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EXHIBITION APPROACH

SCHEMATIC DEVELOPMENT



CLIENT:

Rosenwald-Wolf Gallery
University of the Arts
333 S Broad Street
Philadelphia PA 19102
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DEVELOPER/DESIGNER:
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MISSION

This exhibit aims to tell the story of the Lying-in department at Pennsylvania Hospital, both the controversy surrounding its opening, and the epidemic that caused its closure. It will make parallels between the events of the past and present issues in obstetrics and women's health.

EXHIBITION GOALS/OBJECTIVES

- Introduce themes of women's health throughout time
- Present a compelling story of injustice to women through healthcare
- Research the Lying-In Department of the Pennsylvania Hospital
- Contextualize medicine in the 1800's

BIG IDEA

Obstetrical medicine has, historically and currently, been subjected to the moral and egotistical viewpoints of those in a position of power, often in opposition to evidence. This harms patients and medical progress.

VISITOR GOALS/OBJECTIVES

- The visitor will make personal connections to history through medicine
- The visitor will make global connections to history through social issues
- The visitor will feel inspired to advocate for women's voices in women's health
- The visitor will confront modern taboos about women's health by learning about historical taboos
- The visitor will learn about Philadelphia's history in women's healthcare
- The visitor will see historical artifacts related to the story of Pennsylvania Hospital

EXHIBITION APPROACH

AUDIENCE

Dying to Deliver will address a primary audience of University of the Arts students, as well as a secondary audience of content enthusiasts (medical history and women's history). A tertiary audience includes the general visitor population.

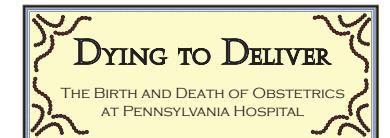
VISITOR TAKEAWAYS

- Women's healthcare has always been pretty messed up.
- Doctors used to kill a lot of people.
- I didn't know how often people ignore science.
- A lot of women could have been saved if those doctors could have gotten over themselves.
- A doctor's moral opinions should never take precedence over saving lives.
- Strep is terrifying
- Real obstetrics in the 1800's was scarier than most horror movies.

GESTALT

The exhibition will feel warm but somehow sinister. The brass and wood materials combined with the natural looking light will give the double impression of an old home and an old hospital at once.

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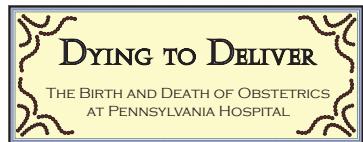
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BUBBLE DIAGRAM

SCHEMATIC
DEVELOPMENT



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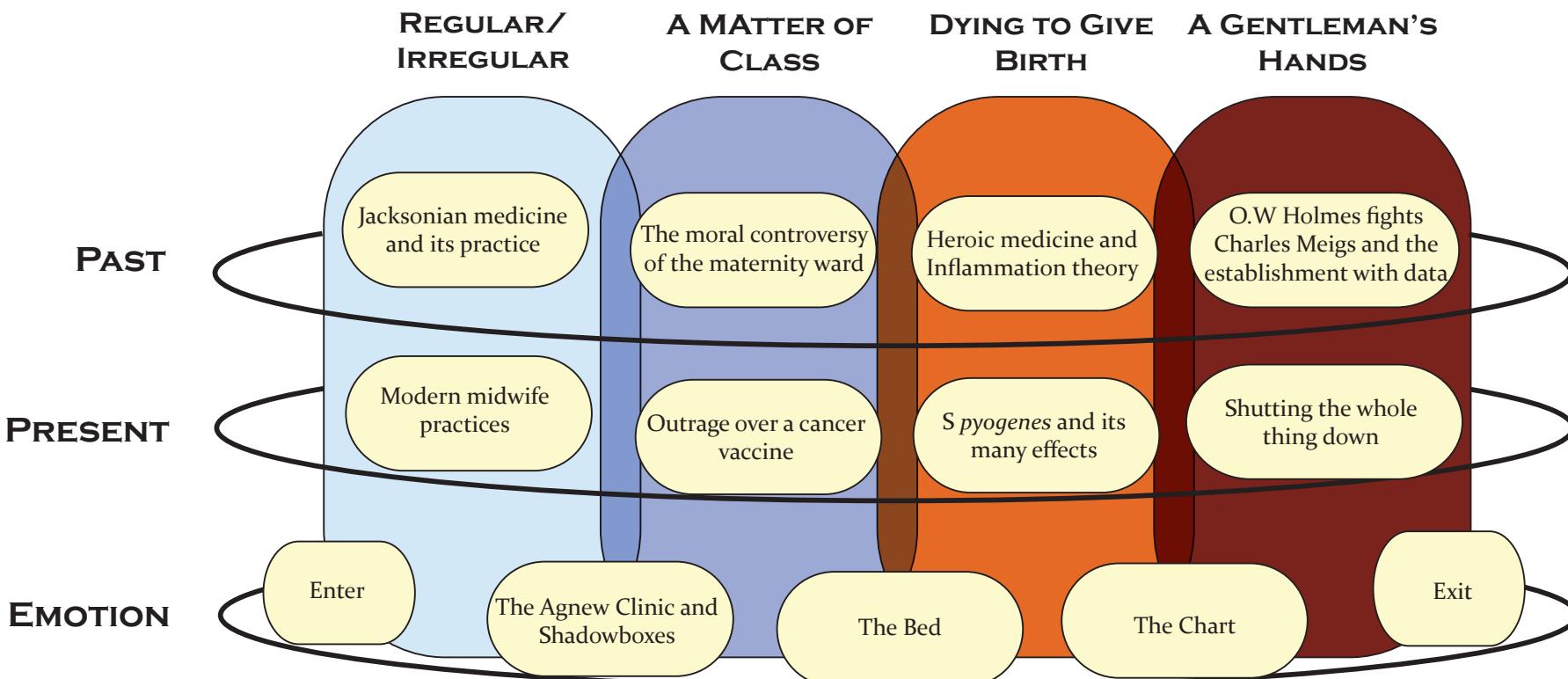
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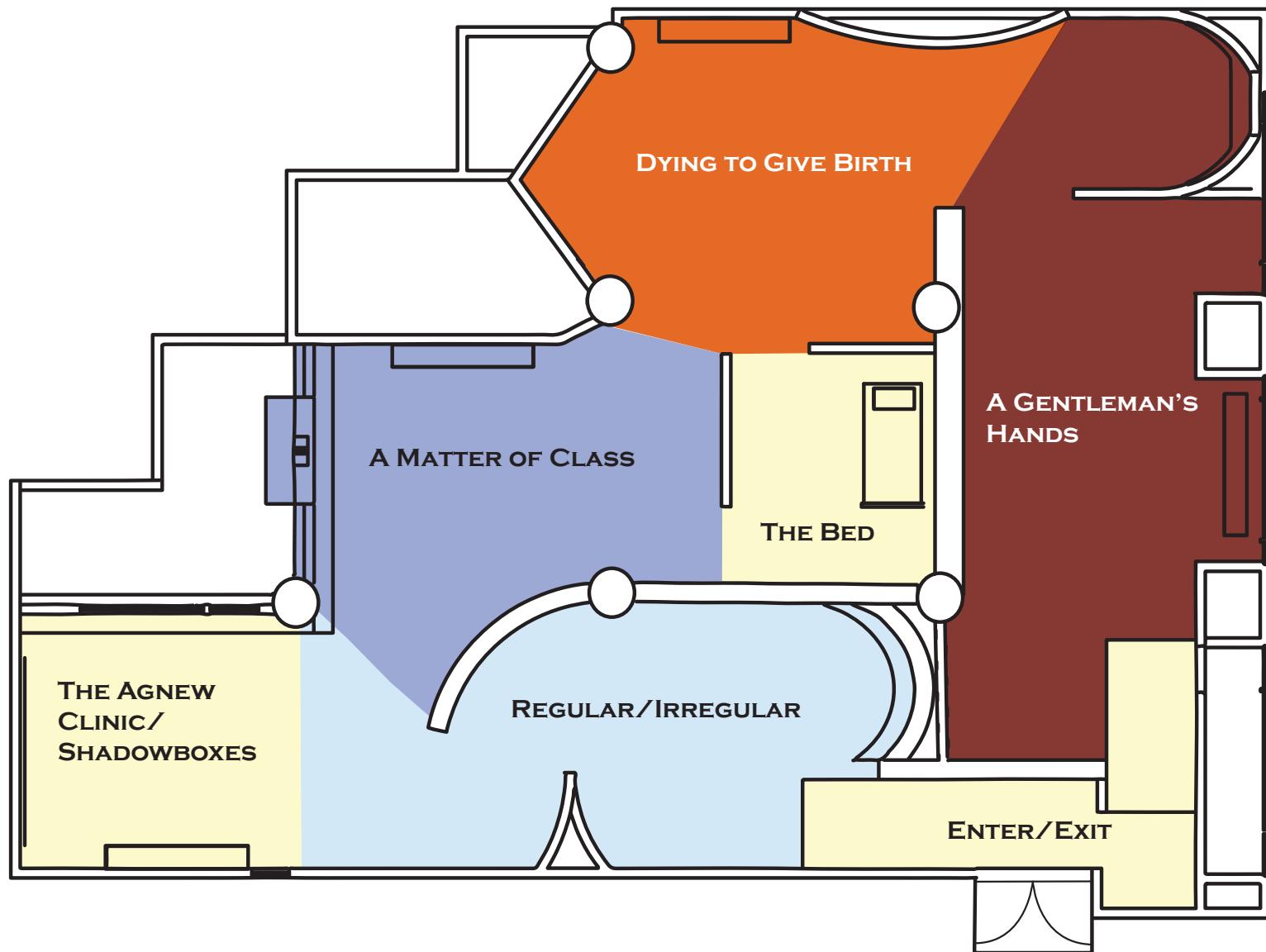
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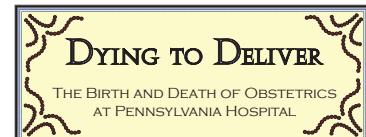
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CONCEPTUAL FLOOR PLAN



SCHEMATIC
DEVELOPMENT



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LOOK AND FEEL

SCHEMATIC DEVELOPMENT



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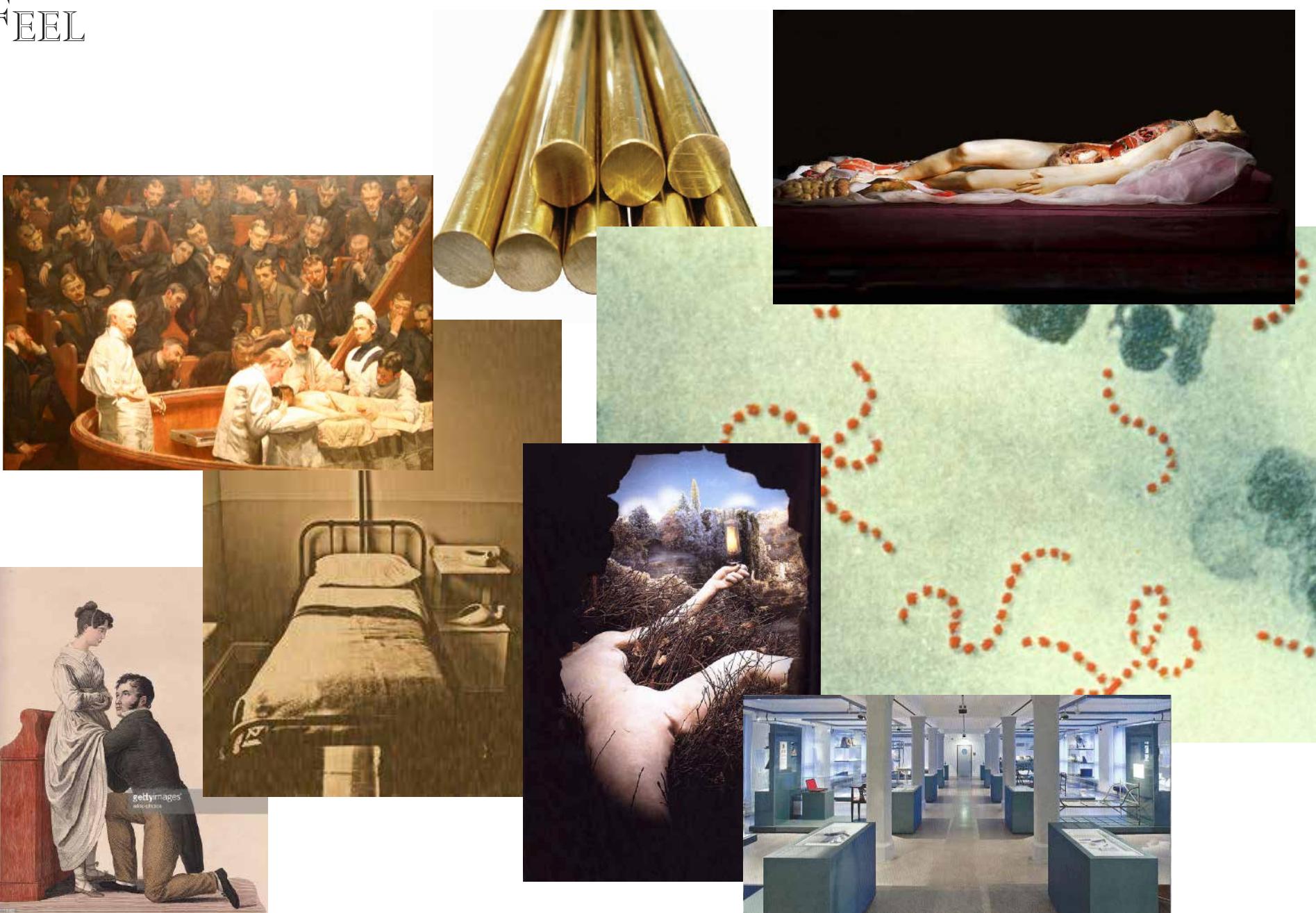
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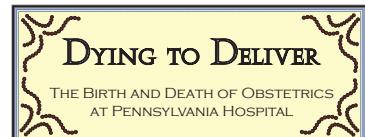
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INTERPRETIVE FRAMEWORK

ELEMENT	TITLE	CONTENT	PURPOSE
Threshold	Dying to Deliver	Title Text	Introduce the exhibition
Into Panel 0.1	How Were You Born?	Asks visitor to consider how they were born	Visitors should make connections to history by reflecting on how they came into the world versus how others might have in the past.
Section Header	Regular/Irregular	Title Text	Introduce the Thematic area
Panel 1.1	What is Medicine?	introduce Jacksonian American medical culture	Allow visitor to realize that medicine has not always been as it is now
Panel 1.1.2	Who is a Doctor?	Provides examples of women, native, and black doctors in colonial america	Helps to flesh out the world of medicine begun by the previous panel
Interactive 1.1	Healing Herbs	Several smell jars containing essential oils of medicinal herbs and plants, as well as basic information on what they were used for.	Establishes that herbs were central to the practice of medicine.
Interactive 1.2	Truth or Quackery	Touch screen interactive trivia game about medical history	Can be played alone or with a group, challenges visitors to test their assumptions.
Panel 1.2.2	Modern Midwifery	Examines modern midwife practices	Gives current context to the historical issue
Object Case	Midwives bag	An 1820's midwives bag	Symbolizes the end of women-controlled reproductive practices
Icon Experience	The Agnew Clinic	Installation of Thomas Eakins's "The Agnew Clinic"	Brings visitors face to face with the reality of Regular medicine
Section Header	A Matter of Class	Title Text	Introduce the Thematic area
Installation	Windowbox Installation	Two classes of objects: Obstetrical Mannekins/venuses, and portraits/busts of Pennsylvania hospital physicians of the Lying In department	Contrasting the grotesque and visceral images of women as portrayed through these antique medical teaching tools with the official and important visages of the men who performed this science.
Panel 2.1	It's Obscene!	Highlights the controversy surrounding the opening of the Lying-In Department of the Pennsylvania Hospital	Informs visitors that there was a controversy surrounding opening a maternity ward.
Panel 2.2	Touching the Female	Introduces the practice of obstetrics under Victorian morality.	Sets the scene for the case below it and instruments around it.
Object Case	Copy of "Nouvelles démonstrations d'accouchements"	Open to the page containing the illustration "Touching the Female"	A literal illustration of a medical maneuver guided by prudishness.
Object Case	Obstetrical tools	Two sets of standard forceps, two crochets, at least one cranioclast, skull perforator, and shears used for performing episiotomies.	Mounted around the previous panel, contrasting the seemingly goofy but ultimately benign illustrations like "touching the Female" with the very brutal and scary looking tools of delivery.
Wall Graphic	Enlarged print of "Touching the Female"	An enlarged print as a wall graphic behind a seating area	Provides an opportunity to study the illustration in depth without touching the book, and also provides ambiance to the seating area.
Panel 2.3	Laying Blame	Goes over the controversy surrounding the backlash against the Gardasil vaccine.	Links the use of moral judgement by people in power to prevent women from receiving appropriate medical care from the past to the present.

