-grand entrance hall, rather than the dark undercroft which might otherwise exist. Another major alteration was the raising of the roof level in 1826, which consequently raised the ceiling height in the third floor.

The circulation spaces on both the ground and first floors consist of attractive, stone barrel-vaulted corridors (Figure 12). These were designed to make the building more fireproof, and retain some illustrative, as well as aesthetic, value. The roughly-faced ashlar stonework has been repointed, patched, and repaired as part of the 2009-12 alterations and it is intentionally clear where these changes have been made. Opposite the main entrance on the ground floor is screen of simple piers, lacking capitals but carrying on the banding which forms the impost for the vaulting in the corridors. The length of corridor opened by the screen is groin vaulted rather than barrel vaulted. Immediately above, opposite the original main entrance on the first floor, there is a similar screen spanning a groin-vaulted section of corridor; however, here, where it forms

Figure 12. The ground-floor corridor looking south from the Entrance Hall
an antechamber to the original Board Room, the groin-vaulted section is formed of smooth-faced ashlar, contrasting with the rough-faced construction throughout the rest of the corridors.

Rising the full height of the building, the main staircase is a modern replica within the historic stairwell. It is an effective addition and suits the space well.

In general, the office and library spaces retain little exposed historic material. Original stone fireplaces are extant in some areas and these are particularly attractive. Equally, some offices retain cornice moulding and picture rails that benefit their character; however, for the most part modern suspending ceilings, floor coverings, and plasterwork are the norm. Sash windows, with some aesthetic value, are extant in most areas.

The most significant internal space is the former Board Room on the first floor, directly opposite the original main entrance. This is an area of grand character, with a high plaster ceiling complete with cornice and dentils. Its panelled dado is painted white, leading to a moulded dado rail, contrasting with the deep red of the walls. There is an attractive carved marble fireplace (boarded). Most significantly, the walls are fitted with painted boards listing benefactions made to the hospital in the 18th and 19th centuries. These date from the periods that the benefactions were made and were conserved as part of the 2009-12 alterations. These lists continue into the first-floor corridor, where the records of the benefactions ranging into the 20th century have been painted directly on the walls.

In almost all cases, the modern service provision has been integrated into the historic fabric inconspicuously, so it does not detract from the aesthetic value of the building. In the vaulted corridors this integration has been achieved through the use of trunking immediately above the stone cornice, mimicking a plaster cornice. Copper wiring down the centre of the vaults for the fire alarms systems is relatively unobtrusive. Outside the circulation areas, services are generally integrated into th skirting boards of the library and office spaces; however, in some office spaces there are several large radiators in close proximity to one another which adds a cluttered aspect to their character.

The effect of the widespread 2009-12 alterations has been to retain and conserve the historic character of the building whilst creating a modern and functioning facility. This is especially true for the Board Room and the circulation spaces.

3.3 Archaeological Significance

Oxford has a rich archaeological heritage including: Bronze Age barrows (late third millennium BC), with evidence of Iron Age infilling of the doubled-ditched barrow in the Science Area; ring ditches suggesting Iron Age settlement; Roman earthworks; a Roman burial and several ditches near the Lindemann Building; Late Saxon pottery from the site of Jesus College; mediaeval (post-1066) ridge and furrow, suggesting an intensive agricultural use in this period; Civil War earthworks; and post-mediaeval field boundaries.

Excavations during the construction of the Radcliffe Infirmary in 1770 found two probable Anglo-Saxon burials on the site. It is possible that the site lies on an Anglo-Saxon cemetery.
Further Anglo-Saxon finds were uncovered on the site during construction work in 1938 and three undated burials were discovered in 1957. Of course, the site has been continuously occupied since the 18th-century and there are a great number of post-mediaeval burials in the vicinity. It highly likely that there is archaeological material, either related to the infirmary or earlier, preserved on or around the site of Radcliffe Humanities.

### 3.4 Historical and Cultural Significance

As mentioned above (Section 3.2), the building retains some illustrative value as one of a few surviving 18th-century infirmary buildings. This gives it some significance to the history of the architectural development of hospital buildings. The Radcliffe Infirmary was the primary hospital serving Oxford for well over 200 years as well as the primary teaching hospital for the University of Oxford. With this in mind, the building is of historic significance to both the city and university. The benefaction lists in the first-floor corridor and Board Room contain the names of many of the best-known figures from the 18th-, 19th-, and 20th-century city and university, as well as various lesser-known figures. The building offered a service for which demand was universal and consequently the benefactions represent both Town and Gown.¹⁴

### 3.5 Significance as a University Building

The building no longer serves as a hospital and has not been deemed suitable for clinical use for over 100 years, having last housed patients in 1895 when it assumed a hospital-related administrative and residential function. The surrounding clinical buildings have since been demolished, making such a function no longer viable.

The current function of the building, as the base for the Humanities Divisional Office, the Faculty of Philosophy, and the Philosophy and Theology Library, is important to the ongoing development of the University of Oxford in this northern part of the city. The publication of the revised Radcliffe Observatory Quarter Masterplan in 2008 highlighted the University’s intention to rationalise much of its provision for the Humanities, as well as other disciplines, not least Mathematics, in this planned northern development. Radcliffe Humanities is the first manifestation of this larger development and, facing directly onto Woodstock Road, represents its most obviously public face. The majority of the development will be new buildings and the inclusion of the listed buildings of the Radcliffe Infirmary group in this wider development emphasises the historical character of the site. John Radcliffe’s other great benefaction, the Radcliffe Camera, also eventually came under the University’s management, and like the Camera, the University’s occupation of the previous Radcliffe Infirmary should secure its future existence.

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¹⁴ A world-renowned medical breakthrough, the first use of Penicillin on a patient, was carried out in the Radcliffe Infirmary complex in 1941, but not in this particular building.
4 VULNERABILITIES

The ability of Radcliffe Humanities to fulfil its current function

Radcliffe Humanities no longer fulfils its original function and could not realistically be expected to do so. It has recently undergone major conservation and alteration to optimise it for the needs of its current function. It is well suited to its current function, which now represents its optimum viable use: This is a viable use consistent with the heritage asset’s conservation. The recent, high-specification alterations to the building mean that it is unlikely that the continuation of this use will require extensive changes to the building in the near future.

The current usage funds the upkeep and conservation of the heritage asset and ensures its continued existence and significance. The usage does not threaten the significant features and the heritage asset’s Grade II* listing ensures that any further future alterations operate within the constraints of an accepted understanding of the building’s significance as a heritage asset. In the long-term future, minor alterations might be expected in order to maintain the active use of the heritage asset as technological and functional needs change; however, the recent alterations should limit the need for such changes.

