

Fort McPherson, World War II Station Hospital Structures
Bordered by Hardee Avenue, Thorne Avenue, and Howe Street
Atlanta
Fulton County
Georgia

HABS No. GA-2282-A

HABS
GA
61-ATLA,
59A-

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

Historic American Buildings Survey
National Park Service
Southeast Region
Department of the Interior
Atlanta, Georgia 30303

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HISTORIC AMERICAN BUILDINGS SURVEY

FORT MCPHERSON, HABS No. GA-2282-A
WORLD WAR II STATION HOSPITAL STRUCTURES
(Building Nos. 109, 126, 112, 113, 114, 121 129, 131, 132, and 167)

Location: Bordered by Hardee Avenue on the east; Thorne Avenue on the south; Howe Street on the north; and Building 155, a parking lot, and Building 123 on the west. All buildings are located at Fort McPherson, Atlanta, Georgia.

USGS Southwest Atlanta Quadrangle, Universal Transverse Mercator
Coordinates: 16. 738190. 3732910 (north); 16. 738190. 3732640
(south); 16. 738410. 3732800 (east); 16. 738040. 37327800 (west).

Present Owner: United States Government

Present Occupant: United States Government

Present Use: Administrative buildings, quarters, and hospital facilities.
Twelve buildings to be demolished 1995. Six to be indirectly affected by new construction 1995. (Representative sample picked for documentation.)

Significance: These structures are significant examples of standardized building types constructed during World War II. Specifically, World War II mobilization structures represent techniques pioneered on a broad scale by the Army: the standardization of plans, the prefabrication of units, and an assembly-line approach to construction. At Fort McPherson, many of the buildings were constructed of hollow tile, representing the use of an alternate (i.e., non-wood) material for standardized mobilization construction. In addition, the hospital wards at the Fort represent "semipermanent" construction, examples of fire-resistant, more permanent wartime construction. The buildings represent the growth of station hospitals in the Zone of Interior (United States) during World War II.

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I. PROJECT SUMMARY

This Historic American Buildings Survey (HABS) documentation of ten buildings is required by a Memorandum of Agreement for a new Medical/Dental Facility undertaking at Fort McPherson in Atlanta, Georgia.¹ This new construction will result in the demolition of one Nurses Quarters and 12 G.U. (genitourinary) Treatment Unit buildings constructed in 1942, and the alteration of the setting of Station Hospital Facilities constructed in 1943. The ten buildings selected² to represent these World War II-era structures are currently situated in the original Fort area;³ specifically, in the portion of the post devoted historically to hospital functions. While they are not contained within the existing Fort McPherson National Register Historic District, the Georgia State Historic Preservation Office has found them to be eligible for listing on the National Register of Historic Places for their significance as World War II-era base structures.⁴

The majority of the structures were authorized as World War II "mobilization" construction between 1939 and 1946. Mobilization accounted for the construction of emergency structures for sheltering and training inductees, as well as for general provisioning of military installations during the peacetime and wartime build up. The first World War II mobilization series was the 700 series, issued in fall 1939. The 700 series was an updated and more durable rendition of the World War I mobilization, 600 series. The structures documented in this report were built according to other series that followed, specifically, the 800 series (fall 1941), the "New" 700 series (fall 1942) and the T.O. 700 series (October 1942).

The buildings constructed according to the 800 series belonged to both mobilization (i.e., temporary) and masonry (i.e., semipermanent) construction classifications.⁵ Those built

¹ The Memorandum of Agreement was signed by the Advisory Council on Historic Preservation, the Garrison Commander at Fort McPherson, and the Georgia State Historic Preservation Officer between October 1992 and February 1993.

² A Historic American Buildings Survey conference held at Fort McPherson on May 11, 1993 resulted in the selection of nine representative buildings for documentation. Ten buildings were actually selected to represent the types of structures to be demolished, as well as those to be affected by adjacent new construction. (There were two different types of hospital wards, identified as one type in the "Specific Instructions, HABS Documentation for the Design of Medical/Dental Clinic.") See end of this report for Instruction Exhibit.

³ In other words, not on land acquired by the Fort in the 20th century, such as the Camp Jesup and Atlanta National Guard Target Range additions.

⁴ Letter from Elizabeth A. Lyon, State Historic Preservation Officer, Georgia Department of Natural Resources, to Champney A. McNair, Jr., Director of Engineering and Housing, April 6, 1992.

⁵ These construction classifications are taken from the Army's Completion Reports, on file at the Washington National Records Center. (Record Group 77, Records of the Army Corps of Engineers, Fort McPherson Completion Reports.)

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according to the "New" 700 and the T.O. 700 series were all temporary mobilization structures intended to be demolished within five to twenty years.⁶ Temporary mobilization structures have recently been the subject of two studies that provide a comprehensive and nationally based historical context for determinations of significance.⁷ According to the studies, World War II mobilization buildings are considered significant from an architectural perspective "for their design, construction and technological innovation. Techniques such as the standardization of plans, prefabrication of units, and assembly-line approach to construction were largely pioneered in the construction of these mobilization structures."⁸ At present, no historical context statement for semipermanent (or, for that matter, permanent) World War II structures on a national scale exists, so the significance of the hospital wards at Fort McPherson --semipermanent structures--can be preliminarily based on the context statement below. (See "Evolution of the 800 Series Hospital.")

II. HISTORICAL INFORMATION

The ten representative buildings discussed below portray the significance of station (or, "base") hospitals during World War II. Specifically, the buildings signify the great expansion during the World War II years of the station hospital complex at Fort McPherson. (Earlier station hospital facilities still exist on the installation and are mentioned in the discussion below. They are not, however, documented as part of this World War II-specific HABS submittal.)

The First Hospital

Fort McPherson's first station hospital was built in 1888-89, as part of the original, 1886 installation laid out by Captain Joshua West Jacobs, Assistant Quartermaster assigned to Atlanta to supervise the construction of the post.⁹ The original hospital building, Building 171, still stands. It is a Late Victorian, two-story,¹⁰ porch-fronted brick structure built originally to 24-bed capacity. It is located immediately south of the parade ground. Within roughly a decade of

⁶ Diane Shaw Wasch and Perry Bush for Historic American Buildings Survey, Part I: The Historical Context of World War II Mobilization Construction, Draft (November 1993): 3. A study of a similar nature, produced by the U.S. Army Corps Of Engineers, Construction Engineering and Research Laboratories, offers a different timeframe for temporary structures, i.e., five to seven years. See John S. Garner for USACERL (Technical Report CRC-93/01), World War II Temporary Military Buildings: A Brief History of the Architecture and Planning of Cantonments and Training Stations in the United States (March 1993): 35.