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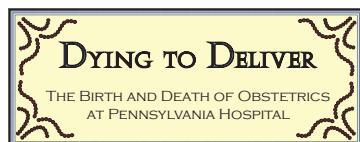
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CONT'D

SCHEMATIC DEVELOPMENT



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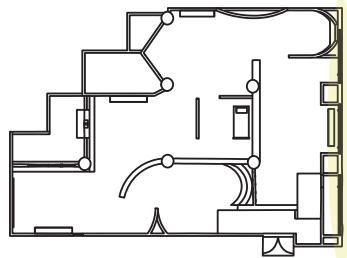
ELEMENT	TITLE	CONTENT	PURPOSE
Section Header	Dying to Give Birth	Title Text	Introduce the Thematic Area
Panel 3.1	Untitled	Tells of the decline of female midwife practitioners in the 1800's, introduces Heroic medicine.	Answers the question: What happened to the midwives? And provides context for the interactive installation.
Interactive 3.1	The Bed	Interactive hospital bed, a motion sensor causes a 30 second projection and audio to play when someone lies on the bed.	Humaizes and gives voice to dying women in this exhibition. Provides inroads to empathize with the people now only represented by numbers.
Panel 3.2	What Just Happened?	Immediately after bed, explains that the patient died of sepsis.	Answers the question "What Just Happened?"
Panel 3.3	Calling All Heroes	Explains Heroic Medicine	Contextualizes the scene you just participated in.
Object Case	Medical devices and medicine bottles	A scarificator, a bottle of calomel, and a bottle of tartar emetic.	Mounted on the panel, it allows visitors to make direct connections between the text and the artifacts.
Panel 3.3.2	Bravery and Blood	Clarifying information on Heroic medicine, an historical image of bloodletting.	Answers the question: How did this ever seem like a good idea?
Panel 3.4	Meet the Killer	Introduces <i>S. pyogenes</i>	Information on the microbe that caused most deaths from Puerperal fever.
Panel 3.4.2	Patterns of Pestilence	Provides information on patterns of infection	Explains how patterns of infections only become apparent when in close quarters.
Wall Graphic	Enlarged Print of <i>S. pyogenes</i>	Goes on the curved wall in the Dying to Give Birth section	An anachronistic microscopic view of real bacteria in the middle of a historical context can serve to reinforce the idea that these bacteria are present everywhere in the environment.
Panel 3.5	What's in a Name?	Information on names of <i>S. pyogenes</i> and other names for puerperal fever.	Disgusting information, has the potential to make people nauseous. Also compels them to look deeper into how the medical community names things.
Panel 3.6	Developing Data	Introduces Holmes and Semmelweis' work, the spread of their information, and the beginnings of their rejection.	Provides an example of two revolutionary physicians, and leads the visitor from medicine back to history.
Section Header	A Gentleman's Hands	Title Text	Introduce the Thematic area
Panel 4.1	Untitled	Establishes events occurring in the 1840's around the Lying-In Department	After spending time in the world of microbes, sets visitors back into the world of Pennsylvania Hospital.
Panel 4.2	Scholarship and Sickness	Introduces O.W Holmes' work "The Contagiousness of Puerperal Fever" and Meigs Response "Childbed Fevers"	Sets up the major players in this battle of wits over the lives of patients.
Object Case	Two historical books	"The Contagiousness of Puerperal Fever" and "Childbed Fevers"	The medical equivalent of showing Rocky and Drago's boxing gloves facing one another. This is the fight.
Wall Graphic	The Big Chart	Tracks deaths in the Lying In Department over the last 10 years of its existence, overlaid with a timeline of publications, letters, and refutations between Meigs and Holmes over whether Puerperal Fever was contagious or not.	Visitors will see the real cost in human lives for refusing evidence in deference to tradition and pride.
Panel 4.3	The End of Lying-In	Goes over the closing of the Lying-In department. Final mortality statistics are displayed.	Visitors will conclude the story of the Lying-In Department
Panel 4.4	Are we Better?	Introduces multiple examples of modern issues where data was blatantly ignored either through the medical establishment refusing to change or moral concerns obfuscating truth.	Explains that quite frankly, no we are not better. Visitors should feel angry at the lack of progress.
Panel 4.4.2	Can we get Better?	Provides examples of women's rights and health organizations doing work to help combat ignorance and misinformation.	Should give visitors a little hope back, as well as a reference for places to donate, volunteer, or simply spread the word.
Panel 4.5	You can Help	A call to action	Empowers visitors to feel like they can help, no matter their gender, race, or economic status. The truth shall set you free.

WALKTHROUGH



ENTRANCE EXPERIENCE

WALKTHROUGH



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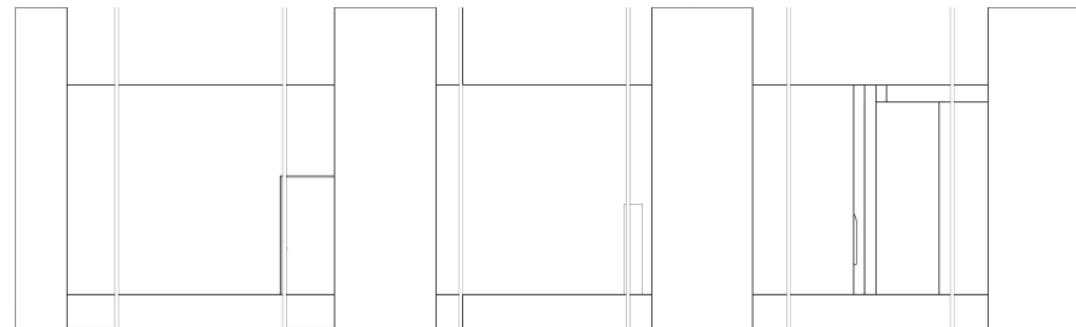
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"Dying to Deliver: the Birth and Death of Obstetrics at Pennsylvania Hospital". What a curious show for an art gallery in an art school. At least, that's what this student thought as she passed the door to the Rosenwald-Wolf on the way to class. The show had opened the previous spring, and as an incoming freshman she had heard nothing but good things from the upperclassmen. "Mind: Blown" said her R.A. "Parts of it are kind of gross though, like the Mutter. But it's really important too." She decided that after settling in to this new environment, she would go see it.

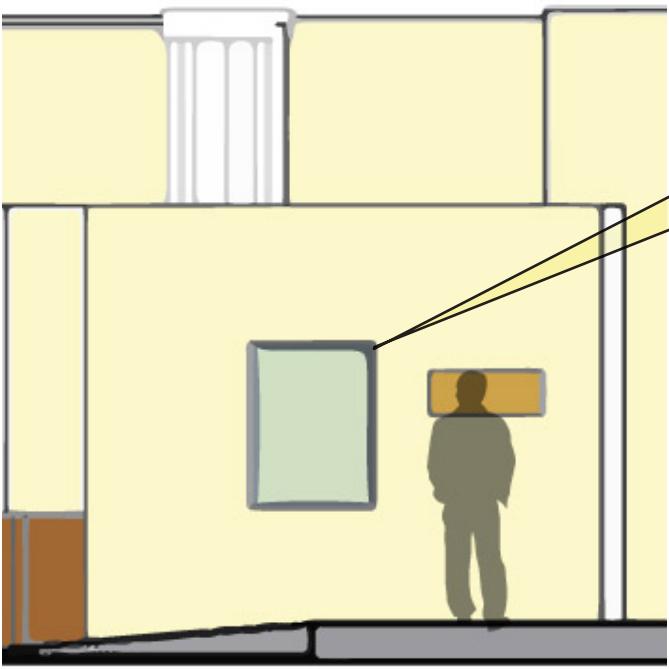
A few days later it was, of all things, a tinder match that suggested they go. "You go to Uarts?" read the message. "I'm at Upenn studying premed, but I hear there's a really sick medical exhibit up at your school right now. I see the big graphic in the window whenever I'm on Broad street. You should take me"

Section Goals:

- Introduce exhibit to passerby on Broad Street
- Prepare visitors for the story they are about to experience



ENTRANCE EXPERIENCE



So they met up in the middle of the day, exchanged introductions, and then before it could get awkward, entered the exhibition. As they opened the glass doors the first thing that hit them was a large engraved brass plaque that said "Dying to Deliver". To the left of this was a panel headed with a single question: How were you born? Both of them admitted that they had been born in a hospital, and while they had heard of people getting into home birth, it sounded really messy and unprofessional to them. "What if something goes wrong?" she said. "I want a real doctor there to be able to handle the situation"

"For the record, I agree." He replied "But I can see why people think it's unnatural"

How Were You Born?

Chances are, you were born in a hospital. Most people you know were born in a hospital. Through the last century, home birth decreased. By 1955, only **one percent** of all births were home births.

Chances are, your mother survived giving birth to you. But hospital births weren't always the sterile and professional procedures they are now. If you were born in a hospital in the early 1800s, your mother stood a high chance of dying.

Like the evolution of medicine, the hospital birth was full of **infection, death**, and treatments that often made things **worse**. And like the evolution of women's health, it was also fraught with **controversy, moral battles**, and lots of **ignorance**.

Explore the beginning of the hospital birth in America, in Philadelphia.

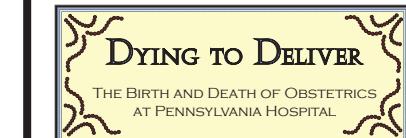
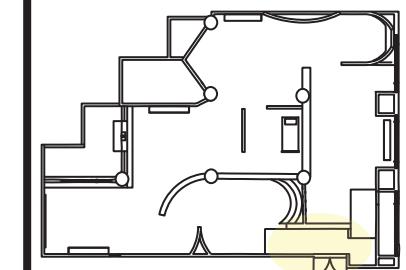
And keep in mind that the past is not always behind us.

Panel word count: 114

Panel Goals:

- Introduce the visitor to the exhibition
- Introduce the themes of the exhibition
- Allow visitors a moment to reflect on their personal relationship to this topic.

WALKTHROUGH



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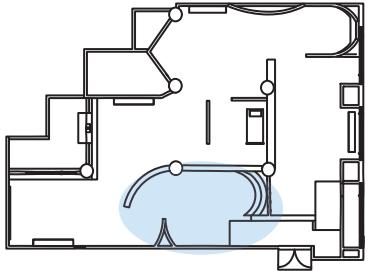
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REGULAR/IRREGULAR

WALKTHROUGH



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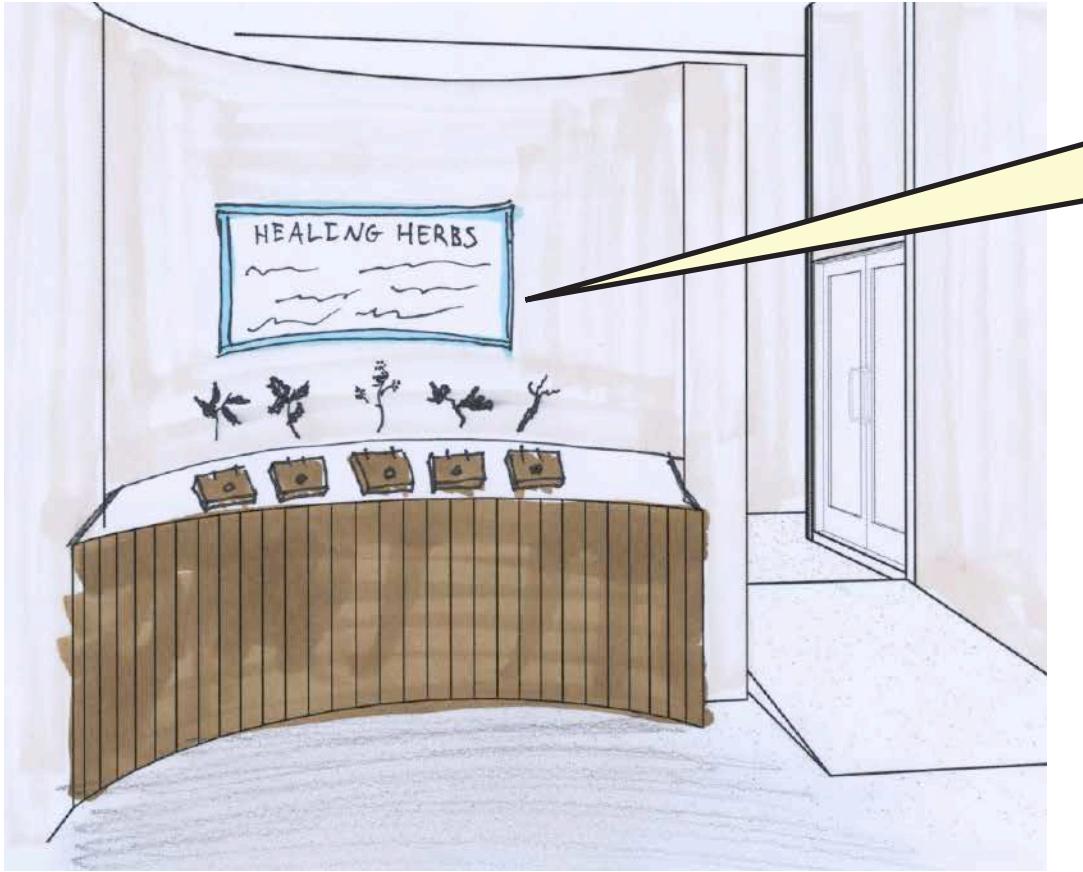
Section Goals:

- Introduce medicine as practiced in the early 1800's
- Dispel common misconceptions about early medicine
- Set the stage for the rest of the story

To their right was a half wall, not very welcoming. To their left a ramp extended gently down to the gallery floor. They walked down the ramp and entered a gently curving space that seemed cozy and warm, with plastered walls and a wooden floor. The molding and columns reminded her of movie sets from period pieces. The brass etched plaque on the wall read "Regular & Irregular". Bold wall text posed another question: What is Medicine? Who is a Doctor? A bold graphic gave some background information on how medicine was practiced in the early 1800's

A few interactives were present in this area. There was a touch screen on a wall to the left, but the one in the far right rounded corner was clearly something to smell. The Uarts student beelined for it and immediately started lifting flaps in the counterlike structure and wafting smells into her nose.

REGULAR/IRREGULAR



"Basil... Peppermint... Chammomile... Root Beer?... Ack!" She stood up quickly, rubbing her nose. "What is that?"

"Horseradish" said her date. "But I'm impressed you got most without looking."

"What was the root beer?"

"Sassafras. Look. They have all their properties written out. Horseradish was good for UTI's, gout, and... clearing sinuses."

They laughed and finished reading the text. At the turn of the century, almost every kind of doctor, regular or irregular used some form of herbal medicine.

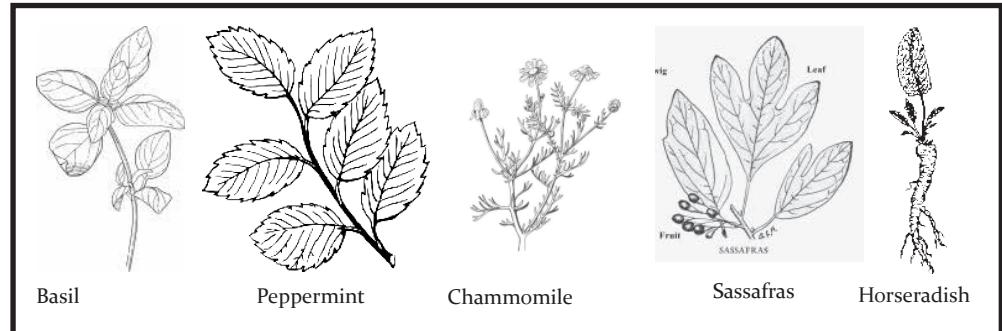
The healing power of plants have been used by doctors since antiquity. Both Regular and Irregular doctors kept gardens for common herbs, and apothecaries sold dried plants alongside newer drugs like morphine.

Under each of these panels is a common medicinal herb. Close your eyes. Can you identify it by smell?

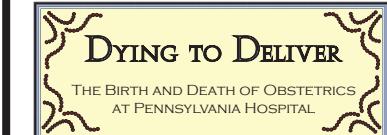
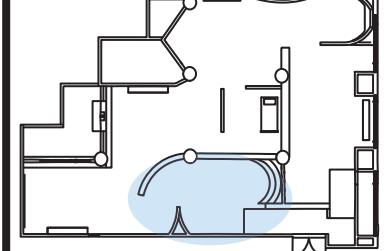
Interactive Word Count: 51

Interactive Goals:

- Introduce visitors to some medicinal herbs and their properties.
- Use the sense of smell to forge a connection with the subject.



WALKTHROUGH



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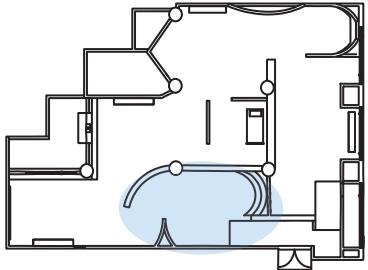
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REGULAR/IRREGULAR

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Turning to the next interactive, a True/False trivia style game. A touch screen displayed questions flowing through the board, and the introductory text prompted them to either pick a single question out of the flow, or start a game. The boy from Upenn got excited this time.

"Trivia! Quiz me!"

They played through a few questions and then reached the last out of the set of ten generated by the game. She read aloud "At the turn of the century, giving birth in a hospital with a doctor was safer than giving birth at home with a midwife"

"Of course, True!"

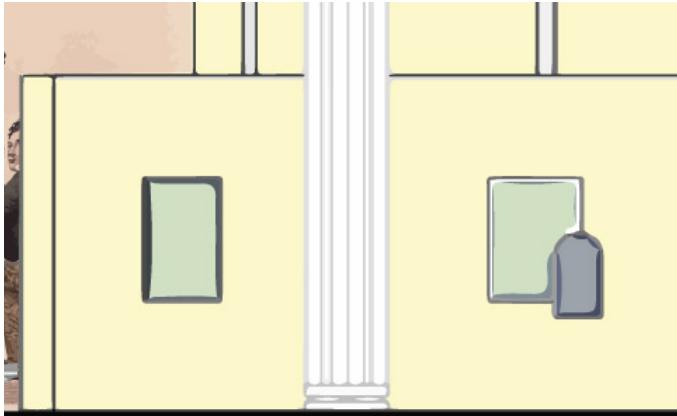
"Uh... wow, no. You chances of dying were at least ten times higher in a hospital."

"What?!"