4.1 Accessibility

The ability of Radcliffe Humanities to be accessed and enjoyed by anyone who has a legitimate right to use the building is central to its significance. The significance of the building is lessened if any person who wishes to legitimately use and enjoy the building is hampered in doing so by inadequate access provision. As should be expected of a building of its age, the original design of the building posed serious limits on its accessibility. The main entrance was on the first floor, accessed by a large double flight of external stairs (removed in 1933). Within the building, movement between floors was conducted via two staircases, with a rope and pulley in the stairwell purportedly used to move stretcher-ridden patients to the third-floor operating theatre.

Figure 13. The ground-floor main entrance
The situation is now vastly superior. Since 1933 the main entrance has been on the ground-floor and all users are able to enter the building through the same point (Figure 13). The heavy, wooden outer door is left open during working hours and the inner door is an automatic door. There is level access within the building and, since the 2009-12 alterations, all floors are connected by a passenger lift. Each floor is fitted with a male, a female, and a unisex disabled WC.

Access provision within the building is of a high standard, especially laudable in a building of its age. Of course, this should remain a topic of priority in any future plans.

4.2 Maintenance

4.2.1 Exterior Elevations and Setting

The primary, western elevation of Radcliffe Humanities is of high significance. This elevation is of aesthetic value and this has been enhanced by recent cleaning and repairs. It is of regular, smoothed Headington freestone ashlar blocks, which have been recently repointed. The elevation consists of a central range with central pediment and projecting wings at the northern and southern ends. The elevation is over three storeys with regularly-spaced sash windows across each floor. There is a mansard roof with dormer windows suggesting the fourth storey. Due to recent conservation and repair, the stonework appears in very good condition.

![Image of the eastern elevation of Radcliffe Humanities in its immediate setting](image_url)

Figure 14. The eastern elevation of Radcliffe Humanities in its immediate setting
The exterior has aged well due to timely repairs throughout its lifetime. Recent cleaning and conservation has particularly benefitted the primary elevation; however, the heritage asset’s elevations remain open to weathering and erosion, potential vandalism, and pollution; damage which could detract from the significance of the building.

The significance of the eastern elevation is enhanced by its immediate setting. The conjunction of listed buildings (Radcliffe Humanities, St. Luke’s Chapel, and the former Outpatients Building) arranged around a courtyard centred on the replica triton fountain and bounded by the historic wall and railings along Woodstock Road, is most effective, creating a setting with extensive aesthetic value. Radcliffe Humanities, the tallest and largest building, standing opposite the entrance and forming the culmination of the assemblage, is the most significant individual feature of the grouping but benefits as greatly from it as the other elements. The courtyard is paved with resin-bonded gravel, with a lawn around the central fountain and some plant beds and cycle parking around the perimeter. The setting is a great improvement on the tarmacked car park previously in place and its superior quality should be maintained.

4.2.2 Interior Spaces

The interior spaces of the building are as least as significant as the external elevations. As the interior features are in regular use and for the most part experience greater human interaction than the external structure of the building, they are vulnerable to vandalism, accidents, and general wear and tear. Some of these issues should be mitigated assuming adequate security and maintenance regimes are in place. The lifespans of these significant elements can be lengthened as much as possible for through regular, adequate monitoring and maintenance. As a Grade-II*-listed building, any alteration, or repairs made with non-original materials, will require listed building consent.

4.2.2.1 Entrance Hall

The Entrance Hall is a light and attractive ground-floor space, created when the main entrance was transferred to the ground floor in 1933. At the point, the original entrance hall on the first floor was carved into a gallery to provide natural light into the previously-dark ground-floor space. On the ground floor this area is a rectangular space separated from the primary spine corridor by a simple screen of unadorned piers and arches (Figure 15.2). The inner porch is a recent addition. The projecting stone impost of the arches continues as banding around the walls of the space. There is a plaster cornice beneath the gallery. The introduction of the gallery adds verticality to the space and the art deco railings are an attractive addition to the space, presumably added during the conversion in the 1930s. The original Headington stone fireplace in the first-floor area is quite attractive.

This is a significant space which, though much altered from its original form, has been well treated by the rigours of history. It had become rather drab and utilitarian prior to the 2009-12 alterations but is now an appropriately grand entrance space for one of the University of Oxford’s primary teaching and research facilities.
4.2.2.2 Circulation Spaces

The circulation spaces within the heritage asset are of high significance. The vaulted corridors on the ground and first floor are of particular aesthetic and evidential value. These spaces have been treated well by recent alterations. As mentioned above, where the vaulting
has been patched and repointed, this has been left conspicuous, emphasising the presence of original material. An early-20th-century marble commemorative water fountain in the ground-floor corridor is of substantial aesthetic value. Services have been subtly integrated into a faux-cornice running above the impost of the vault. Uplighting, which enhances the aesthetic value of the vault, has been integrated into this. The impost is more elaborate on the first floor than on the ground. The modern paving in these areas suits the spaces well. The first-floor corridor in particular contains some of the infirmary’s benefaction lists painted directly onto its walls and these are of both aesthetic and illustrative value. They provide a useful resource for the study of conspicuous munificence in post-mediaeval Oxford. Modern security doors along the corridors suit the space remarkably well.

The second- and third-floor spine corridors are of less significance than the vaulted corridors on the ground and first floors. The second-floor corridor has a simple plaster ceiling and the same security doors as elsewhere. It has a modern carpet over their original flagged floors. Several historical, though presumably not original, doors lead off the corridor, sometimes masking recently-blocked-up doorways. The third-floor corridor is similar in character to the second floor, though, being in the attic, it has much lower ceilings and is enlivened by occasional rooflights.

The stairwell contains a modern replica staircase, which suits the character of the building very well. There was originally a second stairwell on the northern side of the building in the space occupied by WCs.

4.2.2.3 Office Spaces

Figure 17. 17.1, left, ground-floor common room looking northeast. 17.2, right, second-floor staffroom looking northeast
The office spaces off the eastern sides of the main the spine corridors have undergone a great deal of alteration since their original construction and in several cases had been substantially subdivided prior to the recent alterations. The majority of the subdivision has subsequently been removed and on the ground and first floors these spaces have been returned to their original layouts (e.g. Figure 11). Many of these rooms contain their original fireplaces (blocked), which are much simpler affairs than those found in the Board Room or original first-floor entrance hall. Many of the office spaces also retain picture rails and plaster cornice moulding (Figure 17.2), which is presumably not original but contributes to the character of the spaces. Otherwise they are spaces of a pleasant, modern character. In some cases service provision has resulted in multiple radiators in close proximity, which does not add to the character of the affected spaces.