⁷ The two studies are mentioned in Note 6.

⁸ Wasch and Bush, Part I: The Historical Context of World War II Mobilization Construction: 3-4. Much of the discussion on mobilization construction--especially that on barracks--was derived from this draft context statement.

⁹ The information on the history of Fort McPherson's development, especially with regard to hospital functions, was taken from Fort McPherson: The First Hundred Years, 1885-1985, a bound manuscript prepared by the Staff History Officer, Directorate of Plans, Training, and Security, Headquarters, Fort McPherson, Georgia; 1986.

¹⁰ Early records indicated the building had a two-story central block with one-story ward wings.

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its construction, the station hospital was called into emergency service as a General Hospital, when, in May 1898, an epidemic of typhoid broke out. General hospitals had broader medical mandates than station hospitals. Because the Fort's single hospital structure was overwhelmed by the number of patients, barracks were converted and makeshift tents assembled into wards. The base mess hall was converted into a convalescent mess hall. The hospital staff grew enormously at this time, as victims of typhoid continued to arrive at the post through June 1899.

World War I

Nearly two decades later, on June 23, 1917, the station hospital was again called into expanded operation due to World War I. The Commanding Officer of the 17th Infantry at Fort McPherson was directed to vacate the post and turn over its operation to a high-ranking medical officer. Fort McPherson was transformed virtually overnight from an Army post into a general hospital: this time, U.S. Army General Hospital No. 6. The permanent barracks along Troop Row were converted for hospital use and new frame medical buildings were constructed. Trainees from camps across the country and soldiers suffering from battle wounds were sent to Fort McPherson for treatment. The post's hospital bed capacity was strengthened to 2,400. Between August 1917 and December 1918, an estimated 10,000 patients were treated at the Fort McPherson General Hospital. In addition to caring for the sick, Fort McPherson's doctors and medical staff served as teachers for new hospital units receiving training. In 1919, the General Hospital was dismantled, and the post hospital operation returned to its former station function.

In the 1920s and early 1930s, the base became headquarters for the IV Corps Area (the military area comprising the states of North Carolina, South Carolina, Georgia, Florida, Alabama, Tennessee, Mississippi, Arkansas, and Louisiana). The station hospital was expanded in the early 1930s to accommodate this function, serving as a rehabilitation hospital for the region. Additions included: a kitchen and mess hall added to Building 171, a new wing (Building 170A) for clinic and ward space, and a dental wing and contagious ward (Building 170B).

The World War II Years

At the start of the war, in 1939, there were still only two types of Army hospitals: station and general hospitals. They numbered 124 in all: 119 station and five general hospitals. By 1943, there were over 300 station hospitals and forty general hospitals (with eighteen under construction). Station hospitals continued to serve both the local base and returning veteran populations by providing typical medical services and treatment for minor illnesses and injuries while general hospitals served those who needed complicated surgery or treatment for significant disease.

In September 1940, anticipating war, Congress appropriated nearly \$2 million to convert the barracks at Fort McPherson into a modern hospital with a bed capacity of 1,000. Two years later, the government was funding new construction at the Fort: a Nurses Quarters and a G.U. Treatment Unit, a distinct grouping of twelve structures to accommodate those suffering from

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genitourinary problems (see below) and additional facilities for the station hospital, including a series of Wards, Nurses Quarters, and a Mess Hall. These are the buildings discussed in this report. The Second Convalescent Hospital was called into service to run these facilities in 1942; the Fourth and Fifth Convalescent Hospitals ran the hospital in 1943.

Overall, during the war years, the following medical structures were added to the Fort's station hospital complex: five hospital wards (Buildings 127-131), a contagious disease ward (Building 164), two mess halls (Buildings 132 and 166), two medical laboratories (Buildings 163 and 180), and a dental laboratory (Building 47). Two barracks were built for hospital personnel (Building 178 and 179) and two were built as nurses' quarters (Buildings 109 and 167). A thirty-five-bed addition was added to the maternity ward, and the G.U. Treatment Unit was built.¹¹ Standing structures from the World War II era include: Buildings 358, 183, 185, 178, 179, 165, 163, 155, 326, 22, 27, 28, 422, 513, 168, and 514.¹²

Fort McPherson's hospital funding came just as appropriations for new hospitals were drying up. By mid-1943, new military hospital construction was slowed on a national level. In 1943-44, the Surgeon General's office diversified the medical program and introduced new hospital types: regional and convalescent hospitals, as well as hospitals for prisoners of war. Many of these newer uses found accommodations in existing hospital facilities or existing mobilization barracks. In early 1944, the Surgeon General ordered that Zone of Interior station hospitals reduce operations or close, due to the movement of troops abroad, even though 20.5 percent of all wounded admissions occurred in general or station hospitals in the United States in 1944-45.¹³

After serving their original purpose for a short time, Fort McPherson's buildings found new uses. An April 1944 site plan, revised in 1951,¹⁴ indicates that the G.U. Treatment Unit was shortlived. Its structures were functioning as follows: of the eight original barracks, three remained barracks, but five had been converted, i.e., into a recreation hall, two administration buildings, offices, and a storehouse. The larger lavatory was a latrine, while the smaller one was a storehouse. The dispensary became a hobby shop, and the mess hall was a repair shop. Building 109 was serving as a bachelor officers' quarters. Of the Station Hospital Facilities, Building 167 was still a nurses' quarters, Buildings 128 and 129 were wards, Building 130 was a barracks, Building 131 functioned as offices, and Building 132 was still the hospital mess.

Overall, approximately 120 structures were added to the post during the war years.

¹¹ Fort McPherson: The First Hundred Years.

¹² Information comes from the staff at the Directorate of Engineering and Housing, Fort McPherson.

¹³ Colonel John Lada, MSC, USA and Frank A. Reister, eds., Medical Statistics in World War II, Medical Department, United States Army Series, Office of the Surgeon General, Department of the Army, Washington, D.C. (1975): 19.

¹⁴ "Proposed Location of Steam Mains, Hospital Area, February 1951. It is unclear to when the uses date, but one assumes to the 1944-51 period.

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Amongst these was the Reception Center, a 1,000-man recruit center built in 1941 to classify and outfit draftees. The Center consisted of multiple, two-story, frame cantonment-type structures located south of the site of the G.U. Treatment Unit. It replaced the former tent site of a 1933 Civilian Conservation Corps camp.