"That's what it says"

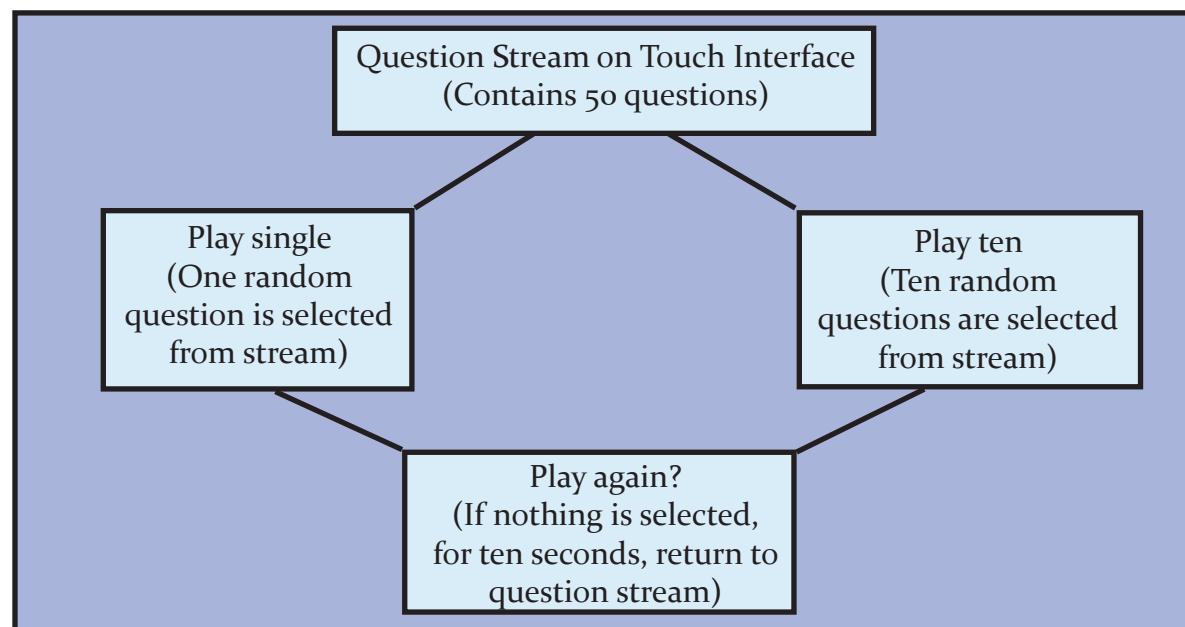
He turned around, startled. "How?"

"I don't know, but if that's true what happened to the midwives?"

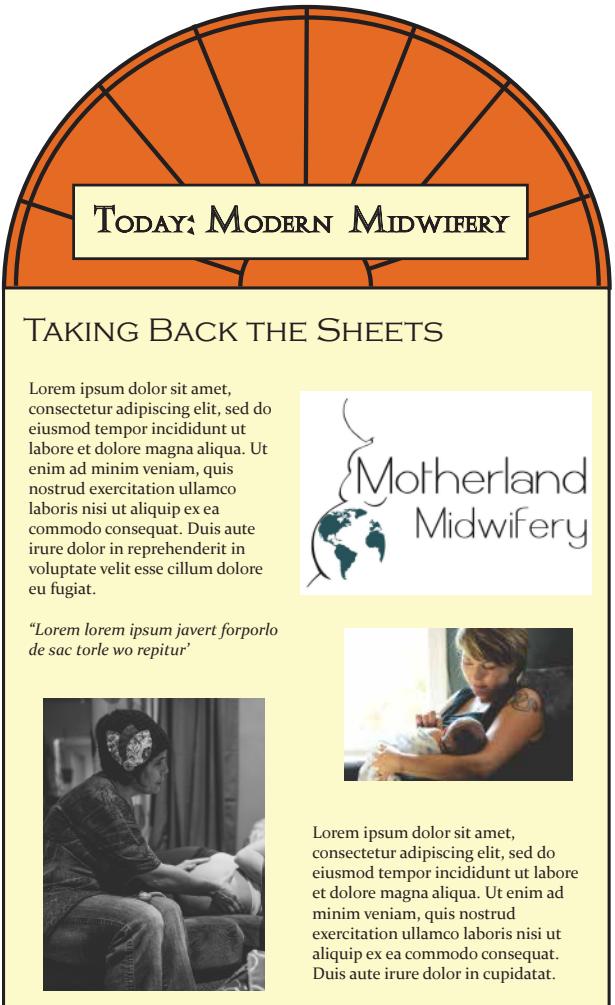


Interactive Goals:

- Dispel Common myths and misconceptions about medical history
- Provide an opportunity to play with other visitors while engaging content



REGULAR/IRREGULAR



A text panel further down the wall seemed to answer the question with more basic information on the rise of Regular medicine and its punishment of women practitioners.

Beneath the panel was a single object in a case: a midwives bag dating to 1850. Looking at it made Cindy kind of sad, as if this bag, sagging with age, bore the weight of the scorn of the medical establishment.

The Upenn student slumped a little. "So basically, everything I thought I knew about the history of medicine is wrong. What next?"

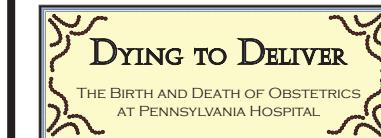
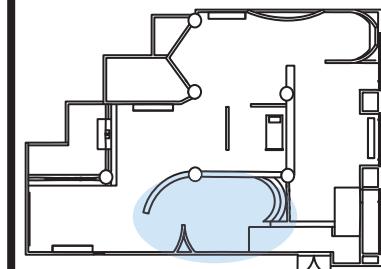
They rounded the wall, and read about modern midwife practices through a brief spotlight on Motherland Midwifery, a Philadelphia based midwife service.

They both turned around and stopped short. The curving walls had hidden this part of the exhibition from the entrance, and dead ahead was a gorgeous and terrible scene.



1830's era obstetrical toolkit. Courtesy of Science Museum UK

WALKTHROUGH



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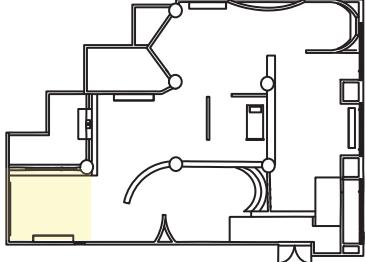
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ICON EXPERIENCE

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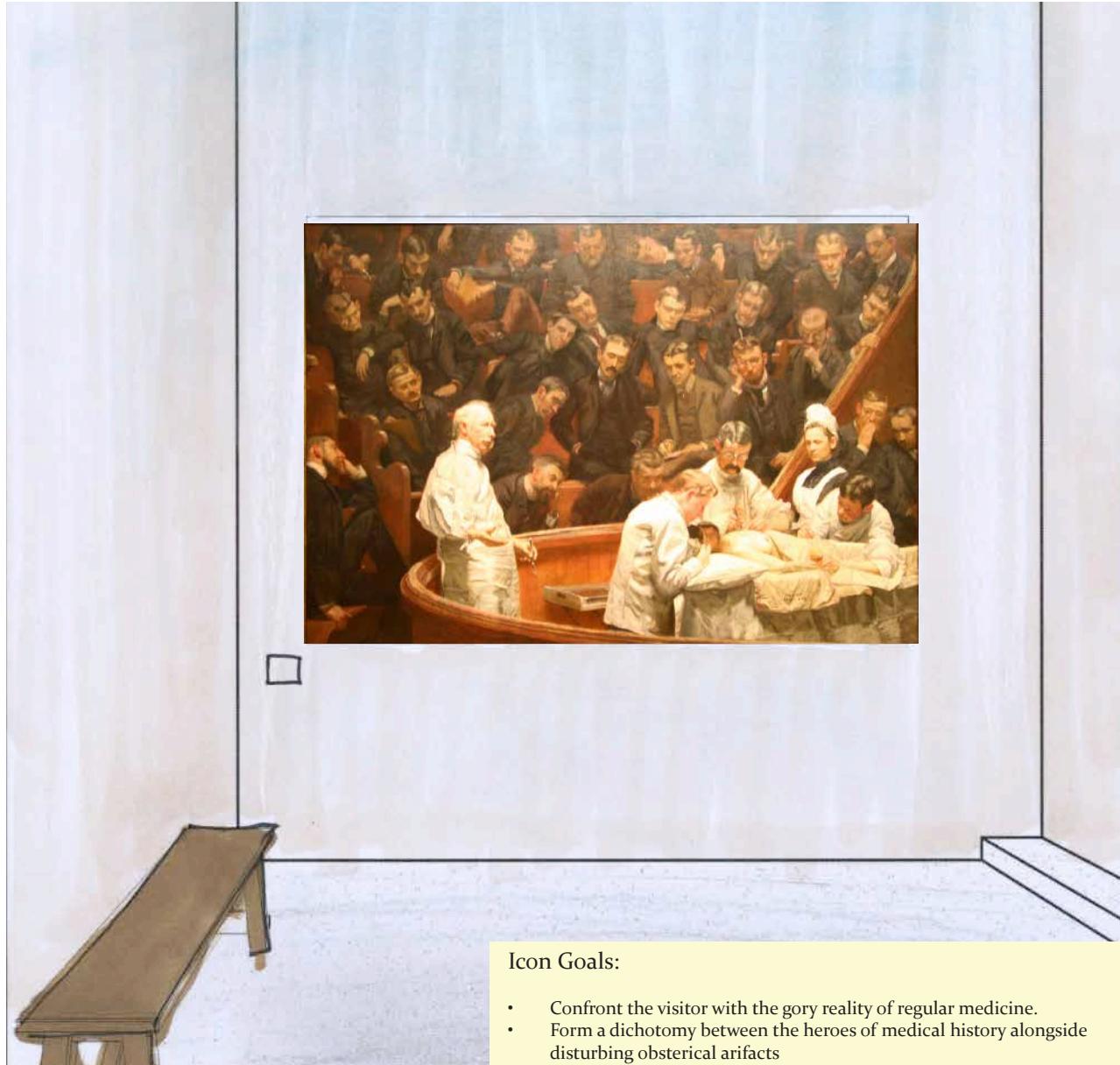
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Dumbstruck, they both walked towards the painting, a scene from the turn of the century. It was huge, seven feet by nine feet. Bare handed surgeons stood around a nude woman lying prone on an operating table. Above, rows and rows of men in suits looked down upon her, some intent and some seemingly bored. A bench was situated to the left of the painting. They sat and stared, slack jawed. Peaceful blue light filtered in from somewhere above. They noticed that the ceiling in this area was much higher. With the painting and the cool natural lighting that fell from above made it felt like a temple. They checked the ID label on the painting.

"The Agnew Clinic, Thomas Eakins".

"Wow. It's a gorgeous painting but now... knowing what I know, it feels wrong to me. All these men just staring at her. The only other woman in there is that nurse and she looks so zoned out"

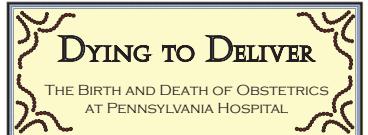
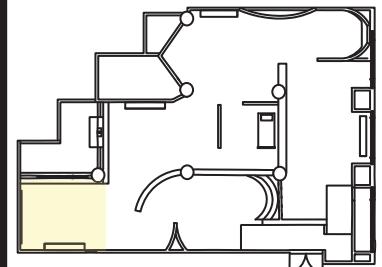


Icon Goals:

- Confront the visitor with the gory reality of regular medicine.
- Form a dichotomy between the heroes of medical history alongside disturbing obstetrical artifacts
- Display relevant material culture in a way to maximize emotional impact.

ICON EXPERIENCE

WALKTHROUGH



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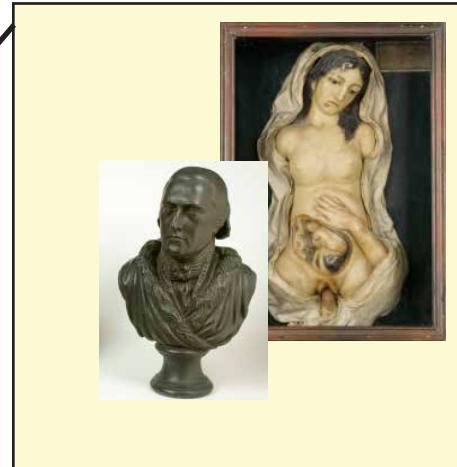
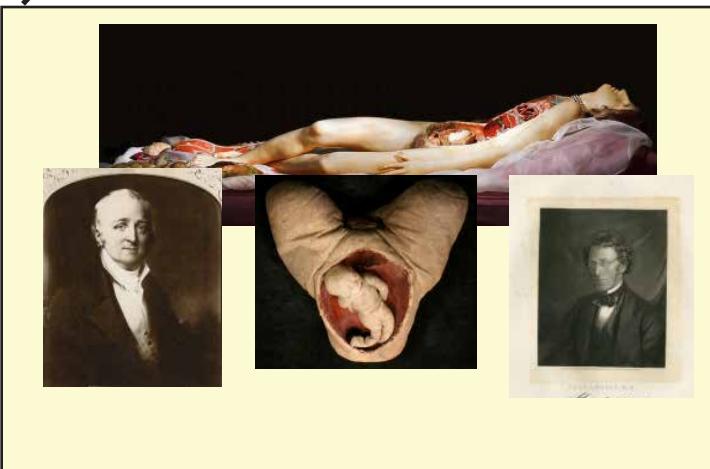
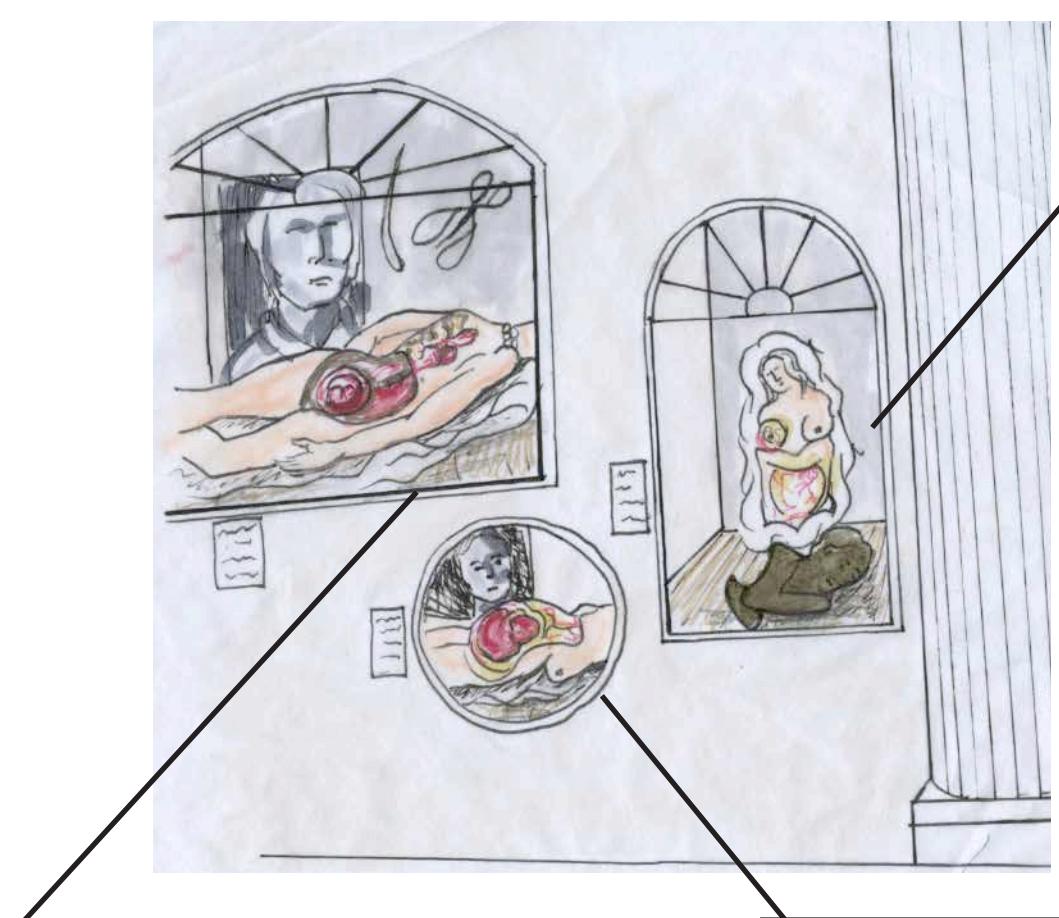
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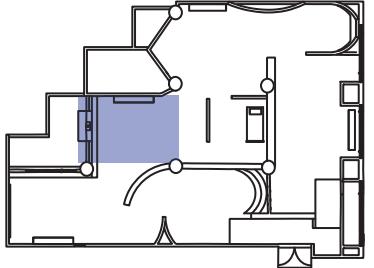
To the right, a tall plaster wall with a decorative column was studded with windows. They got up from the bench to look through them and gasped at their contents. Each window was a macabre diorama of upturned busts of men, portraits of men, and seemingly dismembered women. Upon reading their accompanying labels, They found out that these "dismembered" women were anatomical teaching tools and mannequins used to train new obstetricians. The busts and portraits were learned regular doctors of the Pennsylvania Hospital. Knowing what they were didn't necessarily make them feel less uneasy about them.

"But why... why? Why did they need this creepy doll? Why is she wearing a necklace? Who are these men? What is going on here?"

The two of them rounded the corner, hoping to find answers.

A MATTER OF CLASS

WALKTHROUGH



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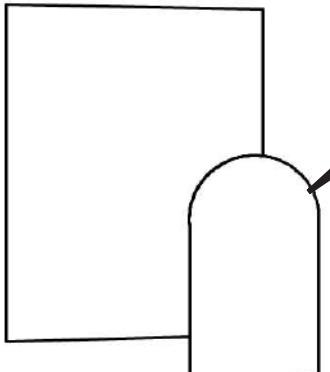
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Section goals:

- Introduce the nature of the controversy surrounding the opening of the Lying-In department at Pennsylvania Hospital.
- Contextualize that controversy with a similar one from contemporary women's health.
- Display regular medicine artifacts from the history of obstetrics.