Figure 18. 18.1, top left, southern ground-floor cross wing (Graduate Study Space) looking east. 18.2, top right, first-floor northern cross wing (Philosophy and Theology Library) looking east. 18.3, bottom left, second-floor southern cross wing looking west. 18.4, bottom right, third-floor southern cross wing looking west
4.2.2.4 Cross Wings

The spaces in the northern and southern cross wings retained very little historic material prior to the 2009-12 alterations. Consequently they are of an entirely modern nature, though their characters have been greatly improved. Most notable is the use of glass partitions where these spaces have been repartitioned, maintaining the sense of a single large space even where this has been broken up.

The Philosophy and Theology Library on the ground and first floor of the northern cross wing consists of two pleasant spaces, their character the result of the recent alterations rather than long-term conservation (the first-floor space was previously a laboratory) (Figure 18.2). The southern cross wing on the first floor and both cross wings on the second floor have been converted into offices with glass partitions and suspended ceilings (Figure 18.3). As mentioned above, the use of clear partitions emphasises that these are large open spaces, though other than this and the sash windows, these particular spaces could be modern offices in any building.

On the third floor, both cross wings have a more interesting character, being located in the building’s attic and incorporating the shape of the mansard roof (Figure 18.4). The spaces retain the dormer windows visible at the parapet level on the external elevations. The height of the ceiling in these areas is a result of the raising of the roof in 1826.

4.2.2.5 The Board Room

The Board Room on the first floor is the single most significant internal space in the building. Recent alterations in this space were minor, though it did undergo intensive conservation work. The room retains its original fireplace, which is blocked up. There is a plaster ceiling complete with dentils and the walls are fitted with boards listing benefactions made to the
hospital (Figure 19.2). A modern skirting board was fitted in 2009-12 to mask service installation. The wood-plank floor has been covered with a modern carpet and the room has a panelled dado and carved dado rail. This has always been the grandest space within the building and it retains this character, functioning as a meeting and seminar room.

4.2.2.6 The Former Chapel

Figure 20. 20.1, left, the former chapel looking westwards. 20.2, right, the former chapel looking northwest

The former chapel is on the second floor, directly above the Board Room. It now functions as a lecture theatre, aligned towards its northern wall. The room retains a panelled dado and the plaster cornice with dentils. The dentils have been retained by suspending a modern ceiling in the centre of the room that does not reach the edges. This is an attractive space of lesser significance than the Board Room below. The equivalent space on the ground floor (Seminar/Graduate Study Space) has a similar character, but retains less historic fabric.

4.2.2.7 The Former Operating Theatre

Figure 21. 21.1, left, the retained fire surround looking southwest. 21.2, right, the sloping ceiling looking upwards and to the northeast
The former operating theatre is on the third floor, directly above the former chapel. This space now functions as a teaching/meeting room. The doorway was enlarged in 1841 and an additional window fitted in 1844. It retains the original simple fire surround, unfortunately cracked along the mantel (Figure 21.1). Most notably it integrates the shape of the roof as a high, sloping ceiling with the extensive rooflights which must have made it such an attractive choice as an operating theatre (Figure 21.2). As with the building as a whole, this reads as an effective modern room located within a space with extensive historic character.
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5 CONSERVATION POLICY

Having established the significance of Radcliffe Humanities as a heritage asset, and having identified ways in which the significance of Radcliffe Humanities is vulnerable to harm, it is necessary to recommend policies to reduce the probability of such harm occurring, and thereby conserve the significance of the site. In essence, these policies set parameters for managing the fabric of the site.

The Conservation Plan is intended to be an active tool for the regular maintenance and long-term management of Radcliffe Humanities. It needs to be reviewed regularly, and revised as appropriate to take account of additional knowledge and changing priorities.

5.1 Radcliffe Humanities’ continued use as a teaching, office, and research space affiliated to Oxford University is important to its historical and continued significance. Permit, in line with NPPF paragraphs 131, 132, 133, 134, alterations intended to facilitate its continued use in this way

The 2009-12 alterations have meant that Radcliffe Humanities is well suited to its current function. This function is sustainable and should not require substantial further alteration in the foreseeable future. Oxford University’s development of the Radcliffe Observatory Quarter, of which Radcliffe Humanities is a fundamental component, means that the future of the heritage asset is now tied closely to that of the University. As with any usage, some limited alterations may be required in the future to allow the heritage asset to retain this significance in line with modern standards and requirements. If alteration is required in the future it should be permitted with the following provisos:

• Any alterations must be sympathetic to Radcliffe Humanities’ significance as a heritage asset and, in line with NPPF paragraph 134, any proposals that involve ‘less than substantial harm to the significance’ should deliver ‘substantial public benefits.’ In line with NPPF paragraph 132, any proposals that involve ‘substantial harm or loss’ should be ‘wholly exceptional.’

• Any changes should: ‘…preserve those elements of the setting that make a positive contribution to or better reveal the significance of the asset’ (NPPF paragraph 137).

5.1.1 In order to ensure that Radcliffe Humanities can operate to modern standards, and that its significance can be maintained by making access as wide as possible, special concern should be applied to ensuring that disabled access is adequate

Ensuring that the heritage asset can be enjoyed as widely as possible will have a major positive impact on its significance. As noted in Section 4.1, access to the building is currently particularly good for a building of its age. Access will remain a concern in any plans developed for the site; a vigorous effort should be made to improve access to the site in any future plans, with the University seeking to exceed its statutory obligations and always viewing this as part of an ongoing process.
5.2 Note that Radcliffe Humanities is a Grade-II*-listed building and ensure that appropriate consents are obtained for works to the interior and exterior of the building

In order to ensure the heritage asset’s significance, alterations may be required in the future, and due to the listed status of the building, even minor routine repairs may need consent. Caution should be applied in order to ensure that any statutory duties are fulfilled. In cases of doubt Estates Services should be contacted in the first instance, and if necessary they will refer queries on to Oxford City Council.

5.3 Ensure proper consultation in advance of any work to the building with the Local Authority conservation officer (through Estates Services) and any other interested parties

It is important to guarantee that the best advice is obtained at an early stage of any proposal to alter any part of the building in order to ensure that the significance of the building is respected.

5.4 Refer to this Conservation Plan when considering repairs or alterations in any space

The Conservation Plan gives an overview of which aspects of the building are significant or vulnerable. Where original or significant material is extant, repairs should be carried out using the same materials and techniques and should not affect the significance of the asset without providing substantial public benefits in line with NPPF paragraph 134.