In July 1944, the War Department issued an order that Fort McPherson be transformed into one of eighteen Army Personnel Centers across the country. Both a Separation Center for discharged soldiers and a Reception Station for the returning veterans were established. The Personnel Center added more facilities to the recently constructed Reception Center. By 1944, all of these uses would be consolidated into one building, Building 210 (an ordnance warehouse now demolished). By 1945, the Separation Center at the Fort was discontinued.

In its place, Headquarters, Third U.S. Army, found a home at Fort McPherson beginning in 1946. The Third U.S. Army is charged with responsibility for overseas combat during crises. During the Korean and Vietnam wars, Fort McPherson administered an expanded training program to produce combat-ready soldiers, then returned to its peacetime role as the headquarters of the Third U.S. Army.

In July 1973, with a reorganization of the Army, The Third U.S. Army was declared inactive and Fort McPherson became the headquarters of the U.S. Army Forces Command (FORSCOM), a command whose mission is combat readiness. It is the largest command within the Department of the Army in the continental United States. In 1982, the Third U.S. Army was reactivated and assigned again to Fort McPherson.

Currently, the G.U. Treatment Buildings serve administrative functions; Buildings 109 and 167 are quarters; Buildings 128-131 are administrative buildings; and Building 132 is the military clothing sales store.

III. DESCRIPTIVE INFORMATION

The site of the ten representative buildings selected for HABS documentation actually consists of two adjacent sites: Site A is the area of **direct** impact that houses World War II permanent mobilization buildings to be demolished, and Site B is the area of **indirect** impact that houses temporary and permanent buildings that will be adjacent to new construction. (**See General Site Map, Fort McPherson, 1984.**)¹⁵

A. SITE A

Site A is circumscribed by Thorne Avenue on the south, Hardee Avenue on the east, Anderson Way on the north, and Nininger Way on the west. The buildings in the site are

¹⁵ Today, Fort McPherson classifies the buildings in both Sites A and B as "permanent" structures.

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located north of the Forces Command Headquarters (1986) and south of the Fort McPherson National Register Historic District. To the south of the site is open space surrounding the Forces Command Headquarters. To the east of the site are small, one-story buildings, some contained within the southeastern edge of the historic district. Beyond them are the highway and tracks of the Marta train. To the north of the site are the hospital facilities of Site B (see below for description). To the west of the site is a parking lot and a Spanish Colonial Revival credit union. Several mature trees line the edges of the site, while the interior is essentially not landscaped (containing only a scattering of shrubs). Due to the highly sloped terrain, the site has been terraced from its south to north end, with drainage ditches dug regularly between the barracks which line Nininger Way. There is a low-lying surface parking lot, sited between Building 109 and the structure to its west. All of the buildings in Site A are one-story in height and small in scale.

Prior to the construction of the World War II buildings, the site was traversed on an east/west axis by a railroad track and contained the Fort's YMCA building and barracks for companies and prisoners of war.

B. SITE B

Site B has a slighter slope, which graduates downward from south to north. The site is bordered by Anderson Way on the south, Hardee Avenue on the east, Howe Street on the north, and Building 155 and a wooded area on the west. To the immediate south of the site is a parking lot and the buildings of Site A. To the east are the small historic district structures mentioned above. To the north are additions to the Post's hospital complex, and to the west is Building 155.¹⁶ Landscaping of the site is confined to lawn space in between the hospital wards (with a few magnolia trees) and one or two mature trees along Hardee Avenue. All of the buildings in Site B are oriented in a north/south fashion except for Building 132, which is placed on an northeast/southwest axis at the western end of the grouping. The buildings were originally connected to one another in the spinal layout typical of hospitals of the 800 series. Today, the two-story connections between the hospital wards (Buildings 128 through 131) still exist, but those that connected two nurses' quarters with a mess hall (at the east end of the site), and linked the wards to Building 132 (at the west end), no longer exist.¹⁷ As a result, Building 167 is unconnected to any of its former accompanying quarters, and Building 132 is unconnected to the hospital wards (Buildings 129-131).

¹⁶ Beyond Building 155 is a row of Enlisted Personnel Housing. The Georgia State Historic Preservation Office has noted the eligibility of these structures for listing on the National Register of Historic Places.

¹⁷ Fragments of a one-story, brick enclosed walk of the hospital complex can still be seen in this area of the installation. A detailed history of the walks throughout the hospital complex was not undertaken for this report.

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Early site plans show long, rectangular buildings on the site of the World War II wards and quarters. These may have been the wards of the World War I Army General Hospital at the Fort.

IV. CONSTRUCTION HISTORY AND CONTEXT

The buildings documented in this report were built as part of two separate construction projects carried out between July 1942 and May 1943. All of the subject buildings were derived from the Quartermaster Corps' and (after December 1, 1941) Army Corps of Engineers' standardized plans for mobilization construction. Specifically, the buildings were constructed according to plans in the "New" 700, T.O. 700, and 800 series. The buildings are discussed in chronological fashion as they were built at Fort McPherson and as they appear in the project scope of work. Information on the corresponding series which accompanies each building is not presented, therefore, in chronological fashion, since construction projects sometimes lagged behind the duration of the series itself.

A. BUILDINGS IN SITE A

Buildings 109, 111, 112, 113, 114, 116, 117, 118, 120, 121, 122, 124, and 126 were built under Job Number T2, a composite job that began in July 1942 and was completed in February 1943. (See **Site Plan of G.U. Treatment Unit & Nurses Quarters, Completion Report, Job T2, 1942.**) The entire T-2 construction package consisted of: a prison stockade, III Army Housing, Motor Transport Facilities, Radio Receiving Building, **Nurses Quarters**, Laboratory Building, **G.U. Treatment Unit**, Railroad Spur Track, and Railroad Cross-Over. Building 109 was built as the Nurses Quarters and Buildings 112-126 comprised the G.U. Treatment Unit. There were no architects affiliated with the project. The contractors for the T2 construction project were Van Winkle & Company.

All but Building 109 are classified by type of construction as "mobilization, hollow tile"¹⁸ buildings (or, structural terra-cotta), and were oriented in an east/west fashion on their site. Building 109, the Nurses Quarters, is a "mobilization, wood-frame with asbestos shingle siding"¹⁹ structure, oriented on a north/south axis. Mobilization buildings were designed on five principles: speed, simplicity, conservation of materials, flexibility, and safety.²⁰

It is not known how many structures similar to Building 109 still exist. The G.U. Treatment Unit, on the other hand, remains today as something of a rarity due to its hollow tile construction. According to the current study of mobilization construction, the T.O. variants of the 700 series were "minimalist structures". . . and "did not survive the postwar period."²¹

¹⁸ Per the Completion Report, Job No. T-2 (March 15, 1943). Prepared by the Area Engineer, Fort McPherson for the War Department, U.S.A. (Record Group 77, Fort McPherson Completion Reports, Washington National Records Center.)