Image credit:
Nick Anderson, 2007



Another brass plaque on the wall read "A Matter of Class". To the right of it was a panel titled "It'S Obscene!" The panel detailed the controversy surrounding the opening of the Lying-In department. Apparently, it was thought that having pregnant patients near regular patients would encourage immoral behavior!

"Well that's stupid." Opined the Penn student. "I'm glad that doesn't happen anymore."

"Well actually", the Uarts student said, pointing at the sub panel titled 'Laying Blame', "This is still happening. Remember when people got riled up over the HPV vaccine, even though it could save millions of lives because they thought it would encourage teenage girls to go have more sex?"

"Oh" He replied, grimacing. "Yeah I do remember that." The pair moved on.

A MATTER OF CLASS

To the right, inset into the wall was a cove with a case at waist height. Inside the case was a large book, turned to a page that depicted a man in a suit reaching up into the dress of a woman who looked away distractedly. In the cove above the case was a tall panel

Around this panel was a smorgasboard of brutal looking obstetrical tools. The Uarts student shrank away a little, unconsciously holding her lower belly as if to protect it from the artifacts. Her date was also pretty uncomfortable and they moved on. A bench to the right of the case stood in front of a blown up wall graphic of the illustration in the book, identified as "Touching the Female". Up close they could see how painfully awkward this procedure was for everyone involved.

Touching the Female

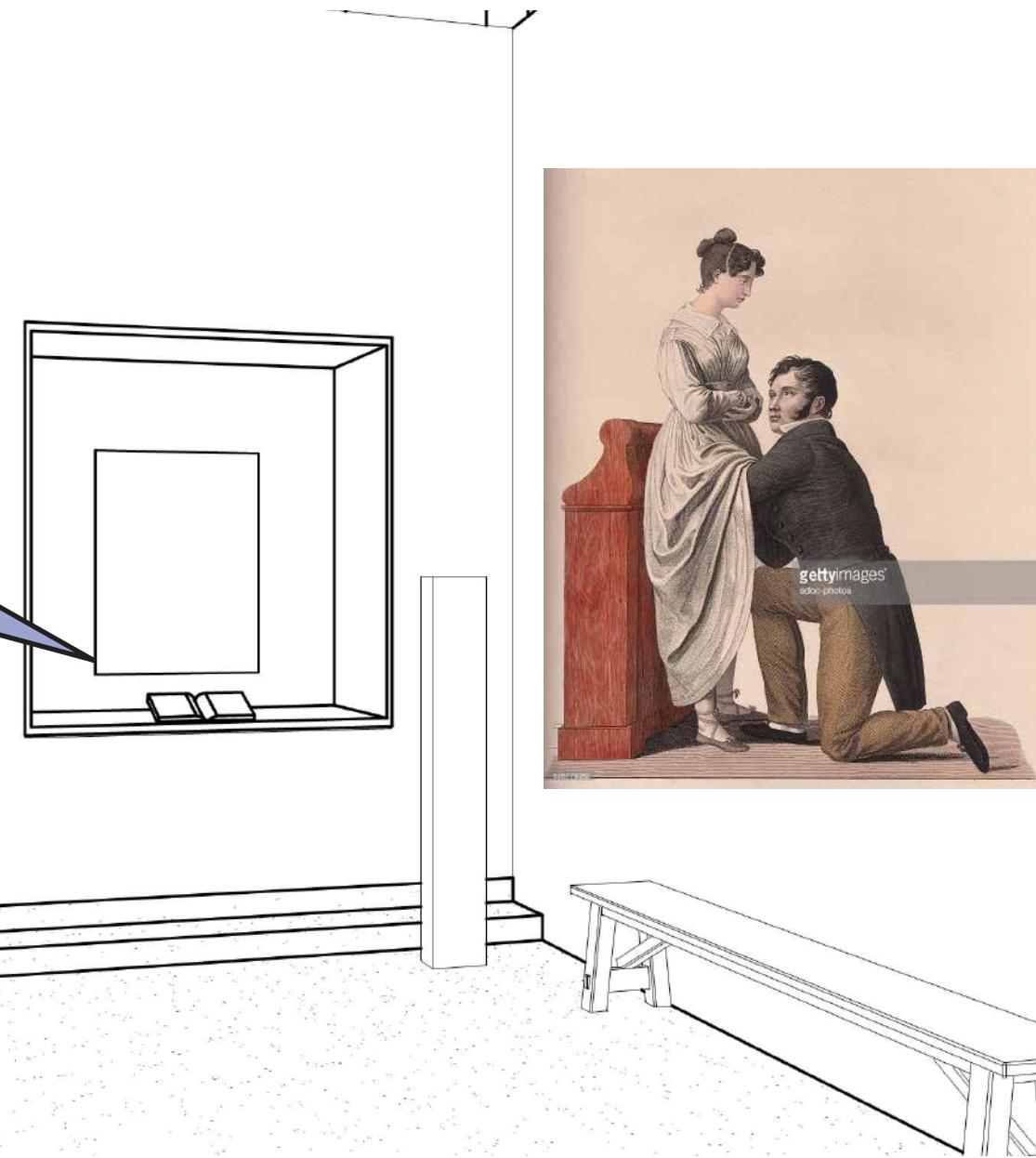
Regular medicine brought its own standards to Obstetrics.

Victorian and Edwardian mannerisms, fashion, and high moral integrity were the hallmarks of a good regular physician. Men obstetricians were trained to distance themselves from the reality of the sex of their patient by any means possible. For a time, they were trained to work by **touch alone**, using maneuvers like the one in the book below, called "Touching the Female". Looking at their patients genitals would be **improper** and **scandalous**.

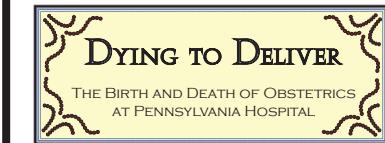
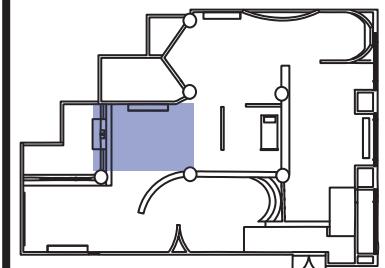
Regular obstetricians also set their art apart through the use of **tools** like these, which only male surgeons could purchase.

Word count: 99
Panel Goals:

- Present the dichotomy of prudish victorian sensibilities governing obstetrics with the visceral horrorshow that is a cranioclast.



WALKTHROUGH



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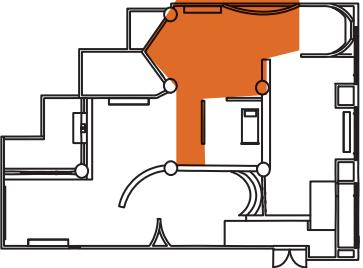
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DYING TO GIVE BIRTH

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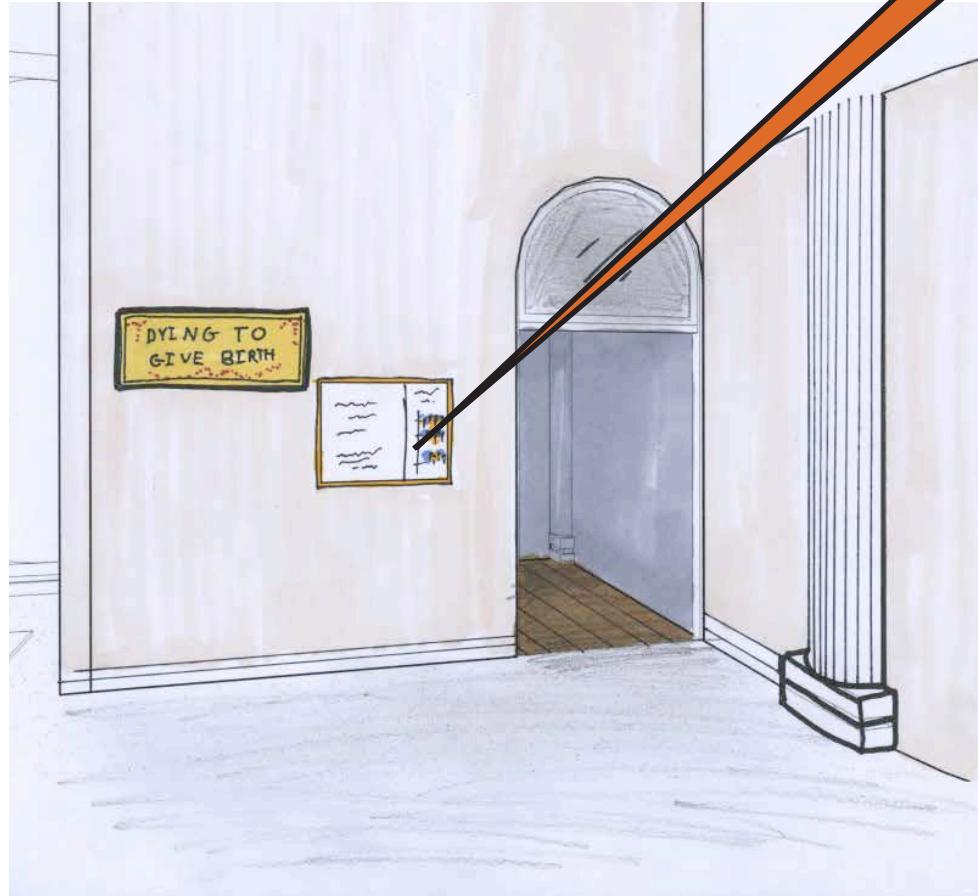
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Moving on, they saw another brass plaque that read "Dying to Give Birth" Underneath this sign was a panel that detailed the birth of "Heroic Medicine" and in an attached graphic, illustrated the rapid decline in the numbers of working midwives in Philadelphia. A small sign to the right of a doorway invited them to find out what it was like to be a patient. Given what they had seen already, the pair approached the doorway with caution.

Doctors, reacting to threats from the still popular Irregular schools, started practicing an extreme and dangerous form of their art. It was aggressive, it was "bold and dramatic" They called it Heroic.

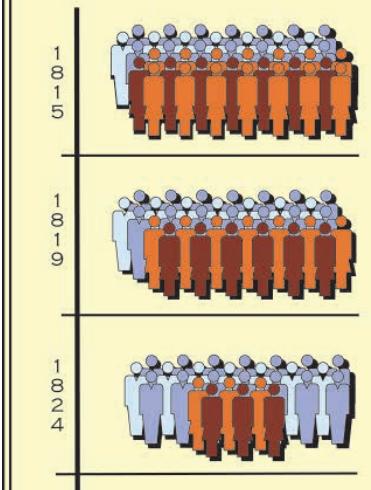
"I drew from many persons 70 and 80 ounces in five days, and from a few a much larger quantity... Never before did I experience such a sublime joy as I now felt in contemplating the success of my remedies. It repaid me for all the toils and studies of my life"— Benjamin Rush

Panel Word Count: 87

Panel Goals:

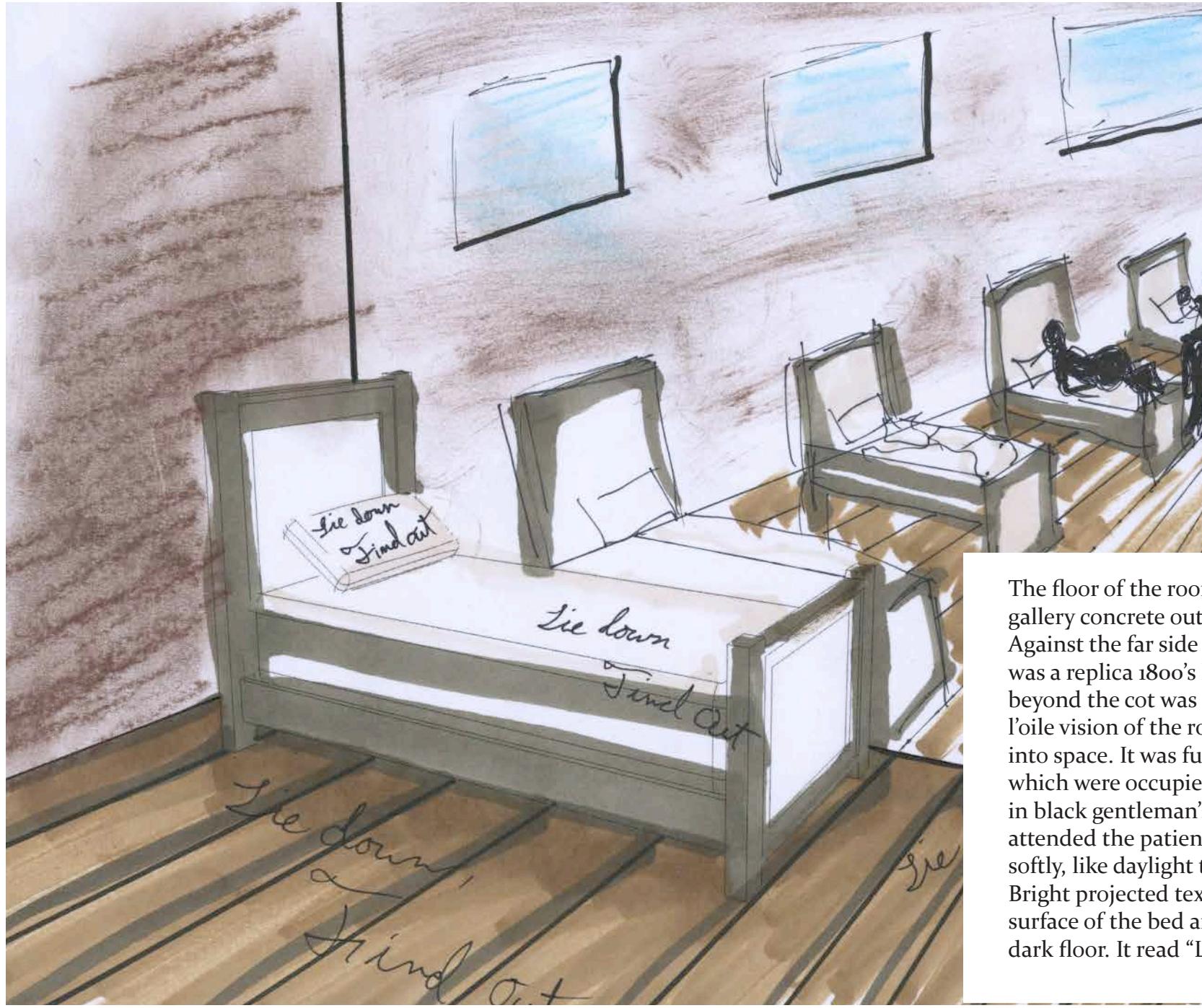
- Transition visitors from one thematic area to another
- Introduce the concept of Heroic medicine
- Sidebar explains the shrinking numbers of midwives in Philadelphia.

As regular medicine fell into favor, the number of women practicing midwifery dropped. Over a nine year span, the number of women practicing midwifery in Philadelphia dropped from 21 to just 6 by the middle of the 1820's.



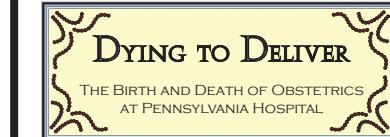
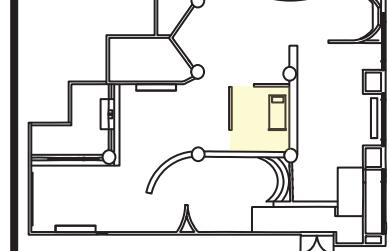
Section Goals:

- Provide factual information about Puerperal Fever, its causes and its treatments.
- Provide an emotional interactive experience to connect visitors with the content.



THE BED

WALKTHROUGH



The floor of the room changed from the gallery concrete outside to a dark wood. Against the far side of the room there was a replica 1800's hospital cot. The wall beyond the cot was painted with a trompe l'oeil vision of the room extending back into space. It was furnished with cots which were occupied by women. Doctors in black gentleman's suits and aprons attended the patients. The room was lit softly, like daylight through curtains. Bright projected text drifted across the surface of the bed and spilled onto the dark floor. It read "Lie down to Lie In"

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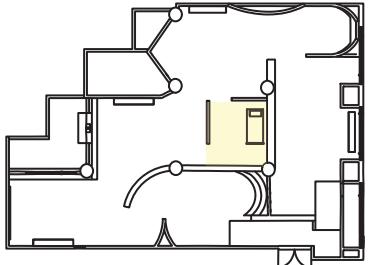
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"Well one of us has to get on the bed" said the Uarts student

"Why not both of us?" asked her date, raising an eyebrow.

"Ew. Really? Here? I just met you. You get on it"

He tentatively sat down on the cot and swiveled to lie down with his head on the pillow, noticing that the sheets seemed to be sewn in place. As soon as the pressure sensor in the bed was tripped, a series of hidden projectors covered the ceiling and floor with projected text. Sound that seemed to emanate from everywhere and nowhere filled the space to accompany the text. The entire experience lasted only 30 seconds but it felt like longer to the pair wrapped up in the story it presented.

The boy wordlessly got off of the bed and stared at it for a few seconds before the pair exited the small room. To the left of the exit doorway, another small sign read "What just happened?"

Approximate runtime: 30 seconds

Interactive Goals:

- Provide visitors with a way in to the mindset of a patient of the Lying-In Department
- Engender empathy from visitors towards the patients
- Provide a human context to the history and science they are seeing

Script . Bold indicates projected text, italic indicates audio. Items in brackets are descriptive and are neither projected nor heard.

[Pre trigger]

What was it like to Lie-In? Lie down and find out.

[Post trigger]

Am I dying?

Soft murmuring in background, male voices

I'm so cold

The surgeon says to bleed her again

Is my child well?

*The babe is healthy
Fetch a basin*

Where is my family?