5.5 Any alteration or redevelopment must respect the character of Woodstock Road and the surrounding area. Notably it must respect Radcliffe Humanities’ location adjacent to listed buildings and as an integral part of the Radcliffe Infirmary group

Radcliffe Humanities’ position amongst the Radcliffe Infirmary group and as part of the Woodstock Road streetscape is central to its significance. Any plans for alterations should take into account the relationship between the listed buildings within this significant group.

5.6 Conservation of specific factors contributing to overall significance

Radcliffe Humanities possesses various external and internal features of some significance (Sections 3.1, 3.2, and 4.2). An effort should be made to identify and conserve original or significant architectural features and keep these in use where possible in line with Section 5.1; however, it is accepted that all materials have a natural lifespan and some degree of change must be permitted to keep the building safe, usable, and generally fit for function. Some material will have a very long life expectancy if given routine maintenance; others may need periodic replacement. Within the framework of understanding and valuing what is present in the building a degree of ongoing change is inevitable.
5.6.1 Any alterations to be made to the external elevations and roof will respect their significance and the contribution they make to their setting

The exterior elevations of Radcliffe Humanities are amongst its most significant elements. The primary, eastern, elevation is the most significant factor. This has altered greatly since its original construction, notably with the raising of the roof in 1826 and the removal of the sweeping, double staircase in 1933; however, it is now in an attractive and appreciated form and it is anticipated that it shall remain substantially unaltered in the future. The relationship with the courtyard and adjacent listed buildings and monuments is important to Radcliffe Humanities’ significance and should be a major factor in any future plans. Any alterations that are planned that may affect the external fabric of the building and its setting should only be undertaken with a full understanding of and respect for their characters in line with Section 5.1 and 5.1.1.

5.6.2 Any alterations to made to the Entrance Hall, including the first-floor gallery, will respect the significance of both the individual elements and the space as a whole

The Entrance Hall is a relatively-modern creation formed from the amalgamation of the original first-floor governors’ entrance hall and the ground-floor workers’ entrance in 1933. It is a light and attractive space which retains many original elements from both the integrated spaces, including some of the infirmary’s benefaction lists in the upper area. Any alterations that are planned within this area will only be undertaken with a full understanding of and respect for their character of the space in line with Section 5.1 and 5.1.1.

5.6.3 Any alterations to be made to the circulation spaces, including the stairwell, will respect the significance of both the individual elements and the spaces as a whole

The circulation spaces are important to the significance of the heritage asset, most notably the vaulted corridors on the ground and first floors. The first-floor corridor contains several of the infirmary’s benefaction lists painted directly onto its walls. The southern stairwell is the only remaining of the two original stairwells (the stairwells projecting from the north and south of the cross wings do not appear on the original plans) and, whilst its staircase is a modern replica, it remains a significant space. The second- and third-floor corridors are of lower significance, but retain interesting features, notably historic doors and doorcases. Any alterations that are planned in these areas will only be undertaken with a full understanding of and respect for their characters in line with Section 5.1 and 5.1.1.

5.6.4 Any alterations to made to the office spaces will respect the significance of both the individual elements and the spaces as a whole

The office spaces retain some significant elements, notably fireplaces and plaster cornice moulding, that contribute to their character. Any alterations that are planned in these areas will only be undertaken with a full understanding of and respect for their characters in line with Section 5.1 and 5.1.1.
5.6.5 Any alterations to be made to the Board Room will respect the character of both the individual elements and of the space as a whole

The Board Room is the most significant internal space, most notably containing the infirmary’s early benefaction lists on its walls. It retains its plaster cornice and dentils and the original carved fireplace. Any alterations that are planned within this significant area will only be undertaken with a full understanding of and respect for the character of the space in line with Section 5.1 and 5.1.1.

5.6.6 Any alterations to be made to the former chapel will respect the character of both the individual elements and of the space as a whole

The former chapel is an attractive internal space which retains some significant features, notably the dado panelling and plaster dentils. Any alterations that are planned within this significant area will only be undertaken with a full understanding of and respect for the character of the space in line with Section 5.1 and 5.1.1.

5.6.7 Any alterations to be made to the former operating theatre will respect the character of both the individual elements and the space as a whole

The former operating theatre is a space with an interesting and significant character, which makes a good use of its attic location. The high ceiling and extensive skylights give some indication as to why it was thought an appropriate setting for an operating theatre, despite its relatively inaccessible location. Any alterations that are planned within this significant area will only be undertaken with a full understanding of and respect for the character of the space in line with Section 5.1 and 5.1.1.

5.7 In the vein of NPPF paragraph 110, efforts should be made to ensure that Radcliffe Humanities’ contribution to climate change is as minimal as is feasible for a building of its age, size, materials, and use. Any proposals for alterations should assess the feasibility of incorporating low and zero carbon technologies

Ensuring that the building is sustainable will be crucial to its long-term survival and significance. As stated in NPPF paragraph 110, development should seek to ‘minimise pollution and other adverse effects on the local and natural environment.’

5.8 If during any subsequent renovations or alterations any excavation work is carried out beneath Radcliffe Humanities an archaeological assessment will be made of the potential for significant finds, and if appropriate an archaeologist will be given a watching brief as excavation takes place

It is likely that there is significant archaeological material preserved beneath Radcliffe Humanities and the surrounding area (Section 3.3). Should any excavation work be carried out in this area, an assessment of the archaeological potential should be made. This should include at least a desk-based assessment, but possibly geo-physics and trial trenching. A watching brief will almost certainly be required for any excavation.
5.9 A good practice of routine recording, investigation, and maintenance will be enacted and sustained. Such an approach will minimise the need for larger repairs or other interventions and will usually represent the most economical way of maintaining an asset.

5.9.1 Estates Services (or its agents) will ensure that a senior member of staff has responsibility for the administration and recording of a routine maintenance programme for the building.

All buildings need to routinely be maintained if they are to stay in good condition. This requires a detailed maintenance programme and, critically, someone who is responsible for ensuring that routine operations are carried out. A proper record of the repair and maintenance work in a maintenance log is a useful management tool. Such information will be recorded in the estates management software package Planon.

5.9.2 The Conservation Plan will be circulated to all senior staff who work in Radcliffe Humanities and to all other members of the University who have responsibility for the building.

The value of the heritage asset needs to be appreciated by all senior staff managing or working in the building. Only in this way will the heritage asset be properly treated, repaired, and maintained.

5.9.3 The Conservation Plan will be made available to Oxford City Council, English Heritage, and any other party with legitimate interest in the building.

The Conservation Plan is intended to be a useful document to inform all parties with a legitimate interest in the building.

5.10 The Conservation Plan will be reviewed and updated from time to time as work is carried out on the building or as circumstances change. The recommendations should be reviewed at least at five-yearly intervals.