¹⁹ Ibid.

²⁰ Wasch and Bush, History of Mobilization Construction: 25.

²¹ Ibid: 4.

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Most T.O.-700 structures were built of frame construction with wood, cement-asbestos, or plywood siding. The good condition of these buildings today seems to indicate that tile construction did, in fact, endure.

1. THE NURSES QUARTERS (BUILDING 109) (See Exhibit A, Item 2.a)

Building 109, the first of the subject buildings to be constructed, was built as job T2-6. It was designed as a Nurses Quarters and modeled on the 700-1240 standard plan for "HQ-18" Hospital Quarters. It was completed on October 12, 1942, at a cost of \$14,413. The Nurse Corps of the Army was made up entirely of women. In late 1942, however, the Committee to Study the Medical Department of the Army suggested that men should be appointed as nurses for psychiatric and genitourinary wards.²² While male nurses entered the Armed Forces after World War II in great numbers, it is unclear whether the G.U. Treatment Unit at Fort McPherson was staffed with male nurses during the course of the war.

The "New" 700 Series

The Nurses Quarters plan was part of the "New" 700 series, a group of mobilization drawings designed to supersede the original 700 series and subsequent 800 series (see below for more on both series). In fact, the "New" 700 series combined the best of both of its predecessors by using the cheap framing of the 700 series and the more accommodating floor plans of the 800 series. It differed from the earlier 700 series in its use of a four-digit suffix.

The original 700 series of mobilization construction was developed by Colonel Charles D. Hartman, head of the Construction Division of the Quartermaster Corps starting in 1934, with assistance from a construction advisory committee made up of the country's most prominent architects and engineers.²³ The series, which included plans for over 300 standard structures, was developed between 1935 and 1940.²⁴ The 700 series represented the first use of "temporary shelter" in World War II, replacing early tent cantonments with buildings constructed primarily of wood framing and siding. Public

²² Colonel John Boyd Coates, Jr., MC, USA and Charles M Wiltse, Ph.D., Litt.D., eds., Personnel in World War II, Medical Department, United States Army Series, Washington, D.C: Office of the Surgeon General, Department of the Army, 1963: 8.

²³ The 700 series advisory committee included: John Hogan, President of the American Society of Civil Engineers; Stephen Voorhees, past president of the American Institute of Architects; Alonzo Hammond, President of the American Engineering Council; and Malcom Pirnie, General Chairman of the Construction League of America. (Per Wasch and Bush, The Historical Context of World War II Mobilization Construction.)

²⁴ The series actually was started in 1928, when the Quartermaster Corps was asked to revise World War I cantonment plans. In 1935, this task became wholesale revision. Wasch and Bush, The Historical Context of World War II Mobilization Construction: 7.

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pressure to build "shelter" rather than tents resulted in legislation in 1940 to require provision "for such shelter, sanitary facilities, water supplies, heating and lighting arrangements, medical care and hospital arrangements . . . as may be determined . . . to be essential to public and personal health."²⁵

By fall of 1942, the "New" 700 series--and its companion, the T.O. 700 series--had displaced the original 700 (and the 800) series. The "New" 700 series was designed to eliminate the duplication of buildings types between the two previous series. It epitomized the Corps of Engineers' ongoing drive for cheaper, more flexible, and more efficient construction.

Materials in the Various 700 Series

The standard building material of peacetime mobilization construction was wood. Wood meant quick construction and the use of precut parts assembled by unskilled labor. Early temporary buildings were wood-framed, wood-clad, and unpainted. By 1940, however, the Adjutant General, succumbing to pressure from local Constructing Quartermasters and industry groups, agreed to consider the use of alternate materials. Simultaneously, an Advisory Commission to the Council of National Defense (NDAC) hired Chicago architects Holabird and Root to review the Army's mobilization plans. The consultants also encouraged greater use of alternate materials, especially of steel and tile. As labor for the milling of lumber grew scarce during the war years, alternate materials assembled by unskilled labor gained broader acceptance. In 1941, the Adjutant General allowed for the use of alternate materials, as long as buildings remained essentially true to Army standard plans. The asbestos shingle siding of the Nurses Quarters at Fort McPherson was one such material, especially since it allowed the Army to replicate the preferred domestic look of wood in a cheaper form.

Description of a Typical Nurses Quarters

The standard 700-1240 plan for Hospital Quarters upon which Building 109 is based provided for a one-story, end-gable, rectangular structure which came in two lengths, capable of accommodating 18 or 24 people. Building 109 at Fort McPherson was of the smaller type, accommodating 18 nurses in a building 29'-6" x 120'-0", or twelve bays long by three bays wide. The standard plans show a wood-framed, wood-sided structure resting on footings. The plans show a roof with a wide overhang to shed water. Siding was 1" x 8" boards (presumably wood) with prepared roofing apparently placed over the gable ends. The roof covering was prepared roofing as well. Two single-leaf, wooden doors were located at the ends of the building. The primary entrance was covered with a wood portico sheathed in roofing paper. A cross-axial entrance on one wall led into a living room area. The windows of the building were stock wood, double-hung sash with

²⁵ The legislation was the Selective Service Act of 1940.

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10" x 12" lights. Those in the center of the building, to either side of the cross-axial entrance, were paired.

The standard floor plan featured a center aisle, double-loaded corridor with single dormitory rooms to either side. One side of the corridor accommodated two toilet rooms, while the other side featured a general living room and an office and room for the chief nurse. A single wardrobe was provided for each bedroom.

Building 109

(No as-built drawings of Building 109 were found at Fort McPherson.)

The original quarters at Fort McPherson differed from the above-described standard plan in its use of asbestos shingle siding to replace wood, its use of a concrete-block foundation, and its lack of a covered portico. In addition, the conditions at Fort McPherson dictated that the building replace a boiler operation. The boiler stack remained, for some reason, and is now adjacent to the building's southwest corner. The exterior is now faced in vinyl with a simulated wood-grain finish. While the building has received new aluminum window frames, its sash are still wood. Interior partitions have been altered to account for greater privacy and larger living areas. The site has remained consistent in its use as a quarters. (See HABS Short Form for more information.)

2. THE G.U. TREATMENT UNIT (BUILDINGS 111, 116, 117, 118, 120, 122, 124, 126, 112, 113, 114, AND 121). (See Exhibit A, Items 2.b through f.)