*Bring more calomel
Moral corruption*

Tell them I'm sorry

[Voices die down]



DYING TO GIVE BIRTH

What Just Happened?

The patient has died. The doctors tried many heroic treatments, but the treatments just sped up her death. They will perform an autopsy on her, but if another patient goes into labor they will run straight from the autopsy to the delivery, unknowingly carrying the deadly bacteria to another new mother.

For a lot of patients, to Lie-in meant never getting back up.

Word Count: 66

Goals:

- Answer the question "What just happened?"



The sign informed them that they were dead and provided some information as to why they died. Sombered, but curious, they noticed a set of panels on the left. One had a case mounted on it that contained two bottles and a small brass instrument they couldn't identify. Upon approaching the panels, they were able to read their contents and identify the glass bottles and the device.

Calling All Heroes

November 6th, 1830

Puerperal fever infects seven patients of the Lying-In department. Three lose their lives.

For the Regular Physicians of the Pennsylvania Hospital, Heroic medicine was the ideal. For Heroic medicine, there was only one cause of sickness: **Inflammation** caused by too much liquid in the body. And there was only one treatment: **get rid of the liquid**.

[The following accompany artifacts in a case mounted on the panel]

Vomiting: Tartar emetic, a poison that induced vomiting Dittrick Collections

Bloodletting: Scarificator for draining blood Dittrick Collections

Purgung: Calomel, a powerful laxative made with mercury Dittrick Collections

Bravery and Blood

In the mind of the Heroic physician, drastic times called for drastic measures.

Bloodletting and purging seem barbaric to us now, but through most of history they were traditional treatments for every illness imaginable. Doctors took these procedures to extremes, sometimes draining pints of blood from their patients at a time.

[Image Label:]

Bloodletting circa 1860, Courtesy of The Burns Archive.

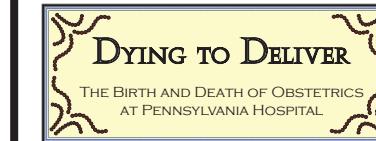
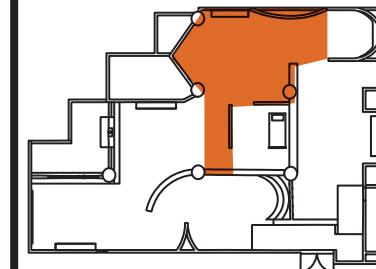
Word count (main panel) : 100

Word count (sub panel) : 62

Goals:

- Introduces some hard realities of Heroic medicine
- Displays artifacts related to Heroic medicine
- Provides a contextual reason for the use of Heroic medicine

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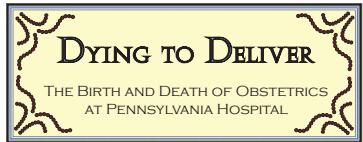
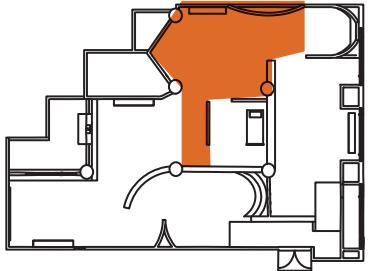
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The panel on the angled wall to the right mirrored the former in layout, but where the case had been on the first panel there was a series of rather disgusting images of bacterial infection.

"It causes Strep Throat?" murmured the Uarts student. "I used to have strep all the time as a kid"

"I guess you were lucky it was just in your throat. Flesh-eating disease... wow. How did anyone even survive?"

"A lot of people didn't. But look, that's a good point that not every cut you get gets infected. I scrape myself up all the time and I never got flesh eating disease."

Meet the Killer

Streptococcus pyogenes is a normal bacterium. It lives in the environment, all around us. It may be on your skin **right now**. It doesn't really do damage until it finds a way inside you.

Depending on how and where it enters, *S. pyogenes* can cause different diseases. In the nose and throat, it causes strep throat and scarlet fever. In the skin, it can cause necrotizing fasciitis (flesh-eating disease). In the female reproductive tract it can cause toxic shock syndrome (TSS) or **puerperal fever**.

Patterns of Pestilence

Until hospitals concentrated new mothers together, puerperal fever seemed to strike randomly, apparently caused by **inflammation, bad air**, or even a patient's **moral failure**. Without an understanding of how germs worked, and without patients in close quarters, there were no patterns to track who got sick and when.

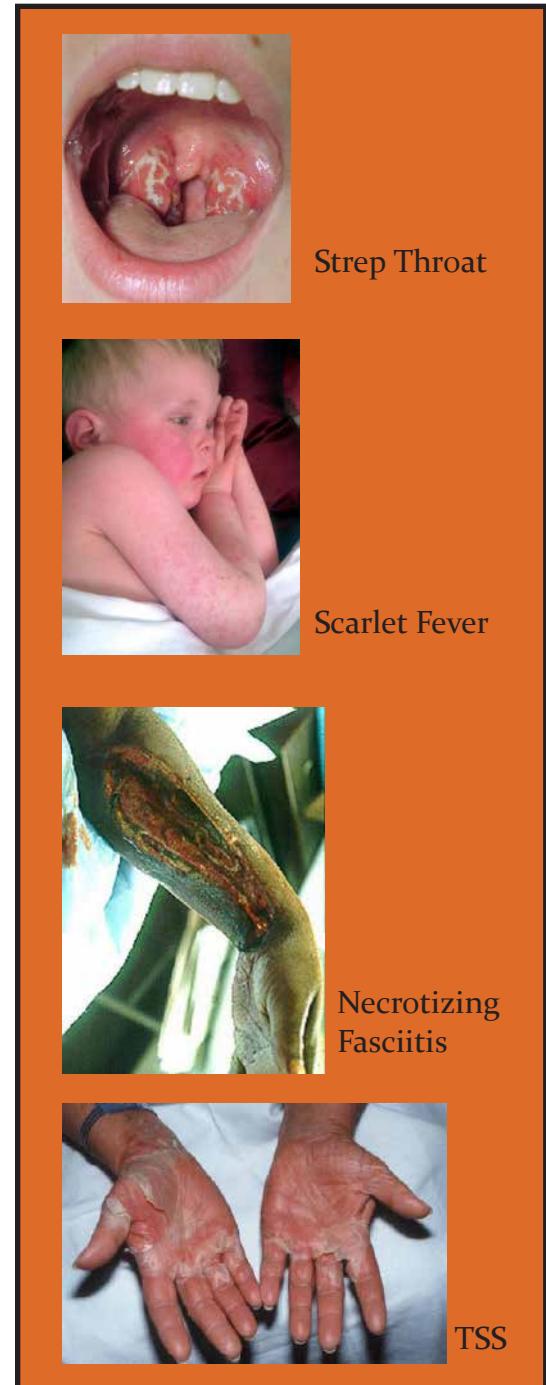
Think of it this way: Not all of your childhood cuts and scrapes got infected. If you didn't know about germs, **what would you think caused infection?**



Word Count (Main Panel): 87
Word Count (Sub Panel): 75

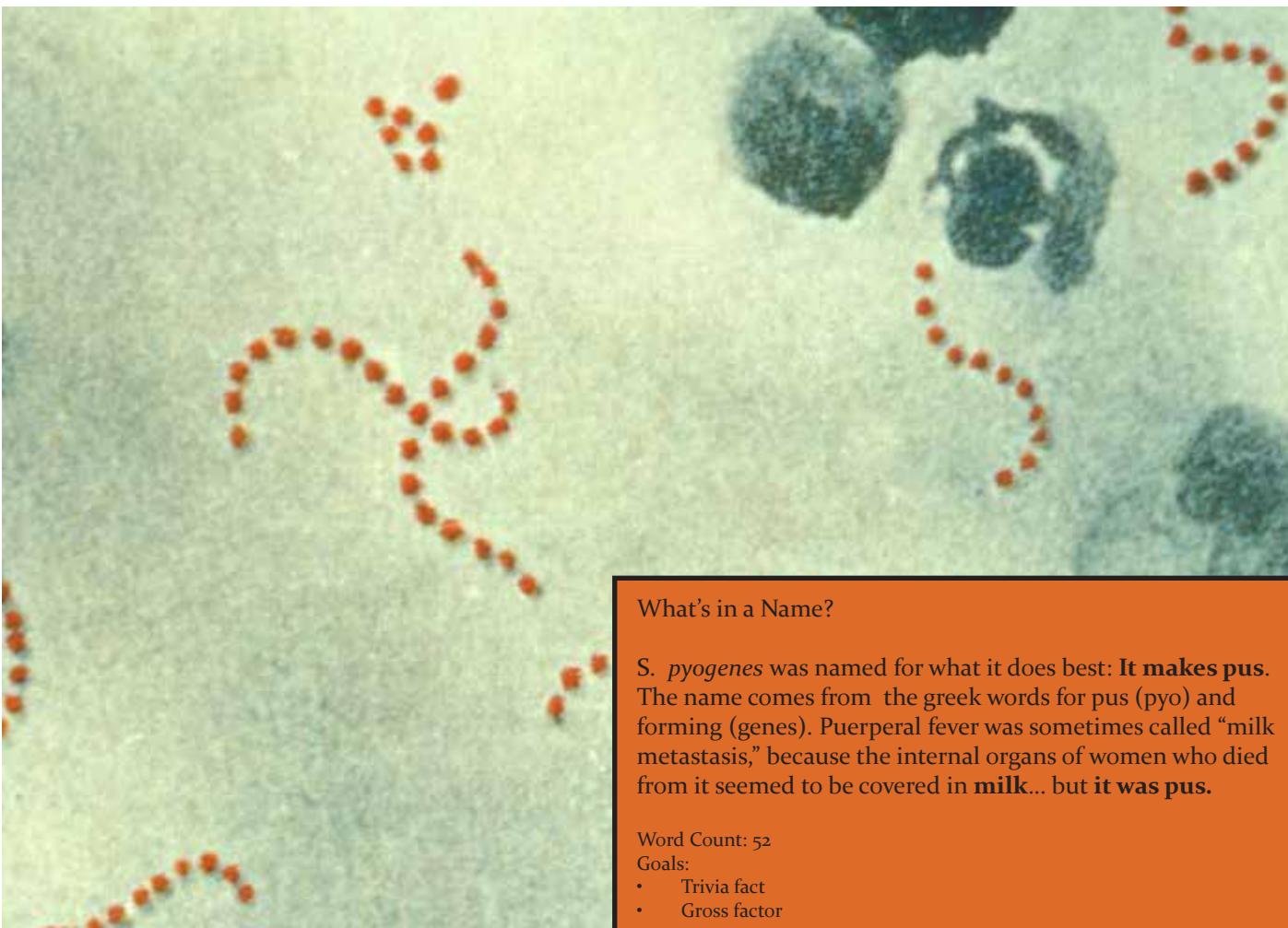
Goals:

- Introduce *S. pyogenes*
- Contextualize understanding of infection.



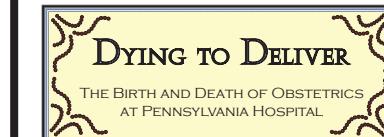
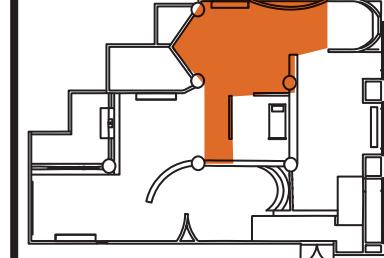
On the far wall behind a bench was another enormous vinyl graphic, this time of the *S pyogenes* bacterium itself. A small panel mounted in front of the vinyl contained more information on its name. Pyogenes: pus maker.

“Gross!” exclaimed the Upenn student.



DYING TO GIVE BIRTH

WALKTHROUGH



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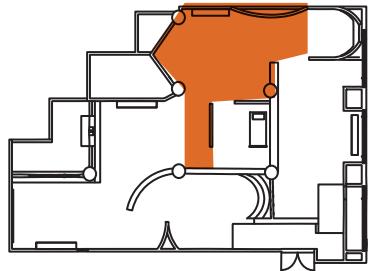
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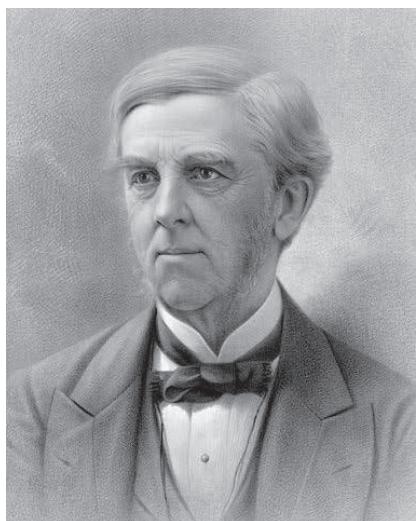
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Portrait of Ignaz Semmelweiss



Portrait of Oliver Wendell Holmes

They continued further. On a curved wall, a panel explained that the patterns of death caused by puerperal fever were being studied. It introduces Ignaz Semmelweis and Oliver Wendell Holmes, two physicians who correctly guessed that it was doctors who were spreading puerperal fever.

Developing Data

When puerperal fever struck the Lying-In department, it struck hard.

If one patient fell ill, her wardmates had a high chance of catching it too. Of those that got sick, anywhere from ten to fifty percent would die. The mysterious malady was developing patterns bred by the closeness they had fought for.

Most doctors noticed, but only two did the math.

Ignaz Semmelweis in Vienna, theorized that particles from corpses caused the fever.

Oliver Wendell Holmes in Boston went further. He theorized that doctors were spreading the disease from patient to patient, and he had the data to back up his theory.

But data alone wasn't going to be enough.

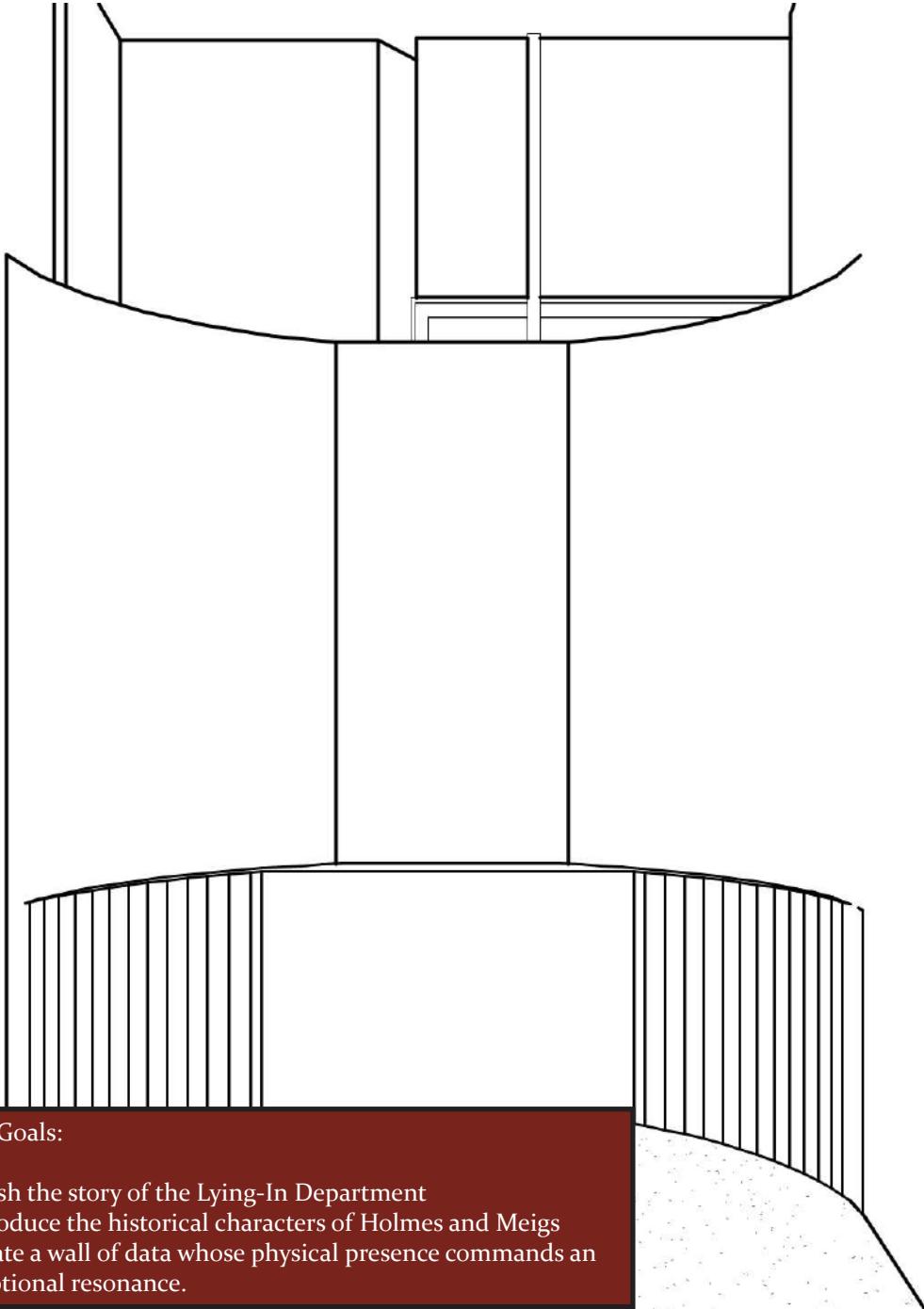
Word Count: 112

Goals:

- Introduce characters and themes of next section

A GENTLEMAN'S HANDS

WALKTHROUGH



Section Goals:

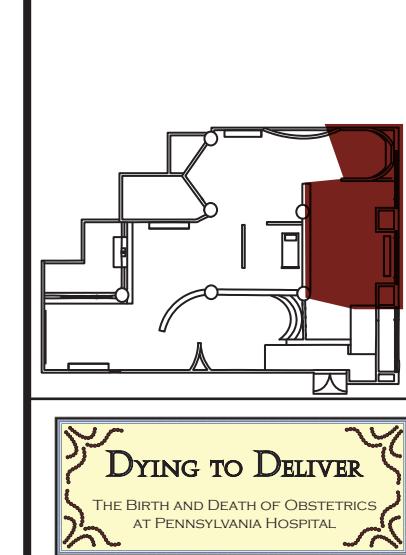
- Finish the story of the Lying-In Department
- Introduce the historical characters of Holmes and Meigs
- Create a wall of data whose physical presence commands an emotional resonance.