Policy changes, building alterations, or other changes of circumstance, will affect the conservation duties and requirements of the building. The policy recommendations in the Conservation Plan will inform the future of the building and should be a useful tool for people carrying out maintenance work or where more significant alterations are being considered. The recommendations need to be kept up to date if they are to remain relevant.
6 BIBLIOGRAPHY

6.1 Government Reports and Guidance

- The Department for Communities and Local Government, National Planning Policy Framework (March, 2012).


6.2 Planning Applications and Supporting Documents


6.3 Books and Articles


6.4 Reports

- Estates Services, University of Oxford, Woodstock Road South: an Appraisal (September 2011).
• Oxford City Council, *Jericho: Conservation Area Designation Study* (October 2010).

• Purcell Miller Tritton, *Radcliffe Infirmary Site: Revised Conservation Plan* (October, 2006).


6.5 Other Documents

• Listed building descriptions courtesy of English Heritage (see Section 6.6).

6.6 Websites

• Bing Maps:  

• Digimap (OS Maps):  

• English Heritage Listed Buildings Online (listed building descriptions):  

• Estates Services Conservation Management Plans:  

• Google Maps:  

6.7 Image Credits

• Cover and Chapter Covers: Photographs by author for Estates Services.

• Figure 1: Adapted from Google Maps (see Section 6.6) by author.

• Figure 2: Detail from Loggan’s 1675 map of Oxford.

• Figure 3: Detail from 1878 Ordnance Survey map of Oxford.

• Figure 4: From an engraving by J. Fisher, 1770.

• Figures 5 and 6: From Purcell Miller Tritton, *Radcliffe Infirmary Site: Revised Conservation Plan* (October, 2006).
• Figure 7: NHS plan adapted for Estates Services by author.

• Figure 8: Photograph by H.W. Taunt, 1908.

• Figures 9-21: Photographs by author for Estates Services.
List Entry Summary

This building is listed under the Planning (Listed Buildings and Conservation Areas) Act 1990 as amended for its special architectural or historic interest.

Name: THE RADCLIFFE INFIRMARY (MAIN BLOCK)

List Entry Number: 1047066

Location

THE RADCLIFFE INFIRMARY (MAIN BLOCK), WOODSTOCK ROAD

The building may lie within the boundary of more than one authority.

County: Oxfordshire
District: Oxford
District Type: District Authority
Parish:

National Park: Not applicable to this List entry.

Grade: II*

Date first listed: 12-Jan-1954

Date of most recent amendment: Not applicable to this List entry.

Legacy System Information

The contents of this record have been generated from a legacy data system.

Legacy System: LBS

UID: 245941

Asset Groupings

Radcliffe Humanities, Oxford
October 2012
This List entry does not comprise part of an Asset Grouping. Asset Groupings are not part of the official record but are added later for information.

List Entry Description

Summary of Building

Legacy Record - This information may be included in the List Entry Details.

Reasons for Designation

Legacy Record - This information may be included in the List Entry Details.

History

Legacy Record - This information may be included in the List Entry Details.

Details

612/2/101 WOODSTOCK ROAD
612/3/101 (West side)
12-JAN-54 THE RADCLIFFE INFIRMARY (MAIN BLOCK)
GV II*

WOODSTOCK ROAD
1. 1485
(West Side)
The Radcliffe Infirmary original infirmary block

SP 5007 SE 2/101
SP 5107 SW 3/101 12.1.54.
II GV
2.

Infirmary. 1759-70. By Stiff Leadbetter (d.1766) and founded on the benefaction of Dr. John Radcliffe. 3-storeyed Headington ashlar with attics in a Welsh slate mansard roof.

PLAN: Central entrance at ground floor into two-storey entrance hall. Longitudinal corridors at each storey to projecting cross-wings at both ends. Central room to rear projects to bay window with Board Room at first floor and chapel originally above.

EXTERIOR: 5-part facade with projecting cross-wings of two windows wide to each end and a slightly projecting frontispiece, three windows wide capped with pediment. Ground floor
entrance of 1933 by Stanley Hemp replaces original first floor entrance. Entrance of round-headed doorway with keystone flanked by pilasters carrying a panel and capped with finials. Ground floor reads as basement with six-over-three sashes and plinth. Six-over-six sashes to first and second stories. Sashes have flush surrounds, except for salient sills and first floor sill band. Segmental arch three-over-three dormers to mansard attic behind parapet with cornice. Round window to pediment. Narrow, deep ashlar chimneys. Pair of octagonal full-height sanitary towers by C. Buckeridge of 1869 to rear with water tanks to attic storey. 1911-13 outpatients block by Edward Warren attached and projecting to front left. C19 and C20 additions to the rear.

INTERIOR: Longitudinal corridors to first floor are tunnel-vaulted in rough stone and groin-vaulted in finished stone at centre near entrance to Board Room. Board Room with C18 and C19 plaster panels inscribed with the names and donations of benefactors. Upper level rooms with 6-panel door, transom, stone fireplace surround, flag stone floor.

The Radcliffe Infirmary Buildings form a group.

Listing NGR: SP5101607146

---

**Selected Sources**


---

**Map**

**National Grid Reference**: SP 51009 07073

The below map is for quick reference purposes only and may not be to scale. For a copy of the full scale map, please see the attached PDF - 1047066.pdf
List Entry Summary

This building is listed under the Planning (Listed Buildings and Conservation Areas) Act 1990 as amended for its special architectural or historic interest.

Name: FORMER TEACHING AND OUT-PATIENTS BLOCK

List Entry Number: 1063899

Location

FORMER TEACHING AND OUT-PATIENTS BLOCK, WOODSTOCK ROAD

The building may lie within the boundary of more than one authority.

County: Oxfordshire
District: Oxford
District Type: District Authority
Parish:

National Park: Not applicable to this List entry.

Grade: II

Date first listed: 21-Mar-2002

Date of most recent amendment: Not applicable to this List entry.

Legacy System Information

The contents of this record have been generated from a legacy data system.

Legacy System: LBS

UID: 488533

Asset Groupings

This List entry does not comprise part of an Asset Grouping. Asset Groupings are not part of the official record but are added later for information.
List Entry Description

Summary of Building

Legacy Record - This information may be included in the List Entry Details.

Reasons for Designation

Legacy Record - This information may be included in the List Entry Details.

History

Legacy Record - This information may be included in the List Entry Details.

Details

612/0/10084 WOODSTOCK ROAD
21-MAR-02 (West side)
Former Teaching and Out-Patients Block

GV II


PLAN: U-shaped plan addressing courtyard shared with Radcliffe Infirmary with three-storey ranges wrapping a flat-roofed single-storey core. The central one-storey section is top-lit by a long curved sky-light to the original out-patient's waiting hall.