The G.U. Treatment Unit was built as job T2-9, a Genitourinary Treatment Facility for 256 men. Genitourinary system ailments, "Class X" diagnosis in Army parlance, accounted for a significant number of admissions over the course of the war. Diseases of the genitourinary system included: nephritis, pyelonephritis, pyelitis, nephrosclerosis (arteriolar), calculus (renal or ureteral), hydronephrosis, cystitis, stricture of the urethra, diseases of the urinary system, diseases of the prostate, diseases of the genital system, and diseases related to the female anatomy.²⁶ In 1942-45, this class of disease accounted for 23 out of every 1,000 nonbattle admissions, or 590,981 persons.²⁷ The men housed in the G.U. Treatment Unit were given sulfanilamide, an early, broad-spectrum antibiotic used to treat an array of infectious diseases. The Unit was technically a section of the hospital, although it was physically distinct from the hospital facilities.

²⁶ It is not known whether any women were treated at the Fort McPherson G.U. Treatment Unit. The Completion Report, however, suggests that its use was just for men.

²⁷ Lada and Reister, Medical Statistics in World War II: 418.

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The Unit was comprised of housing, two lavatories, a dispensary, and mess hall. All but one of the buildings comprising the Unit were built according to the T.O 700 series plans. Eight G.U. Treatment Unit barracks were built according to the T.O. 700-5500 plans for B-A-T Barracks M-34; a Mess Hall was built according to T.O. 700-6400 for an M-M-T Mess Hall; one Lavatory was built according to T.O. 700-6605 plans for a 200-man, L-E-T Lavatory; a second Lavatory was built according to T.O. 700-6601 plans for a 25-man L-A-T Lavatory; and a Dispensary was built according to 800-1558 series plans for a G-U-D-1 Dispensary;

The T.O. 700 Series

The T.O. 700 series of late 1942 represents the third iteration of theater-of-operations (T.O.) standard plans. The initial T.O. series was developed as a set of crude structures for foreign theaters of war. T.O. construction represented the fastest, cheapest, and most temporary means of construction available to the armed forces. In February 1942, the T.O. plans were modified for Zone of Interior (United States) construction. The new, Zone of Interior T.O. series was dubbed the "Modified T.O." series, and, beginning in spring 1942, was one of several replacements of the 800 series (see Station Hospital section below) as a cheaper, more expedient form of mobilization construction. The duration of the Modified T.O. series, however, was short-lived (phased out by the fall of 1942), since it was found, essentially, to be too cheap, and not adaptable to local materials. Thus, the third T.O. series was born--a "T.O. 700" series--to provide flexible, efficient plans for Zone of Interior construction starting in October 1942. The T.O. 700 series coincided with the "New" 700 series in issuance.

Hollow Tile in Mobilization Construction

All of the G.U. Treatment buildings, both in the T.O. 700 and 800 series, were classified as "mobilization, hollow tile" construction.²⁸ Unglazed terra-cotta tile (or, hollow tile) had been used as a structural material since the 1870s, when it appeared as decorative, but load-bearing elements of masonry walls. The material found more widespread use, however, as a hidden fireproofing material, positioned between floor beams, around metal structure, and inside walls and partitions. By the 1890s, however, terra-cotta was no longer being used for structure or fireproofing (being replaced by the metal skeleton and reinforced concrete respectively) but as the exterior skin for tall office buildings, especially in cities like Chicago which had suffered major fires.

In military construction, hollow tile still found perfect expression as an honest, load-bearing, fireproof material of the twentieth century. The terra-cotta tiles used in the G.U. Treatment Unit were essentially hollow bricks, machine formed into a large, square

²⁸ Per the Completion Report.

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shape for load-bearing wall construction.²⁹ The tiles were intended to be left unglazed and unpainted.

As mentioned above, whether or not to use alternate materials such as tile remained at issue during the course of development of the mobilization plans. When the Quartermaster Corps hired a new chief in December 1940, the 700 series came under scrutiny, especially with regard to materials. With the help of professional consultants,³⁰ the new chief pronounced his support for the use of brick, tile, and products other than wood for mobilization construction.³¹ In February 1942, the Corps of Engineers (which had taken over construction responsibility from the Quartermaster Corps) listed 300 substitute materials available to local Constructing Quartermasters for mobilization buildings. By June 1942, shortages of lumber and surpluses of brick and tile led the War Production Board to urge the Surgeon General to use the latter two materials in hospital construction.³² Presumably, this material supply issue is what led to the selection of hollow tile construction at Fort McPherson. While Georgia red clay would have appeared to present the perfect local condition for the use of hollow tile construction, Fort McPherson nonetheless represents something of an anomaly in the region. Fort Gillem, nearby to the south and east, was built as an Atlanta Army Depot between 1941-42, but received no known hollow tile buildings. Its construction still consisted of wood-frame, trussed structures with wood or metal siding.³³

a. **Building 126 (Example of a Barracks)**

The barracks of the G.U. Treatment Unit housed men for the duration of their sulfanilamide treatment, and thus were also known as wards. There were eight in all--Buildings 111, 116, 117, 118, 120, 122, 124, and 126--and they were based on the T.O. 700-5500 series. Building 126 represents the best example of these barracks. (No as-built drawings of Building 126 were found at Fort McPherson.)

²⁹ One variant of the blocks, which was lighter in weight by virtue of sawdust or straw filler, was even called terracotta "lumber," because it could be worked like wood.

³⁰ Somervell's consultants on the revised 700 series included: A.J. Hammond, President of the American Engineering Council; George E. Bergstrom, President of the American Institute of Architects; Frederick Fowler, President of the American Society of Civil Engineers; and Warren McBryde, past President of the American Society of Mechanical Engineers. Bergstrom also would be responsible for the 800 series.

³¹ Lenore Fine and Jesse E. Remington, The Corps of Engineers: Construction in the United States, United States Army In World War II Series: The Technical Services, Center of Military History, United States Army, Washington, D.C. (1989): 343.

³² Clarence McKittrick Smith, The Medical Department: Hospitalization and Evacuation, Zone of Interior, The United States Army in World War II Series: The Technical Services, Office of the Chief of Military History, Department of the Army, Washington, D.C. (1956): 75.

³³ Interview with Mr. Reggie Allen, Post Engineer, Public Works, Fort Gillem, Georgia, November 19, 1993.