A small curved space towards the window wall but blocked off from the light beckoned the pair in. Inside the space was a waist high case containing two old books. One, entitled "On the Contagiousness of Puerperal Fever" was authored by O.W Holmes. The other, titled "On the Non-Contagiousness of Puerperal Fever" was written by Charles D Meigs. Above the case, portraits of the authors glared at one another as if they were about to fight for a championship belt.

"That guy looks familiar" murmured the Uarts student, gesturing at Meigs. "I think his portrait was hanging sideways in the creepy dioramas"

A central panel explained that Holmes's paper inspired a backlash from the medical community, and no one was more vocal in his opposition than Charles D Meigs, the head of the Lying-In department at Pennsylvania Hospital. His famous refutation dominated the bottom of the panel:

"Doctors are gentleman, and a gentleman's hands are always clean."



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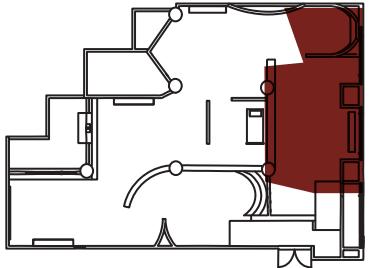
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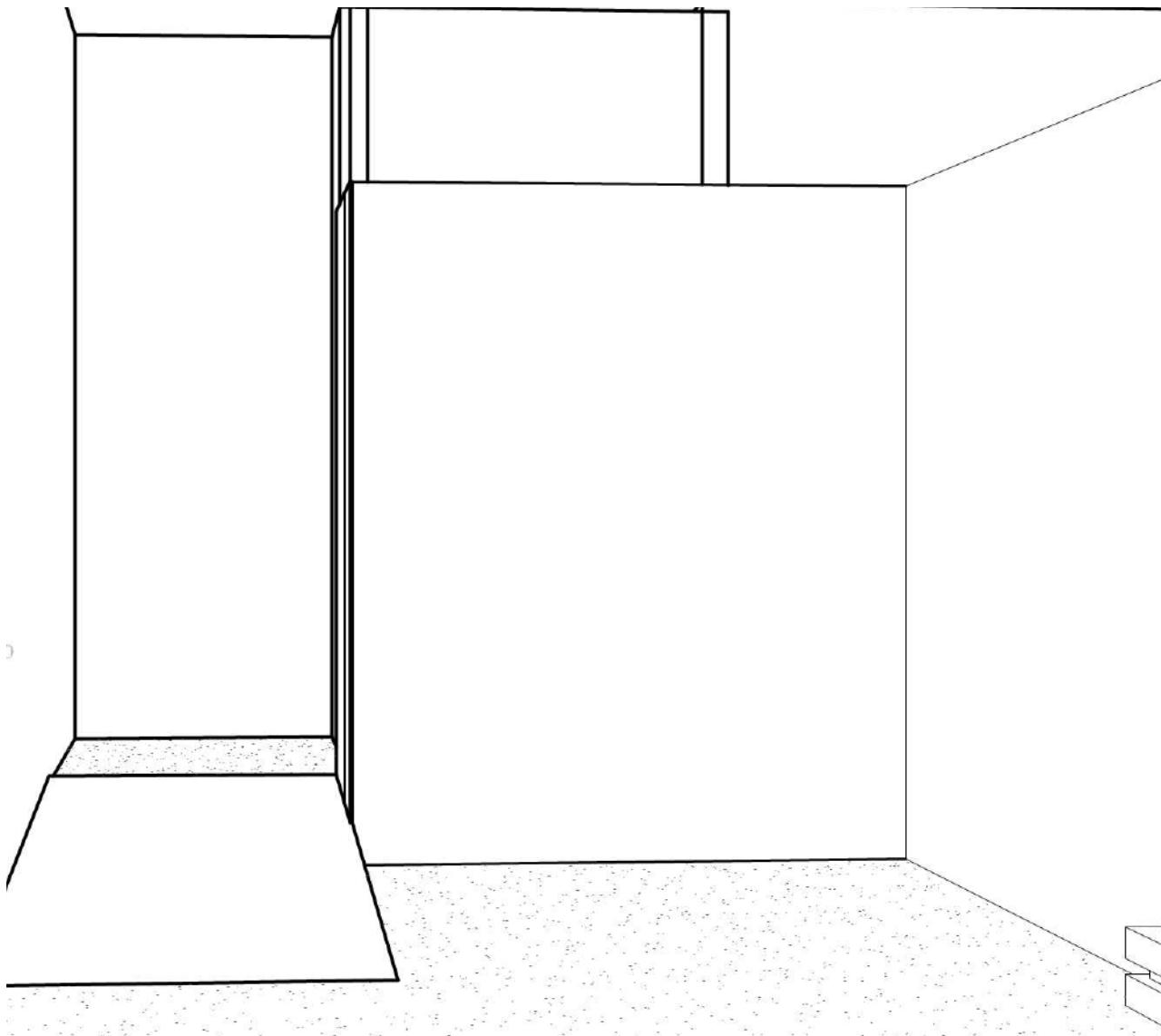
The pair moved out of the shadowed nook and entered the final section of the exhibition. It was open and full of light spilling in from broad street. A bench sat against the window, allowing visitors to sit and study the opposite wall. That wall was dominated by an enormous line graph where time started at 1843 and moved on to 1853. The line that dipped up and down horizontally across time was, to their horror, the number of deaths in the Lying-In department. Along the graph, sections were called out to continue telling the story begun in the book nook. Holmes and Meigs fired publications back and forth, sometimes aided by their friends until the timeline stopped in 1954, when the Lying-In department was permanently closed.

The message was as clear and enormous as the wall it was written on: The medical establishment in Pennsylvania Hospital spent eleven years bickering about gentlemanliness and scholarship while their patients died in their hands.

They were both pretty angry about that.



A GENTLEMAN'S HANDS



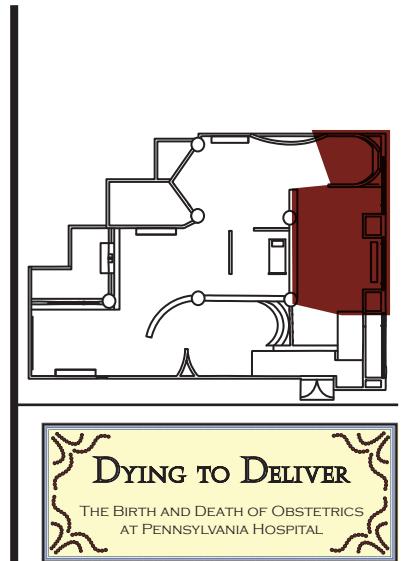
"This is wrong" began the Upenn student.
"They had the data. It was so clear."

"They didn't care about the facts" replied the
Uarts student, shaking her head. "They only
cared about their reputation"

The last panel in the section explained that Pennsylvania Hospital shut down its Lying-In department after a final epidemic killed half of their patients. They wouldn't offer maternity services again for another seventy-five years. Puerperal fever continued to kill large numbers of patients for another twenty years, until Joseph Lister popularized the practice of sanitation.

"That's the biggest 'not my problem anymore'
move I've ever seen" said the Upenn student.
"Out of sight out of mind right? That's terrible"

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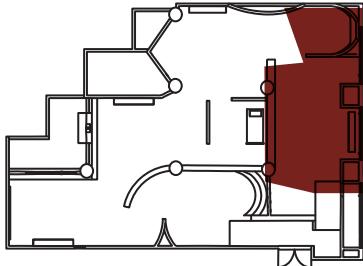
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They moved toward the exit, passing two more panels. One asked: Are we Better? The short answer was no. Modern examples of doctors and politicians ignoring women's health data to maintain a moral standpoint or professional appearance covered the board. The adjacent board asked: Can we get Better? The short answer was yes. Examples of local and national awareness and advocacy groups were displayed, as well as websites to visit to find out more about them. The Upenn student took a photo of one segment on his phone, while his date wrote a link down in her sketchbook. They walked up the ramp and out into the hallway near the security desk.

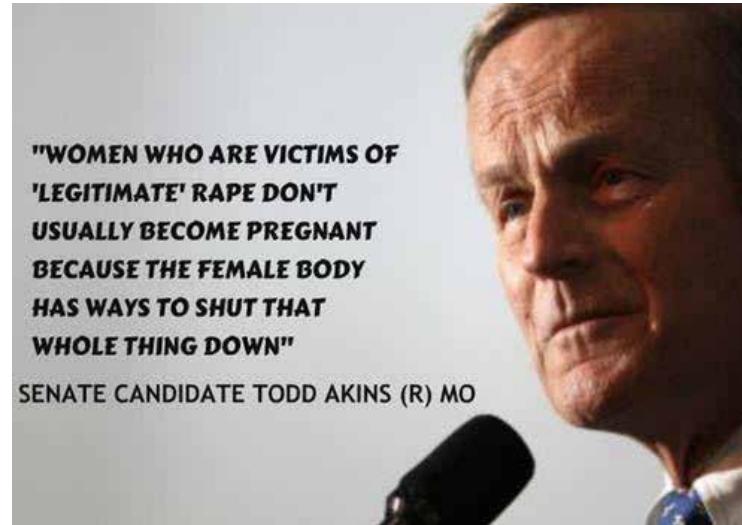
"Well..." she started

"I had a great time and I learned a lot" he finished with a grin.

"Oh! Great, well, you wanna do this again sometime?"

"The Mutter has a show up about post-mortem decay."

"You had me at post-mortem decay."

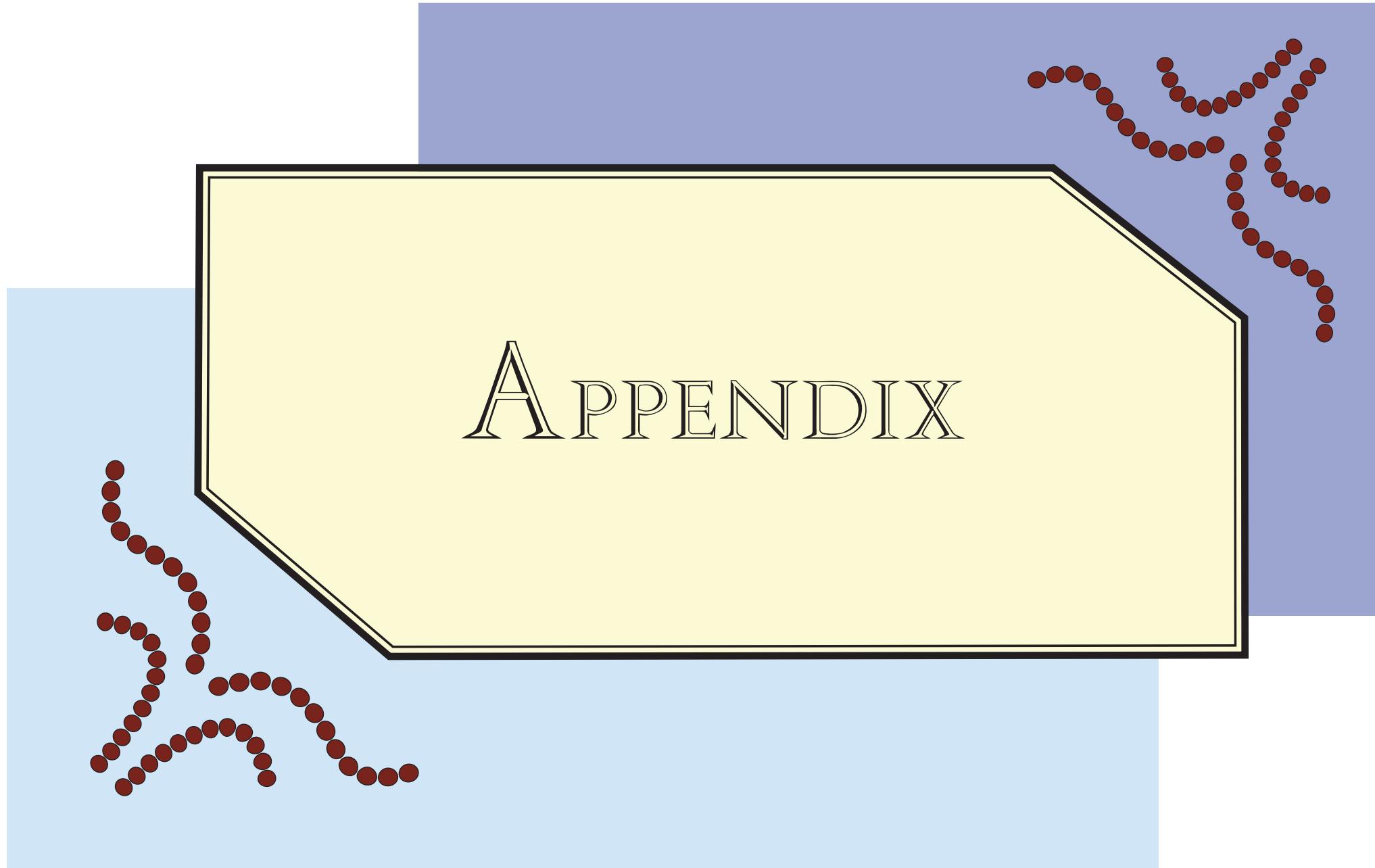


ARE WE BETTER?



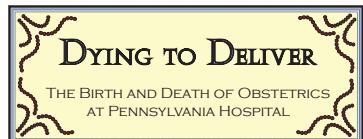
CAN WE GET BETTER?

APPENDIX



GRAPHIC IDENTITY

APPENDIX



CLIENT:

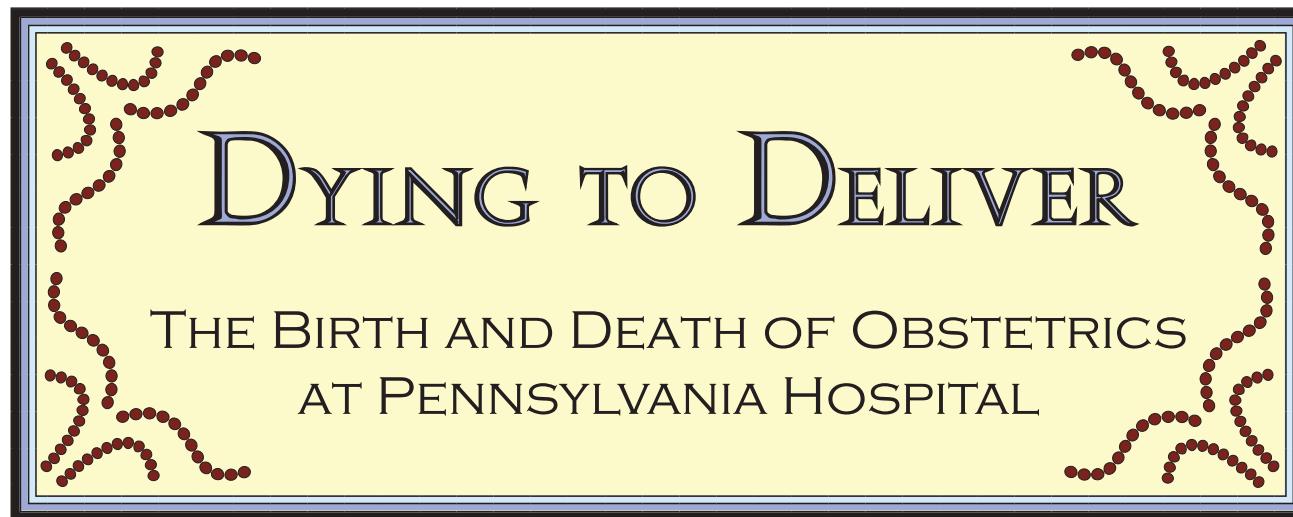
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215-512-1339

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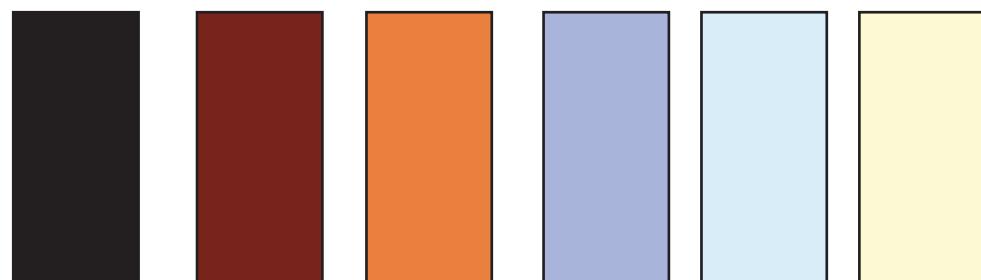
32