ELEVATION:

East elevation to Woodstock Road has symmetrical window pattern of two wide, two narrow, one wide, two narrow, two wide six-over-six sashes with stone frames to each of three storeys. Ground floor separated by plain, banded course and with off-centre entrance to staff room with projecting segmental pediment door case. Contribution box to left of door marked 'Radcliffe Infirmary and County Hospital in stone plaque, and 'For the support of the Hospital' with coin slot below. Shallow parapet with short runs of balustrade and four prominent chimneys.

North elevation to courtyard continues plain, banded course and three storeys to two ranges each capped with a large pediment with a tall round-headed window at second storey breaking into the pediment. Three windows at first floor, central window capped with
pediment that matches Woodstock Road elevation. Central section set back with almost continuous range of tall metal-framed windows that project back at an angle to second floor as sky-lights. Upper levels of the three-storey ranges overlooking flat-roofed section are marked with prominent cornice, stone frames to six-over-six sashes and stone oriel. Flat roofed area below has raised continuous lantern to illuminate the interior.

South elevation to carriage way of yellow brick with large stone door case capped with pediment, flanking tall round-headed windows with keystone, arched doorway with keystone engraved with cross.

Attached to main block of Radcliffe Infirmary to West elevation.

INTERIOR: Overall plan survives although modernised and re-worked to interior. Central out-patients waiting hall with arched sky-lights and colonnade.

The Radcliffe Infirmary buildings form a group.

---

**Selected Sources**

Legacy Record - This information may be included in the List Entry Details.

---

**Map**

**National Grid Reference: SP 51042 07074**

The below map is for quick reference purposes only and may not be to scale. For a copy of the full scale map, please see the attached PDF - [1063899.pdf](#)
List Entry Summary

This building is listed under the Planning (Listed Buildings and Conservation Areas) Act 1990 as amended for its special architectural or historic interest.

Name: CHAPEL OF ST LUKE, RADCLIFFE INFIRMARY

List Entry Number: 1047067

Location

CHAPEL OF ST LUKE, RADCLIFFE INFIRMARY, WOODSTOCK ROAD

The building may lie within the boundary of more than one authority.

County: Oxfordshire
District: Oxford
District Type: District Authority
Parish:

National Park: Not applicable to this List entry.

Grade: II

Date first listed: 28-Jun-1972

Date of most recent amendment: Not applicable to this List entry.

Legacy System Information

The contents of this record have been generated from a legacy data system.

Legacy System: LBS

UID: 245942

Asset Groupings

This List entry does not comprise part of an Asset Grouping. Asset Groupings are not part of the official record but are added later for information.
List Entry Description

Summary of Building

Legacy Record - This information may be included in the List Entry Details.

Reasons for Designation

Legacy Record - This information may be included in the List Entry Details.

History

Legacy Record - This information may be included in the List Entry Details.

Details

612/3/868 WOODSTOCK ROAD
28-JUN-72 (West side)
CHAPEL OF ST LUKE, RADCLIFFE INFIRMARY

GV II

WOODSTOCK ROAD
1.
1485
(West Side)
Chapel of St Luke,
Radcliffe Infirmary
SP 5107 SW 3/868
II GV
2.
Chapel. 1865. By A.W. Blomfield. Coursed rubble, stone tracery and red tile steeply pitched roof with bell turret. Early English Gothic chapel to the Radcliffe Infirmary to which it is connected by a pitched-roof corridor. Chapel forms one side of the courtyard in front of the Infirmary.

PLAN: Rectangular plan of 5 bays plus chancel. Transept porch to south wall under bellcote. Connected to main block by 4-bay corridor.

INTERIOR: Bays marked by wood trusses with cusped underside. Each bay has window with pair of narrow cusped lancets surmounted by pointed trefoils and quatrefoils with carved
hood stops. East end window of three stepped lancets framed by tall colonnettes with small capitals supporting thin roll mouldings and foliate roundels in the spandrels; glass depicts nine miracles of healing and the Resurrection possibly designed by Holiday. Ventilation roundel to east gable. Cusped-head plaque to south wall commemorates Thomas Combe, d.1872 and the consecration of the chapel on 7 June 1865.

EXTERIOR: South elevation facing courtyard has buttresses, lancets and sominated by entrance portal to west end. Portal has gabled surround and segmental-headed doorway with pointed tympanum carved with Christ as Good Shepherd flanked by kneeling angels. Capitals carved with stiff-leaf foliage and stiff-lead roundel in the apex of the gable. Bellcote to east end of south wall. Connected to main block by 4-bay corridor with pitched stone slate roof.

HISTORY: Infirmary chapel was housed in the main block of the Radcliffe Infirmary above the Board Room until this new Chapel was built.

The Radcliffe Infirmary Buildings form a group.

Listing NGR: SP5102207120

_____________________________________________________________

Selected Sources

Legacy Record - This information may be included in the List Entry Details.

_____________________________________________________________

Map

National Grid Reference: SP 51023 07121

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This copy shows the entry on 22-Aug-2012 at 08:57:50.
List Entry Summary

This building is listed under the Planning (Listed Buildings and Conservation Areas) Act 1990 as amended for its special architectural or historic interest.

Name: FOUNTAIN IN ENTRANCE COURTYARD TO RADCLIFFE INFIRMARY

List Entry Number: 1369462

Location

FOUNTAIN IN ENTRANCE COURTYARD TO RADCLIFFE INFIRMARY, WOODSTOCK ROAD

The building may lie within the boundary of more than one authority.

County: Oxfordshire
District: Oxford
District Type: District Authority
Parish:

National Park: Not applicable to this List entry.

Grade: II

Date first listed: 28-Jun-1972

Date of most recent amendment: Not applicable to this List entry.

Legacy System Information

The contents of this record have been generated from a legacy data system.

Legacy System: LBS

UID: 245943

Asset Groupings
This List entry does not comprise part of an Asset Grouping. Asset Groupings are not part of the official record but are added later for information.

---

**List Entry Description**

**Summary of Building**

Legacy Record - This information may be included in the List Entry Details.

**Reasons for Designation**

Legacy Record - This information may be included in the List Entry Details.

**History**

Legacy Record - This information may be included in the List Entry Details.

**Details**

WOODSTOCK ROAD
1.
1485
(West Side)
Fountain in Entrance
Courtyard to Radcliffe Infirmary
SP 5107 SW 3/869
II GV
2.
Set in a circular stone basin.

The Radcliffe Infirmary Buildings form a group.