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The standard T.O. 700-5500 barrack was a rectangular (20'-0" x 100'-0"), pitched roof structure with doors positioned at the gable ends. The walls and roof were framed in wood spaced four feet on center, with the roof receiving additional bracing. The units were twelve bays long and three bays wide. The building was supported on a foundation of masonry piers. The barrack was clad first with sheathing and then with lapped roofing felt above it, secured in place by vertical wood battens. The roof was covered in prepared roofing material. The ridge accommodated two, long wood vents and three smoke pipes placed directly over three standard, Army No.-1 space heaters, seemingly coal-fired. Windows were single-sash units with exterior screens. They were located directly under the eaves, and divided into twelve lights each. The end bays featured a double-leaf, five-panel wood door with flanking, single-sash, nine-pane windows and a wood-louvered vent in the gable. Interior roof scuttles were provided at the ceiling near the end walls. No insulation or interior finish was provided in the standard plan.

The standard floor plan of the barracks was simple: fourteen single bunks³⁴ were aligned perpendicular to the window walls and set eight feet apart. Four additional bunks were placed parallel to the walls, directly across from the hearths/space heaters, making for a total of 34 bunks. The three space heaters were placed in the center aisle, an arrangement to be used only when design temperatures were below 20 degrees Fahrenheit. A finished floor and improved ventilation were amongst the great accommodations of the series over its predecessor, the T.O. series.

Unlike the standardized plans, the G.U. Treatment Unit barracks at McPherson were constructed of hollow tile, and required no wooden framing of walls, only of the roof. The buildings sat on a concrete foundation and had concrete-on-tile floors. The end gables and roofs were originally covered in wood sheathing covered with roofing paper. Windows were six-over-six-light double-hung sash, as opposed to the shorter, single-sash units of the standard plan. The doors conformed to the standard plan. Completion Report photographs indicate that coal boxes were located on the exterior of each of the barracks.

Building 126 is located at the northern end of the row of identical barracks which line Nininger Way. It is rectangular in plan (20'-0" x 100'-0"), has a pitched roof, and is built of hollow tile. Its gable ends still feature asphalt roofing paper over horizontal wood planks. Windows are six-over-six-light double-hung wood sash covered in metal grilles. Roofing and ridge vents are covered in composition shingle. The interior is still partially open in plan, but features acoustical tile ceilings and movable office partitions. (See HABS Short Form for Building 126 more information.)

³⁴ There was a double-bunk arrangement, standard T.O. 700-plan for 40 or 50 men as well.

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b. Building 112 (Dispensary)

Of all the G.U. Treatment Unit buildings, only Building 112, the Dispensary, was built from 800-series plans. (No as-built drawings of Building 112 were found at Fort McPherson.)

The standard Type G.U.D.-1, G.U. Dispensary was based on the 800-1558 plan and was considered a mobilization structure. The Dispensary, an infirmary-like facility, was entered via a porch. A patient walked into a waiting room, and then was directed to one of a series of rooms, including an examination room and/or treatment rooms. The building also accommodated a pharmacy, laboratory, supply and janitorial rooms, an office, an N.C.O. room, and restrooms. Unlike the other buildings comprising the Unit, the G.U. Dispensary had its own boiler room with chimney.

Due to the taller wall height of Building 112, and the hollow-tile construction employed at Fort McPherson, the Dispensary there featured buttressed walls, with piers placed in between every second window. The windows in the Dispensary were eight-over-eight-light double-hung wood sash. The building's original floor was wood. The roof material is composition shingle. The gable ends have been reclad in T-111 siding. Currently, the building retains some semblance of its original floor plan. (See HABS Short Form for more information.)

c. Building 113 (Lavatory)

Building 113 was designed as a Type L-A-T Lavatory, according to plans T.O. 700-6601. (No as-built drawings of Building 113 were found at Fort McPherson.)

The standard plan was a 20'-0" x 20'-0" square lavatory with two entrances, one into the toilet room and the other into the heater room. The building was wood-framed, with felt covering and wood lath battens and roofing paper on the roof. Two smoke pipes pierced the roof. Wood louvers in the gable also provided ventilation. The interior provided for four rooms: a heater room (for the heating of shower water), a shower room, a wash room, and a toilet room. The rooms were finished with concrete floors. There were six small windows with eight lights; two on each of three walls. All windows except for that in the heater room had "obscure glass."³⁵

Again, the G.U. Treatment Unit lavatory at Fort McPherson was constructed in hollow tile, not wood-framed, battened felt sheathing. The end gable was originally clad in roofing paper. The windows were six-over-six-light double-hung sash, with the

³⁵ Per the standard plan, 700-6601.

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lower half of the glass obscured. The doors were wooden with an upper half of glass lights. The building sat on a concrete foundation, with a concrete floor. The building retains most of these features today. (See HABS Short Form for more information.)

d. Building 114 (Mess Hall)

Building 114 was designed as a Type M-M-T Mess Hall according to standard plan T.O. 700-6400. (No as-built drawings of Building 114 were found at Fort McPherson.)

The standard Mess Hall was a 148'-0" x 20'-0" rectangular building divided into two areas: an 104'-0"-long eating area and a 44'-0"-long kitchen and storeroom. Tables were set on either side of a central aisle. There were four doors, two at either end, and two, cross-axial doors, providing for cross ventilation. Wood ridge ventilators were positioned along the ridge. The eating area was warmed by space heaters. The standard floor was concrete slab on grade.

In keeping with the entire G.U. Treatment Unit, the Mess Hall at Fort McPherson was constructed in hollow tile with roofing paper on the gable ends and roof. The building originally had a concrete-on-tile floor. Today, the gable features T-111 siding, and the roof, composition shingle. The interior is divided into multiple offices. (See HABS Short Form for more information.)

e. Building 121 (Lavatory)

Building 121 was designed as a Type L-E-T Lavatory, according to plans T.O. 700-6605. (No as-built drawings of Building 121 were found at Fort McPherson.)

The standard L-E-T Lavatory was a rectangular, 20'-0" x 50'-0" building with two entrances, one into the toilet room and the other into the heater room. The standard plan called for the walls to be clad in sheathing, covered with lapped roofing felt and secured by vertical wood-lath battens. The roofing material was prepared roofing paper. Three smoke pipes were located on the roof, two tall pipes above the heater room and a small pipe above the toilet room. Windows were small, eight- and twelve-pane units located near the eaves. The interior included a toilet room, dressing room, shower room, and heater room. All but the heater room windows were of obscure (translucent) glass and screened. The ridge pole featured two wood ventilators.

The Lavatory at Fort McPherson, Building 121, was designed in hollow tile, with roofing paper on the gable ends and roof, and a concrete floor. The building featured six-over-six-light double-hung sash windows. Doors were double-leaf, half-

wood, half-glass panels. Some of the openings have since been altered. (See HABS Short Form for more information.)