STOWE OPEN FACE

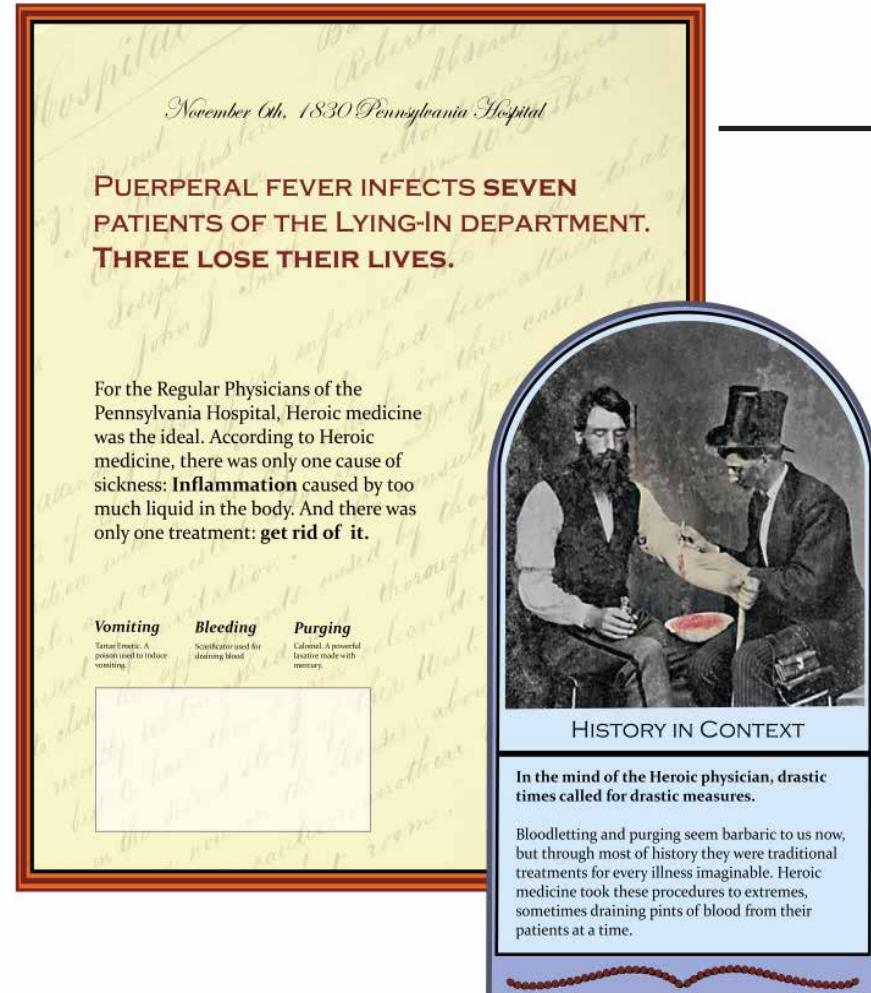
COPPERPLATE GOTHIC LIGHT

Constantina



C: 0 M: 0 Y: 0 K: 100	C: 31 M: 91 Y: 91 K: 40	C: 6 M: 71 Y: 100 K: 0	C: 37 M: 29 Y: 0 K: 0	C: 15 M: 3 Y: 0 K: 0	C: 1 M: 0 Y: 25 K: 0
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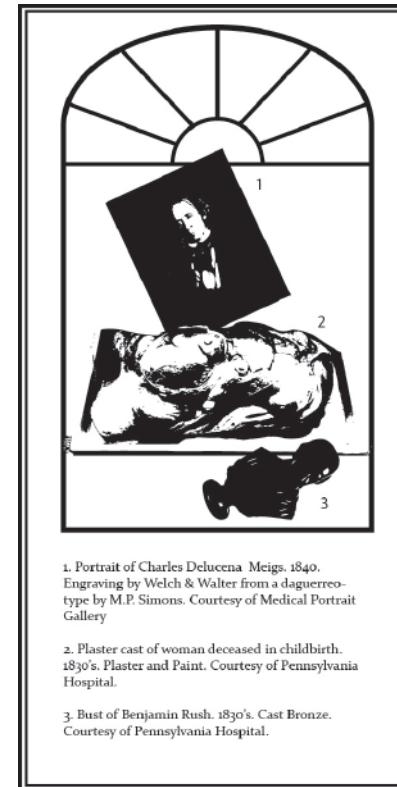
GRAPHIC TYPES



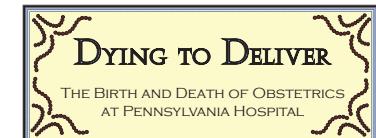
PANEL TYPE A

PANEL TYPE B

ID LABEL TYPE B



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GRAPHIC TYPE	DESCRIPTION	SIZE	PURPOSE
H	Section Header	30" x 12"	Introduces thematic sections.
P-A	Panel Type A	33" x 44"	Contains primary information and narrative.
P-B	Panel Type B	17" x 30"	Contains secondary or contextual information and narrative.
P-C	Panel Type C	29" x 23"	Can contain tertiary information, or can be used alongside interactives.
ID-A	ID Label Type A	4" x 2"	Basic ID label accompanying one item.
ID-B	ID Label Type B	9" x 4"	Complex ID label accompanying multiple items, identifying them by silhouette.
W	Wall Graphic	Varies	Adds color to walls, and provides visitors with a close up of relevant imagery.

GRAPHIC TYPES

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SECTION HEADER

A panel with a black double-line border. At the top, the text "WHAT'S IN A NAME?" is written in a serif font. Below this, there is a paragraph of text about the bacterium *S. pyogenes*. To the right of the text is a detailed line drawing of a glass milk bottle with a narrow neck and a wider base.

PANEL TYPE C

ID LABEL TYPE A

Copy of "Nouvelles Démonstrations
D'Accouchements"

Originally published in France, this obstetrical text was used to train many gentleman physicians.

Published in 1822. Reproduced in 1922.
Courtesy of University of Delaware Libraries.

GRAPHICS SCHEDULE

DESIGNATION	SECTION	TYPE	SIZE	MATERIAL/FINISH
H-o	Intro	Exhibition Header	30" x 12"	Etched Brass
P-o.1	Intro	Panel - A	33" x 44"	Print on Cintra
H-1	Regular/Irregular	Section Header	30" x 12"	Etched Brass
P-1.1	Regular/Irregular	Panel - A	33" x 44"	Print on Cintra
P-1.1.2	Regular/Irregular	Panel - B	17" x 30"	Print on Cintra
P-1.2	Regular/Irregular	Panel - C	29" x 23"	Print on Cintra
P-1.3	Regular/Irregular	Panel - C	29" x 23"	Print on Cintra
P-1.3.2	Regular/Irregular	Panel - C	29" x 23"	Print on Cintra
ID - 1.1	Regular/Irregular	ID Label A	2" x 4"	Print on Gator Board
ID - o.1	Icon Experience	ID Label A	2" x 4"	Print on Gator Board
H-2	Intro	Section Header	30" x 12"	Etched Brass
ID - 2.1	A Matter of Class	ID Label B	4" x 9"	Print on Gator Board
ID - 2.2	A Matter of Class	ID Label B	4" x 9"	Print on Gator Board
ID - 2.3	A Matter of Class	ID Label B	4" x 9"	Print on Gator Board
P-2.1	A Matter of Class	Panel - A	33" x 44"	Print on Cintra
P-2.2	A Matter of Class	Panel - A	33" x 44"	Print on Cintra
ID - 2.4	A Matter of Class	ID Label A	2" x 4"	Print on Gator Board
ID - 2.5	A Matter of Class	ID Label B	4" x 9"	Print on Gator Board
WG - 2.1	A Matter of Class	Wall Graphic	Variable	Vinyl
P - 2.4	A Matter of Class	Panel - C	29" x 23"	Print on Cintra
H-3	Dying to Give Birth	Section Header	30" x 12"	Etched Brass
P-3.1	Dying to Give Birth	Panel C	29" x 23"	Print on Cintra
P-3.2	Dying to Give Birth	Panel - C	29" x 23"	Print on Cintra
P-3.3	Dying to Give Birth	Panel A	17" x 30"	Print on Cintra
P-3.3.2	Dying to Give Birth	Panel B	33" x 44"	Print on Cintra
ID-3.1	Dying to Give Birth	ID Label A	2" x 4"	Print on Gator Board
P-3.4	Dying to Give Birth	Panel A	33" x 44"	Print on Cintra
P-3.4.2	Dying to Give Birth	Panel A	17" x 30"	Print on Cintra
P-3.5.	Dying to Give Birth	Panel C	29" x 23"	Print on Cintra
P-3.6	Dying to Give Birth	Panel C	29" x 23"	Print on Cintra
WG - 3.1	Dying to Give Birth	Wall Graphic	Variable	Vinyl
H-4	A Gentleman's Hands	Section Header	30" x 12"	Etched Brass
P-4.1	A Gentleman's Hands	Panel - A	33" x 44"	Print on Cintra
P-4.2	A Gentleman's Hands	Panel - A	33" x 44"	Print on Cintra
ID - 4.1	A Gentleman's Hands	ID Label B	4" x 9"	Print on Gator Board
WG - 4.1	A Gentleman's Hands	Wall Graphic	Variable	Vinyl
P-4.3	A Gentleman's Hands	Panel - A	33" x 44"	Print on Cintra
P-4.4	A Gentleman's Hands	Panel - A	33" x 44"	Print on Cintra
P-4.4.2	A Gentleman's Hands	Panel - B	17" x 30"	Print on Cintra
P-4.5	A Gentleman's Hands	Panel - C	29" x 23"	Print on Cintra

APPENDIX



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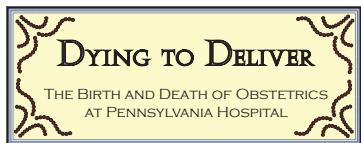
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GRAPHICS SCHEDULE

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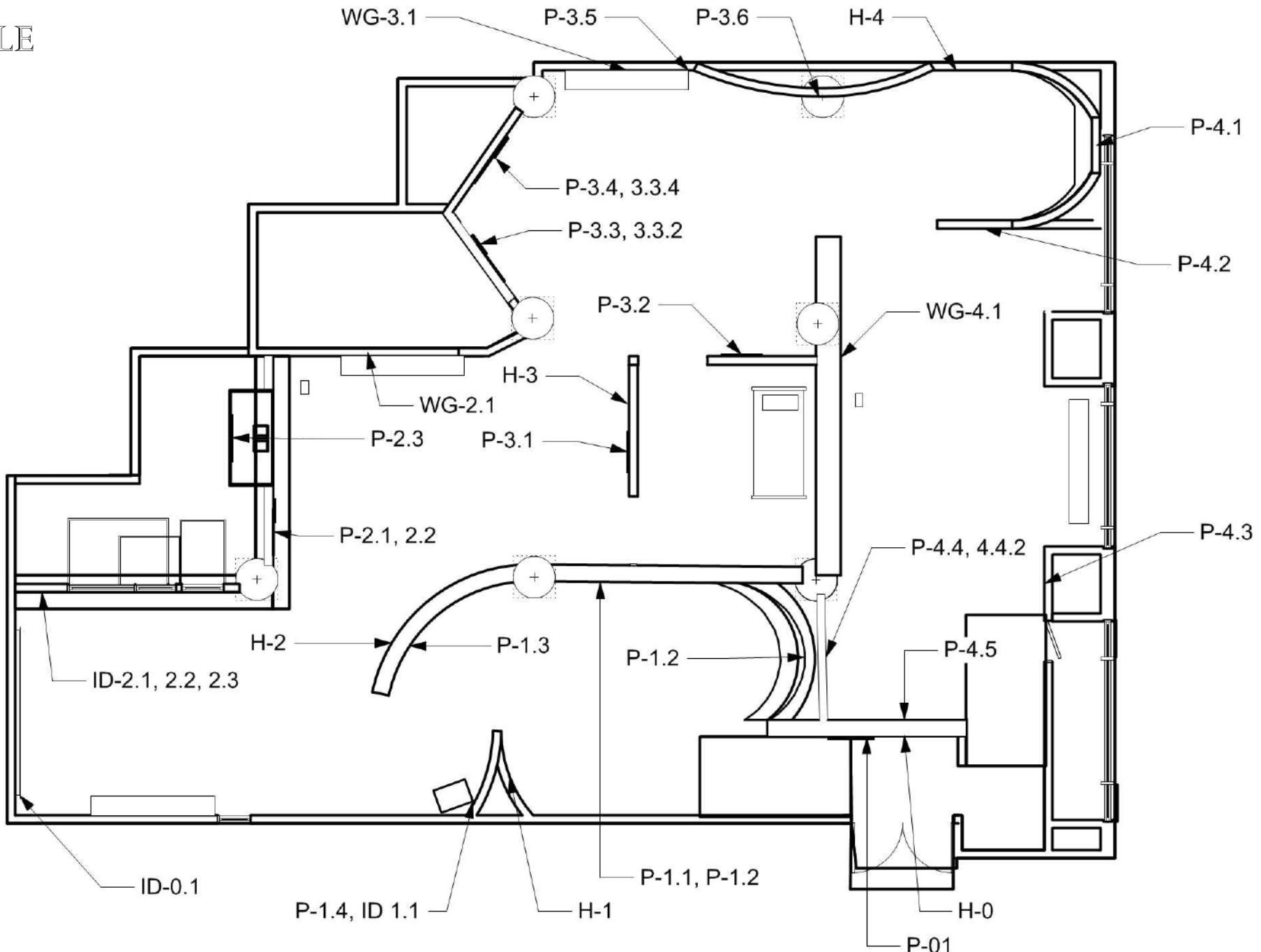
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ARTIFACT SCHEDULE

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DESIGNATION	SECTION	SIZE	DESCRIPTION	MATERIAL	NOTES
A - 1.1	Regular/Irregular	24" x 12" x 12"	Midwife's Kit	Leather, steel	No mount required.
A - 0.1	Icon Experience	9' x 7'	The Agnew Clinic	Painting	Wall hung, glass in frame.
A - 2.1.1	A Matter of Class	15" x 9" x 9"	Bust of Benjamin Rush	Cast Bronze	Lying on its side, needs custom support.
A - 2.1.2	A Matter of Class	30" x 17" x 12"	Cast of Pregnant Woman Post-Mortem	Cast Plaster	No mount required.
A - 2.1.3	A Matter of Class	16" x 21"	Portrait of Charles D Meigs	Print	Wall hung, glass in frame.
A - 2.2.1	A Matter of Class	30" x 17" x 8"	Obstetrical Wax Model	Wax	Wall mounted
A - 2.2.2	A Matter of Class	15" x 9" x 9"	Bust of Dr. Physik	Cast Bronze	Lying on its side, needs custom support.
A - 2.3.1	A Matter of Class	72" x 17" x 14"	Anatomical Venus	Wax	Custom support needed.
A - 2.3.2	A Matter of Class	9" x 12"	Portrait of Thomas C James	Print	Wall hung, glass in frame.
A - 2.3.3	A Matter of Class	9" x 12"	Portrait of Hugh L Hodge	Print	Wall hung, glass in frame.
A - 2.3.4	A Matter of Class	30" x 17" x 14"	Madame du Coudray Obstetrical Manikin	Fiber	Custom support needed.
A - 2.4.1	A Matter of Class	18" x 11" x 4"	Copy of "Nouvelles Démonstrations D'Accouchements	Book	Book mount needed.
A - 2.5.1	A Matter of Class	8" x 14" x 3"	Obstetrical Forceps	Steel	Custom mount around panel 2.2 (see elevation)
A - 2.5.2	A Matter of Class	8" x 14" x 3"	Obstetrical Forceps	Steel	Custom mount around panel 2.2 (see elevation)
A - 2.5.3	A Matter of Class	4" x 14" x 2"	Crochet	Steel	Custom mount around panel 2.2 (see elevation)
A - 2.5.4	A Matter of Class	4" x 14" x 2"	Crochet	Steel	Custom mount around panel 2.2 (see elevation)
A - 2.5.5	A Matter of Class	8" x 14" x 3"	Braun's Cranioclast	Steel	Custom mount around panel 2.2 (see elevation)
A - 2.5.6	A Matter of Class	8" x 14" x 3"	Braun's Cranioclast	Steel	Custom mount around panel 2.2 (see elevation)
A - 2.5.7	A Matter of Class	2" x 14" x 2"	Skull Perforator	Steel	Custom mount around panel 2.2 (see elevation)
A - 2.5.8	A Matter of Class	2" x 14" x 2"	Skull Perforator	Steel	Custom mount around panel 2.2 (see elevation)
A - 2.5.9	A Matter of Class	6" x 14" x 2"	Cleidotomy Scissors	Steel	Custom mount around panel 2.2 (see elevation)
A - 2.5.10	A Matter of Class	6" x 14" x 2"	Cleidotomy Scissors	Steel	Custom mount around panel 2.2 (see elevation)
A - 3.1.1	Dying to Give Birth	3" x 5" x 2"	Calomel Bottle	Glass	No mount required.
A - 3.1.2	Dying to Give Birth	3" x 3" x 3"	Scarificator	Brass, Steel	No mount required.
A - 3.1.3	Dying to Give Birth	3" x 5" x 2"	Tartar Emetic Bottle	Glass	No mount required.
A - 4.1.1	A Gentleman's Hands	18" x 11" x 4"	Copy of "The Contagiousness of Puerperal Fever"	Book	Book mount needed.
A - 4.1.2	A Gentleman's Hands	18" x 11" x 4"	Copy of "Childbed Fevers"	Book	Book mount needed.