Listing NGR: SP5103307097

---

**Selected Sources**

Legacy Record - This information may be included in the List Entry Details.
Map

**National Grid Reference: SP 51033 07097**

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List Entry Summary

This building is listed under the Planning (Listed Buildings and Conservation Areas) Act 1990 as amended for its special architectural or historic interest.

Name: BOUNDARY WALL OF RADCLIFFE INFIRMARY FRONTING WOODSTOCK ROAD

List Entry Number: 1047068

Location

BOUNDARY WALL OF RADCLIFFE INFIRMARY FRONTING WOODSTOCK ROAD,
WOODSTOCK ROAD

The building may lie within the boundary of more than one authority.

County: Oxfordshire
District: Oxford
District Type: District Authority
Parish:

National Park: Not applicable to this List entry.

Grade: II

Date first listed: 28-Jun-1972

Date of most recent amendment: Not applicable to this List entry.

Legacy System Information

The contents of this record have been generated from a legacy data system.

Legacy System: LBS

UID: 245944

Asset Groupings
List Entry Description

Summary of Building

Legacy Record - This information may be included in the List Entry Details.

Reasons for Designation

Legacy Record - This information may be included in the List Entry Details.

History

Legacy Record - This information may be included in the List Entry Details.

Details

WOODSTOCK ROAD
1.
1485
(West Side)
Boundary wall of Radcliffe Infirmary fronting Woodstock Road
SP 5007 SE 2/870
SP 5107 SW 3/870
II GV
2.
Cl8. Ashlar, with various piers and old and modern openings.

The Radcliffe Infirmary Buildings form a group.

Listing NGR: SP5098607243

Selected Sources

Legacy Record - This information may be included in the List Entry Details.
Map

National Grid Reference: SP 50986 07243

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List Entry Summary

This building is listed under the Planning (Listed Buildings and Conservation Areas) Act 1990 as amended for its special architectural or historic interest.

Name: GATE NUMBER 3 WITH FLANKING WALLS AT RADCLIFFE INFIRMARY

List Entry Number: 1369463

Location

GATE NUMBER 3 WITH FLANKING WALLS AT RADCLIFFE INFIRMARY, WOODSTOCK ROAD

The building may lie within the boundary of more than one authority.

County: Oxfordshire
District: Oxford
District Type: District Authority
Parish:

National Park: Not applicable to this List entry.

Grade: II

Date first listed: 28-Jun-1972

Date of most recent amendment: Not applicable to this List entry.

Legacy System Information

The contents of this record have been generated from a legacy data system.

Legacy System: LBS

UID: 245945

Asset Groupings

Radcliffe Humanities, Oxford
October 2012
List Entry Description

Summary of Building

Legacy Record - This information may be included in the List Entry Details.

Reasons for Designation

Legacy Record - This information may be included in the List Entry Details.

History

Legacy Record - This information may be included in the List Entry Details.

Details

WOODSTOCK ROAD
1.
1485
(West Side)
Gate No 3 with flanking
walls at Radcliffe Infirmary
SP 5107 SW 3/870A
II GV
2.
Cast-iron gates.

Gate 3 forms a group with the Main block and the Chapel.

Listing NGR: SP5104507116

Selected Sources

Legacy Record - This information may be included in the List Entry Details.

Map
National Grid Reference: SP 51045 07116

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List Entry Summary

This building is listed under the Planning (Listed Buildings and Conservation Areas) Act 1990 as amended for its special architectural or historic interest.

Name: GATEWAY NUMBER 5 AT RADCLIFFE INFIRMARY

List Entry Number: 1047069

Location

GATEWAY NUMBER 5 AT RADCLIFFE INFIRMARY, WOODSTOCK ROAD

The building may lie within the boundary of more than one authority.

County: Oxfordshire
District: Oxford
District Type: District Authority
Parish:

National Park: Not applicable to this List entry.

Grade: II

Date first listed: 28-Jun-1972

Date of most recent amendment: Not applicable to this List entry.

Legacy System Information

The contents of this record have been generated from a legacy data system.

Legacy System: LBS

UID: 245946

Asset Groupings

This List entry does not comprise part of an Asset Grouping. Asset Groupings are not part of the official record but are added later for information.
List Entry Description

Summary of Building

Legacy Record - This information may be included in the List Entry Details.

Reasons for Designation

Legacy Record - This information may be included in the List Entry Details.

History

Legacy Record - This information may be included in the List Entry Details.

Details

WOODSTOCK ROAD ROAD
1.
1485
(West Side)
Gateway No 5 at
Radcliffe Infirmary
SP 5107 SW 3/870B
II GV
2.
C19. 4 piers with moulded caps. Centre cast-iron gates, single gate on
either side.

The Radcliffe Infirmary Buildings form a group.

Listing NGR: SP5102707153

Selected Sources

Legacy Record - This information may be included in the List Entry Details.

Map

National Grid Reference: SP 51027 07153
The below map is for quick reference purposes only and may not be to scale. For a copy of the full scale map, please see the attached PDF - 1047069.pdf

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This copy shows the entry on 22-Aug-2012 at 09:07:54.
## Appendix 2  Chronology of Radcliffe Humanities