B. BUILDINGS IN SITE B

Buildings 128-132 and Building 167 were built as job T3-1, part of the bigger Job T-3, titled "Additional Housing and Facilities for the Station Hospital." (See **Site Plan of Station Hospital Additions, Completion Report, T3, 1943.**) Buildings 128 through 131 were constructed as hospital wards (three "Standard" and one "Combination Special and Neuropsychiatric"), Building 132 as a Hospital Mess for the medical detachment and patients, and Building 167 as a Nurses Quarters. Other projects within the overall job included hard standings (parking areas) for the Ordnance Department and a dispatcher's building. The architect for the job, the Atlanta firm of Burge & Stevens,³⁶ was responsible for the preparation of plans, and the "adapting of standard plans to local site conditions."³⁷ The buildings were completed on May 31, 1943.

The Completion Report and histories of the Medical Department indicate that the Wards were built to be semipermanent, while the Nurses Quarters and Mess Hall were built to be temporary. Buildings 129 and 130 are two of four, connected, two-story hospital wards classified by type of construction as "masonry, hollow-tile with brick veneer."³⁸ Buildings 167 and 132 were classified as "mobilization, hollow tile."³⁹ (Building 167 was only given its brick veneer in 1992.)

1. HOSPITAL ADDITIONS (See Exhibit A, Items 2.g through i.)

Four related building types are documented below as part of the station hospital's expansion during World War II. It is not known how many buildings representative of this type of construction still exist. What is known, however, is that the structures epitomize a historical design battle waged between the advocates of temporary and semipermanent hospital design.

³⁶ The firm is no longer in business under that name. An initial call to local historical societies yielded no information.

³⁷ Completion Report, Job Number T-3. (Record Group 77, Fort McPherson Completion Reports, Washington National Records Center.)

³⁸ Ibid.

³⁹ Ibid.

The Cantonment-Type Hospital

In 1939, a broad program of hospital expansion was planned in anticipation of war. It was predicated on estimates of bed requirements for growing troop size. The Surgeon General pronounced most of the extant, permanent Army post hospitals as unfit for continued use. He was determined to change the way mobilization hospitals were built and operated.⁴⁰

Prior to 1939, hospital construction for mobilization was of the one-story, frame, "cantonment-type," part of the 700 series.⁴¹ These buildings were derived from standard cantonment plans (revised from earlier, World War I plans), prepared by the Quartermaster Corps and the Surgeon General beginning in 1935. Cantonment-type plans represent the first wave of World War II hospital buildings. To reduce the threat of fire, these buildings were separated by at least 50 feet, and sometimes by as much as 100 feet. Due to their one-story height and the required distance between buildings, much land was needed for hospital construction. The relative "sprawl" of the structures caused concerns from administrative, fire, and safety perspectives.

The 800 Series and Hospital Construction

Beginning in spring 1941, the Surgeon General and the Quartermaster Corps (specifically, Lieutenant Colonel Hugh J. Casey and George E. Bergstrom) collaborated on a new hospital building type which would be more geographically confined and fire resistant. The result can be seen in Buildings 128-132 (and, parenthetically, in 167 and 132 as part of the bigger complex), a late example of the 800-series hospital at Fort McPherson. The 800-series hospital represented the second wave of World War II hospitals.

In general, the 800 series was the most permanent of the World War II mobilization series (i.e., many of these buildings still stand today). The 800 series was considered more liveable and structurally safer than its predecessor, the 700 series. While each building was more expensive to build than its earlier counterparts, the Army Corps of Engineers justified the 800 series by claiming that better buildings meant fewer of them and lower utility costs. The reaction to the 800 series was that the buildings were, in fact, more permanent than necessary for temporary, mobilization needs.

⁴⁰ Information on the evolution of the World War II military hospital is derived from Smith, The Medical Department: Hospitalization and Evacuation, Zone of Interior.

⁴¹ Smith, The Medical Department: Hospitalization and Evacuation, Zone of Interior: 14.

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The 800-series hospital buildings, officially authorized on August 6, 1941, were "two-story, semipermanent, fire-resistant plants."⁴² Specifically, the structures had exterior walls of masonry and "slow burning"⁴³ interiors (masonry cross walls in the Combination Wards and, in the case of McPherson, hollow tile throughout all wards). The fireproofing measures of the new hospital type allowed the wards to be placed much closer together than previous cantonment-type units. The width of wards could be expanded from 25' to 32' total. Ward buildings could now be lined up in close parallel lines, connected by a central, enclosed spine (two-stories in height and ramped). All of the buildings of the hospital complex could be made accessible via enclosed, one-story brick walks. One diet kitchen, one ward office, and an examining room could serve two wards.

Like all of the 800 series, however, the semipermanent hospitals were pronounced too costly and permanent for mobilization.⁴⁴ Orders from General Staff dictated that, starting February 6, 1942, all station hospitals were to be theater-of-operations (T.O.) type. The fact that Fort McPherson's hospital additions were built in 1943 likely indicates that early planning and funding (1942) successfully "grandfathered" these 800-series buildings into construction. At the same time that station hospitals were being rethought, orders from above dictated that general hospitals be brought back to cantonment-type specifications. This second-phase of cantonment construction represented the third wave of World War II hospital construction.

Industry manufacturers immediately lobbied to reinstate the lucrative, fireproof military construction market. By June 1942, shortages of lumber and surpluses of brick and tile led the War Production Board two months later to urge the Surgeon General to use the latter two materials in hospital construction. The Clay Products Association of the Southwest, for example, began lobbying the Army for use of its materials in semipermanent hospital construction.⁴⁵ By June 1942, a partial victory had been won, and hospital buildings of tile and brick were built, but still to cantonment-type--rather than semipermanent--specifications. (See G.U. Treatment Unit above.)

Finally, the Surgeon General and Chief Engineer went to work again on a new semipermanent hospital plant--this time of one-story height to contain costs. The result,

⁴² Ibid: 24.

⁴³ Ibid: 23.

⁴⁴ George E. Bergstrom, the lead consulting architect behind the 800 series, insisted that the structures in the series were temporary. Correspondence at the time, and accounts of hospital construction by military historians, however, refer to some of the buildings as "semipermanent." Specifically, the two-story, fire-resistant hospital wards extant at Fort McPherson are cited as examples of "semipermanent" construction. (See Fine and Remington, The Corps of Engineers: Construction in the United States: 350-351.)

⁴⁵ Smith, The Medical Department: Hospitalization and Evacuation, Zone of Interior: 74.

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ultimately designed by an outside architectural consultant, was termed the "Type A" hospital. Its final design was essentially a one-story version of the two-story semipermanent plan. This last hospital represented the fourth and final design of World War II hospital construction.

a. Building 128 (Example of a Standard Ward)

The Standard Ward buildings of the 800 series (Buildings 128-130) housed hospital patients during Station Hospital treatment. Building 128 was selected as the best example of a Standard Ward. (No as-built drawings of Building 128 were found at Fort McPherson.)