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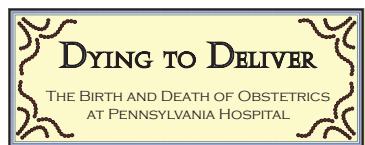
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ARTIFACT SCHEDULE

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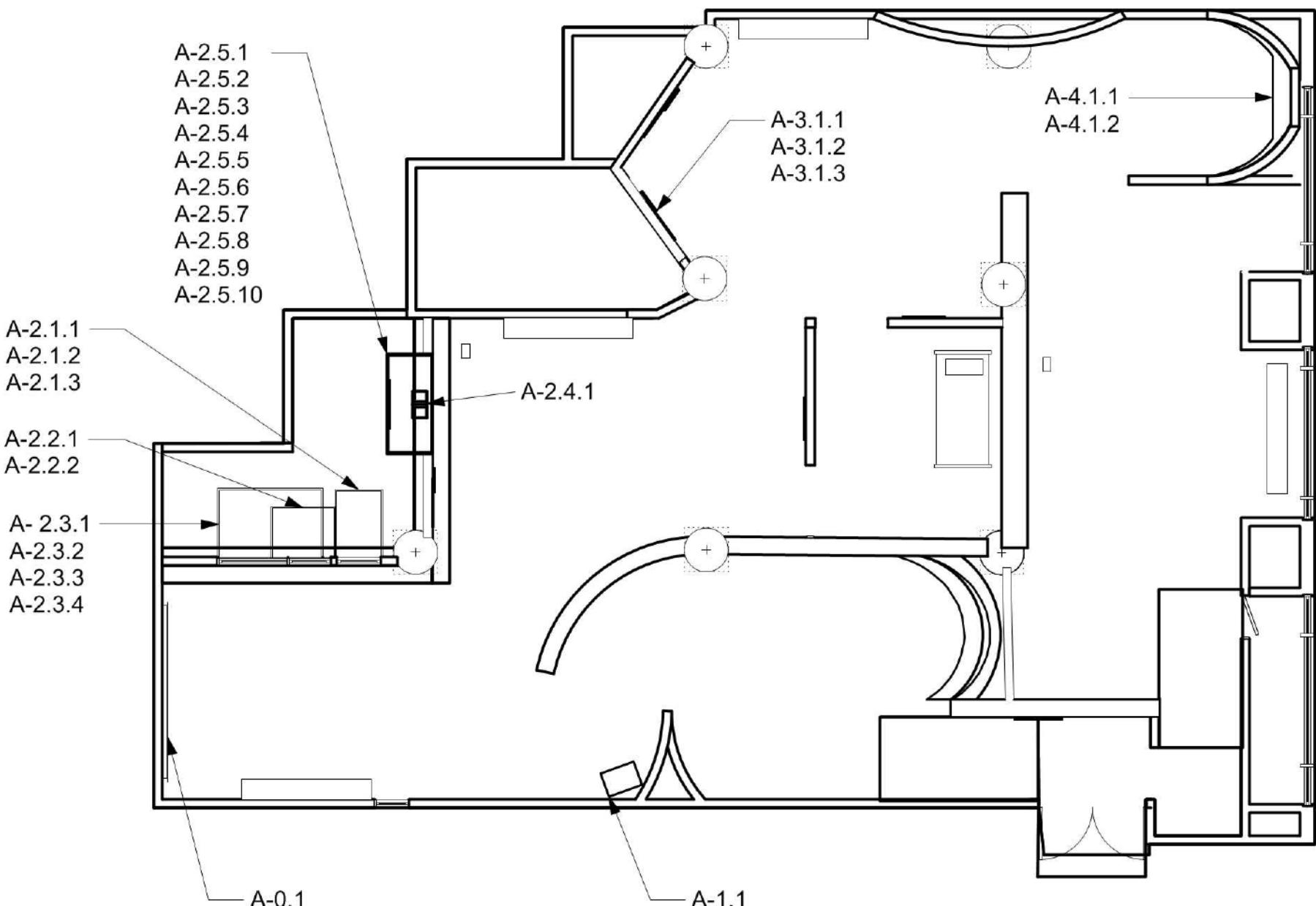
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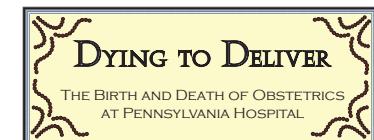
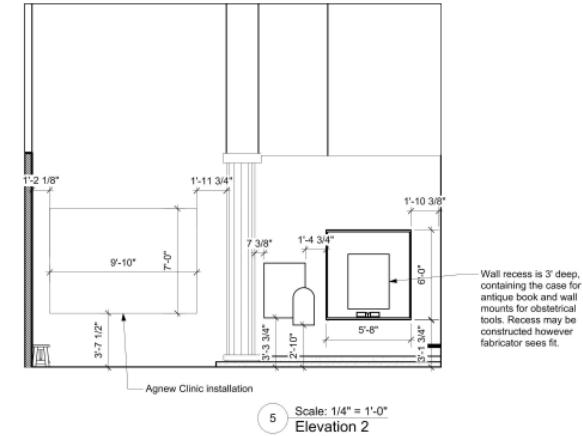
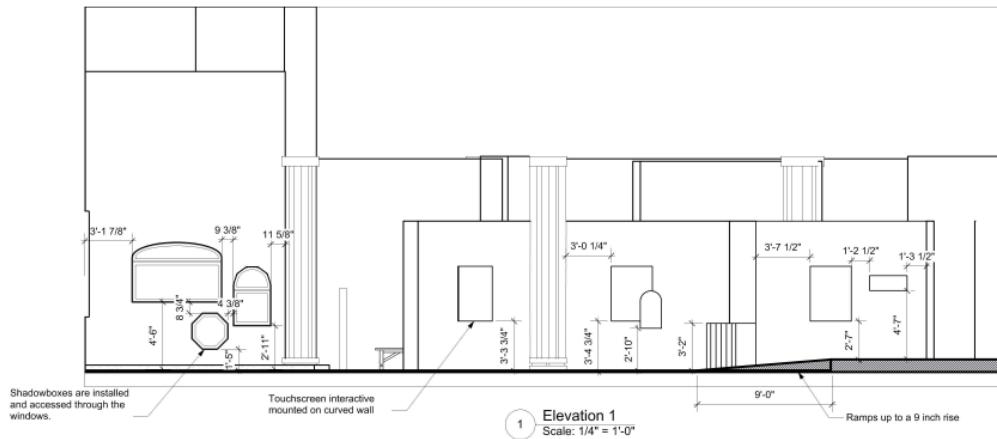
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ELEVATIONS

APPENDIX

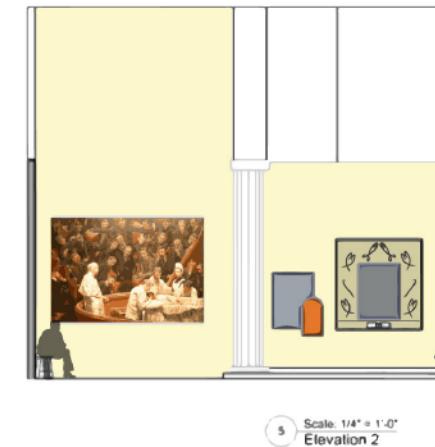


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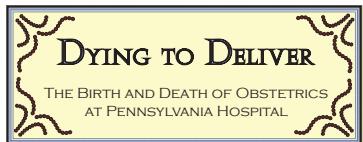
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ELEVATIONS

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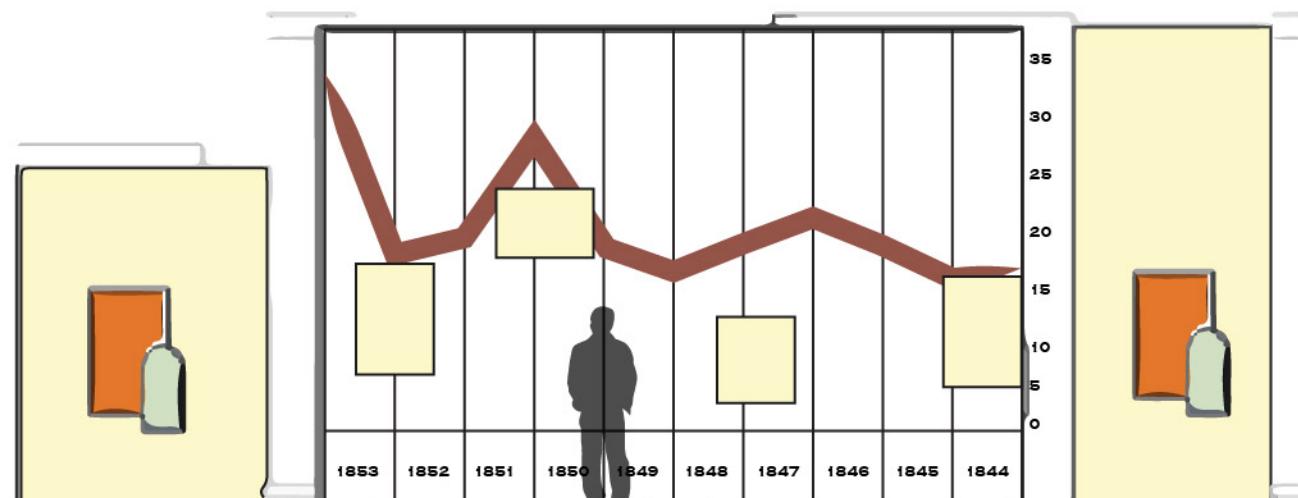
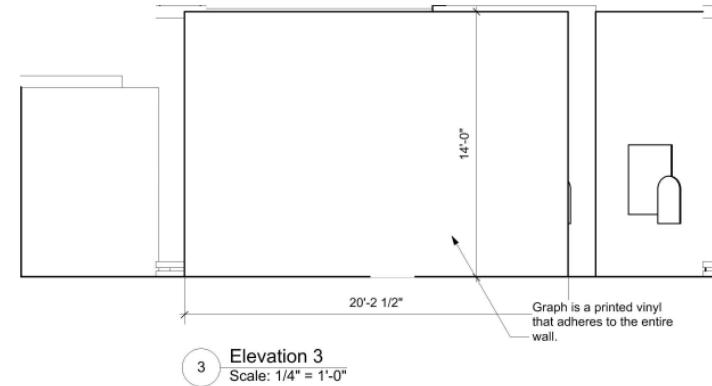
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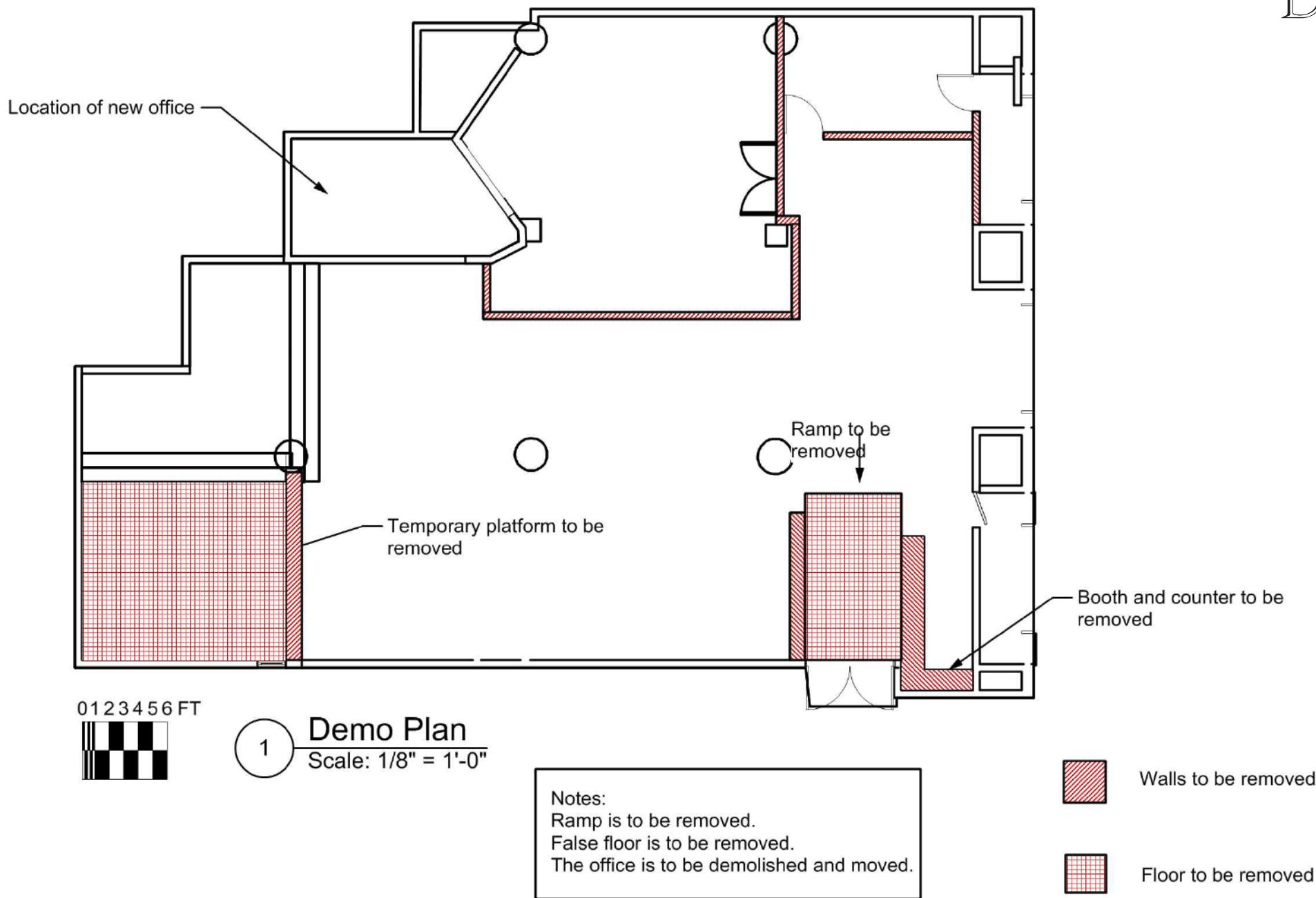
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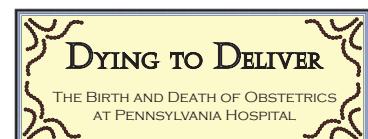


3 Elevation 3
Scale: 1/4" = 1'-0"

DEMO PLAN



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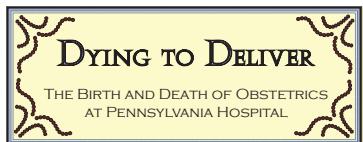
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PARTITION PLAN

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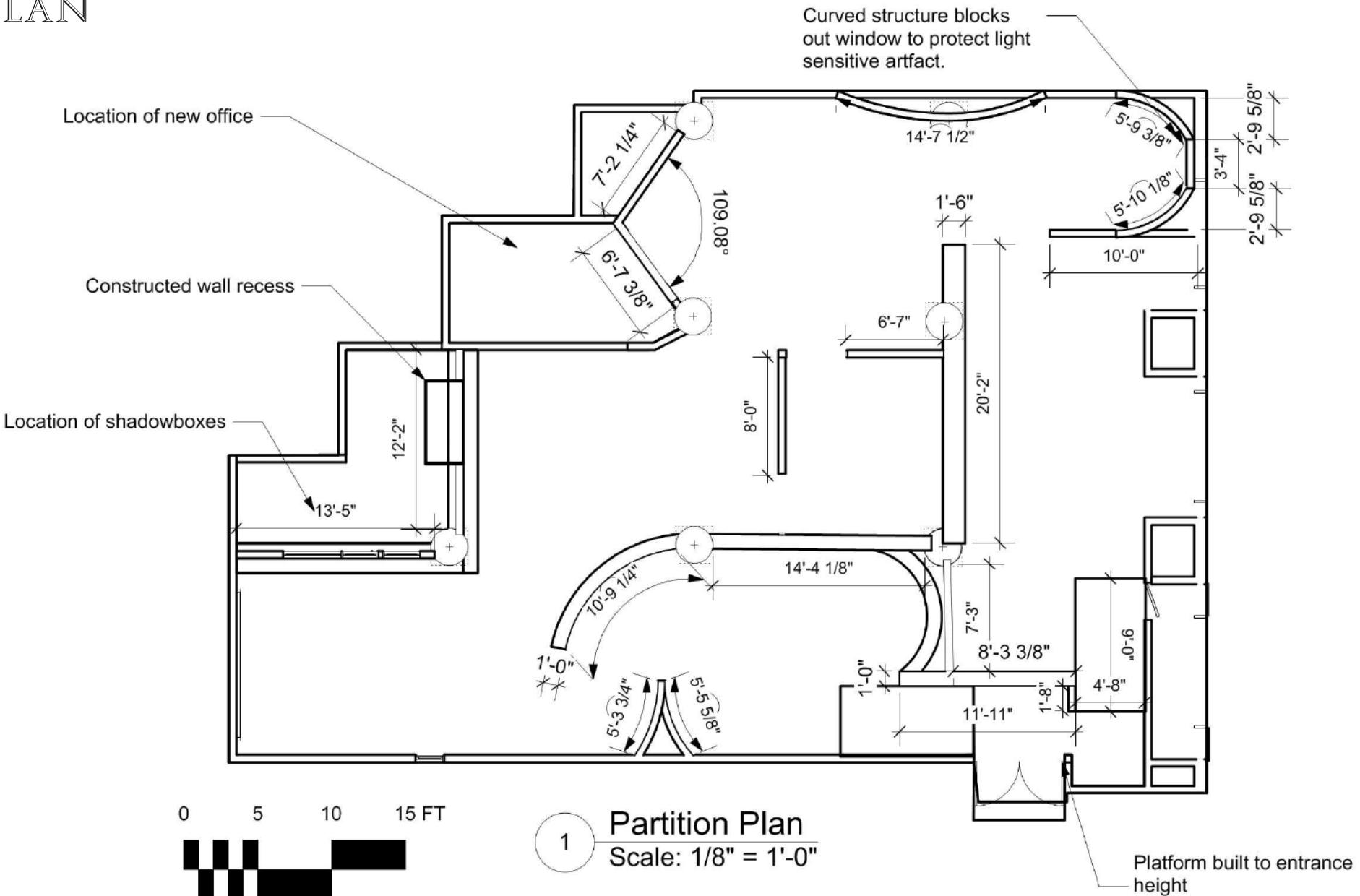
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*Unless otherwise noted, All constructed walls are 6" thick.

BUDGET

APPENDIX

SECTION	ESTIMATE	TOTAL \$
Exhibition Design & Development	154,000	154,000
Fabrication	120,000	274,000
Graphics and Mounting	43,000	317,000
Media and Interactives	173,800	490,800
Construction/Site Work	192,000	682,800
Revision - 3%	22,000	704,800
Contingency - 5%	35,000	739,800
TOTAL		739,800



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