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1750s</td>
<td>Oxford has a population of c.8,000 but lacks a hospital</td>
</tr>
<tr>
<td>1758</td>
<td>The first proposals for a hospital are made at a meeting of the Radcliffe Trustees</td>
</tr>
<tr>
<td>1759</td>
<td>Leadbetter is selected as architect and presents his plans on the 8th March. The foundation stone is laid on 27th August</td>
</tr>
<tr>
<td>1761</td>
<td>The exterior walls and roof are completed by Summer</td>
</tr>
<tr>
<td>February 1764</td>
<td>Leadbetter optimistically reports the infirmary will be completed within 12 months</td>
</tr>
<tr>
<td>1766</td>
<td>Leadbetter dies and John Sanderson and Luke Singleton are appointed to replace him</td>
</tr>
<tr>
<td>1768</td>
<td>Luke Singleton dies</td>
</tr>
<tr>
<td>1770</td>
<td>The Radcliffe Infirmary is opened on 18th October</td>
</tr>
<tr>
<td>October 1771</td>
<td>Three additional wards are opened</td>
</tr>
<tr>
<td>1775</td>
<td>The hospital contains 94 beds in 7 wards</td>
</tr>
<tr>
<td>1826</td>
<td>The attic roof is raised</td>
</tr>
<tr>
<td>1841</td>
<td>The Operating Theatre’s doorway is enlarged to accommodate stretchers</td>
</tr>
<tr>
<td>1844</td>
<td>A new window is constructed to offer further light and ventilation in the Operating Theatre</td>
</tr>
<tr>
<td>1844</td>
<td>The layout of the wards is altered</td>
</tr>
<tr>
<td>1850</td>
<td>The Infirmary drains are connected to the sewer in Jericho parish</td>
</tr>
<tr>
<td>1857</td>
<td>The hall bathroom is converted into an outpatient room for the surgeons</td>
</tr>
<tr>
<td>1857</td>
<td>The iron screen fence is fitted to the Woodstock Road wall and the original Triton fountain is fitted in the courtyard</td>
</tr>
<tr>
<td>1863</td>
<td>A new accident ward replaced the Bagot and Drake wards</td>
</tr>
<tr>
<td>1865</td>
<td>The Chapel of St. Luke is constructed</td>
</tr>
<tr>
<td>1867</td>
<td>The Mordaunt ward opposite the old chapel is converted into a children’s ward</td>
</tr>
<tr>
<td>1869-73</td>
<td>Buckeridge’s octagonal sanitary towers are constructed on the rear elevation of the Infirmary</td>
</tr>
<tr>
<td>1873</td>
<td>Alteration work is completed in the attic, laundry, and boundary wall</td>
</tr>
<tr>
<td>1885</td>
<td>The Infirmary receives its charter, becoming a self-governing institution</td>
</tr>
<tr>
<td>1889-90</td>
<td>The Annual Report for the Radcliffe Infirmary reports structural deficiencies in the sanitary towers and the entire interiors are replaced</td>
</tr>
<tr>
<td>1890-91</td>
<td>Two subsequent Annual Reports for the Radcliffe Infirmary note that the main block is ‘old fashioned’ and no longer suitable for housing patients</td>
</tr>
<tr>
<td>1895</td>
<td>The patients are transferred from the main infirmary building to other wards on the site, with the main building taking on an administrative and residential function</td>
</tr>
<tr>
<td>1898</td>
<td>The alterations required for the main block to take on its administrative and residential functions are completed, including fitting electric lights</td>
</tr>
<tr>
<td>1910-13</td>
<td>The Outpatients building was constructed to the south of Radcliffe Humanities</td>
</tr>
<tr>
<td>1931-35</td>
<td>Internal alterations are made to improve the accommodation for domestic staff</td>
</tr>
<tr>
<td>1932</td>
<td>A first-floor bathroom is fitted beside the Board Room</td>
</tr>
<tr>
<td>1933</td>
<td>The external staircase is removed and the main entrance transferred to the ground floor</td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>1950s</td>
<td>A single-storey brick extension is constructed to the rear of the main building</td>
</tr>
<tr>
<td>1954</td>
<td>The Radcliffe Infirmary is designated a Grade-II-* listed building</td>
</tr>
<tr>
<td>1993</td>
<td>New bereavement service facilities are opened on the ground floor</td>
</tr>
<tr>
<td>2003</td>
<td>The Radcliffe Infirmary site is purchased by the University of Oxford</td>
</tr>
<tr>
<td>2007</td>
<td>The last NHS departments vacate the site</td>
</tr>
<tr>
<td>2007</td>
<td>The University of Oxford submits a masterplan for the site to Oxford City Council</td>
</tr>
<tr>
<td>2008</td>
<td>A revised masterplan is submitted, which notably omits the demolition of the former outpatients block</td>
</tr>
<tr>
<td>2009</td>
<td>Planning permission is granted for the alteration of the former infirmary buildings for University use as well as the demolition of the 1869 sanitary towers and other alterations</td>
</tr>
<tr>
<td>2009-10</td>
<td>The majority of the 19th and 20th –century buildings across the site are demolished</td>
</tr>
<tr>
<td>2009-12</td>
<td>Alterations are made to the Radcliffe Infirmary main block to convert it into Radcliffe Humanities, the new centre for the University of Oxford’s Humanities Division</td>
</tr>
<tr>
<td>October 2012</td>
<td>A replica Triton statue is unveiled in the forecourt, whilst the original is removed for conservation. Radcliffe Humanities is officially opened</td>
</tr>
</tbody>
</table>
Appendix 3 Checklist of Significant Features

This checklist is intended for the use of those working or planning work on the site or buildings. It highlights features of architectural significance within Radcliffe Humanities; these may be original features or new additions that nevertheless contribute positively to the character of the building. As this is a Grade-II*-listed building any repair or alteration work to factors that contribute to the significance of the building will require listed building consent in order to avoid prosecution under the Planning (Listed Building and Conservation Areas) Act, 1990. If planned work will likely affect any of the aspects featured in the list below advice should immediately be sought from the Building Conservation Team at Estates Services.

The checklist lists both general significant features that affect the building as a whole and which should be held in mind if working in any space, and specific features of particular significance that should receive special regard if working in these particular spaces. The Further Information column refers to the relevant page reference in the Conservation Plan proper.

<table>
<thead>
<tr>
<th>Radcliffe Humanities, Building #555</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SIGNIFICANT FEATURE</strong></td>
</tr>
<tr>
<td><strong>General:</strong></td>
</tr>
<tr>
<td>External elevations and roof</td>
</tr>
<tr>
<td>Windows throughout</td>
</tr>
<tr>
<td>Internal stonework</td>
</tr>
<tr>
<td>Internal joinery, fireplaces, and plasterwork</td>
</tr>
<tr>
<td>Historic floor coverings where in place</td>
</tr>
<tr>
<td>Benefaction lists throughout</td>
</tr>
<tr>
<td><strong>Specific Features:</strong></td>
</tr>
<tr>
<td><strong>External Elevations</strong></td>
</tr>
<tr>
<td>- Ashlar elevations including ground-floor niche</td>
</tr>
<tr>
<td>- Central pediment</td>
</tr>
<tr>
<td>- Parapet and banding</td>
</tr>
<tr>
<td>- Window sills and central window surround</td>
</tr>
<tr>
<td>- Sash windows</td>
</tr>
<tr>
<td>- Ashlar chimneys</td>
</tr>
<tr>
<td>Section</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Entrance Hall</td>
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<tr>
<td>Circulation Spaces</td>
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<tr>
<td>Office Spaces</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Cross Wings</td>
</tr>
<tr>
<td>Board Room</td>
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<td></td>
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<tr>
<td>Former Chapel</td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Former Operating Theatre</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>-Fireplace</td>
</tr>
<tr>
<td>-Rooflights and sloping ceiling</td>
</tr>
<tr>
<td>-Sash windows</td>
</tr>
</tbody>
</table>

PRIOR TO UNDERTAKING ANY REPAIRS OR ALTERATIONS ON THE ABOVE-LISTED ARCHITECTURAL FEATURES, CONTACT THE CONSERVATION TEAM AT ESTATES SERVICES ON (01865) (2)78750
Appendix 4  Floor plans