The 800-1934 plan Standard Ward for Type "HSW-98" wards was a narrow rectangular structure, 32'4" x 262'-0" (three bays wide by thirty-two bays long). It was a two-story, end-gable building with a regular fenestration pattern and sun porches at either end of one of the long walls (at Fort McPherson, on the western exposure). Sun porches were two-story projecting elements with piers separating screened window openings protected by wooden railings. The entire composition rested upon concrete footings and had two finished floor levels. The attic accommodated a catwalk.

The standard plans at 1/8"=1'-scale do not give adequate information to judge standardized exterior wall construction.⁴⁶ While the plans show a one-foot-wide exterior wall at the first-floor level, it is not evident whether the wall is intended to be masonry load-bearing, or brick-veneer with hidden bearing wall. The plans called for mineral-surfaced shingle roofing. A small wood louver was located at each gable end for ventilation.

The end-gable window openings were set within tall, segmentally arched openings of two-story height. The openings featured two paired, double-hung sash windows per floor (at the first floor, with transoms) separated by wood-sided (or perhaps asbestos) spandrels. The punched windows along the long walls were of two different stock sizes at regular intervals and were capped with jack arches. Wall vents appeared regularly along the lower portions of the wall surface.

The standard floor plan was a double-loaded corridor with three stairwells and entrances: two at either end and one in the center of the structure. The center cross corridor fed into the two-story, enclosed brick ramps which connected all of the wards. The center area of the long building housed offices, single-patient rooms, and bathrooms, and were divided by permanent partitions. The two ends of the building

⁴⁶ The plans are curiously absent of direct references to wall materials, almost as if to avoid the mention of semipermanent construction.

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were devoted to open wards. Each of the end areas was divided into six, four-bed areas divided by hospital screens. These end ward areas opened out into the sun porches.

The three wards erected under these modified plans accommodated 246 patients and cost \$228,788 to construct. The Standard Wards at Fort McPherson differ from the standardized plans in the following ways: they were modified from a ninety-eight-bed capacity to an eighty-two-bed capacity; they were constructed of hollow tile with masonry veneer; they sat on a concrete foundation and featured segmentally arched windows throughout, instead of jack-arched openings; and the wall vents were decorated with concrete lintels.

Today, the buildings are in good condition but feature new, aluminum windows (with fake muntins), enlarged louvers at the gable ends, and infilled sun porches. (The porches feature operable sash windows on two levels, separated by vinyl siding walls.) The interiors, while maintaining a central corridor composition, have been largely gutted and reconfigured. Today's interior walls are drywall partitions. Dropped acoustical-tile ceilings have been added throughout, and the public areas have been carpeted. (See HABS Short Form for more information.)

b. Building 131 (Example of a Combination Special and Neuropsychiatric Ward)

The Combination Special & Neuropsychiatric Ward was attached to Standard Wards as part of "spinal" hospital complexes. Building 131 was based on standard plan 800-2091 for 72 beds. It is the only Combination Ward in the 1943 hospital complex. (No as-built drawings for Building 131 were found at Fort McPherson.)

The typical Combination Special and Neuropsychiatric Ward was 32'4" x 260'-0" (32 bays long by three bays wide). It was two stories in height and was very similar on the exterior to the Standard Ward. Differences from the Standard Ward included the addition of masonry cross walls, a partially below-grade heater room, and fenestration on the end-gable wall, which included a narrower opening in the center bay. On the interior, the layout also was different. There were more private patient rooms (13 beds), and the open ward areas at the ends of the building were smaller; only twelve beds in each of the end areas.

Building 131 at Fort McPherson cost \$103,121 to construct. It was longer and taller than the Standard Wards which had been modified to be smaller. It differs from the typical Combination Ward standard plan due to an above-grade, fully fenestrated ground level. Like its Standard Ward counterparts, it was a brick-veneered, hollow-tile building. It too featured segmentally arched windows rather than flat-headed units. It has received the same modifications as the other wards: larger end-gable louvers, infilled sun porches (with fixed windows), and new aluminum windows throughout. Today, the building features a brick-enclosed, handicapped-accessible

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elevator addition off the center of the west wall. The interior features plastered drywall partitions, acoustical tile dropped ceilings, and linoleum floors. (See Short Form for more information.)

c. Building 132 (Hospital Mess)

The Mess Hall for patients and the medical detachment of the Station Hospital was situated at the end of the spinal layout and oriented on a northeast/southwest axis. The building was based on standard plan 800-3131 for a type HM-336E Mess Hall. (No as-built drawings of Building 132 were found at Fort McPherson.)

The Standard Mess Hall was a wood-framed structure seventeen bays long by four bays wide. It sat on footings and had a concrete slab floor. The Mess Hall was a one-story, gable-roof structure with a basically rectangular plan. The wall material was unspecified on the standard plan, but roofing paper was indicated for the roof. The roof featured both wood roof ventilators and metal and asbestos cement stacks over the kitchen and service areas or exhaust. The floor plan was divided into four sections: dining, serving space and dish washing, kitchen, and basic service (storeroom, office, food preparation, refrigeration, etc.). The service end of the building accommodated a loading platform, while the dining section led to an enclosed walk (now replaced by a full-width porch). The kitchen section projected slightly from the rest of the side walls and featured a cross gable.

Building 132, the Hospital Mess for patients and the medical detachment, cost \$27,208 to construct and was designed to feed 336 patients at a sitting. It conforms to the standard plan except it was built of structural hollow tile. Alterations to the original building include a ca. 1989 rear (north) addition made of dryvit panel, resting atop concrete supports. In addition, most of the building's windows have been blocked and new aluminum entrances added. The louver in the west gable has been enlarged. The wood roof ventilators have been removed. On the interior, original divisions have been altered. The central kitchen area and some of the former dining area now function as a store, finished in a dropped acoustical tile ceiling and carpeted floor. (See HABS Short Form for more information.)

d. Building 167 (Nurses Quarters)

Building 167 was built according to standard plan 800-321 to Type "HMQ-40" specifications, modified to accommodate thirty-six people. (The as-built drawings for Building 167 were not found at Fort McPherson. In addition, no standard plans for this building were found at Fort McPherson, therefore no plans have been photocopied for this submission. The Military History Office at Fort Belvoir, however, has 150mm negatives of the Army's World War II standard plans. Plan 800-320, "Bachelor Officers' Quarters and Hospital Nurses Quarters (Without Mess)," is included in the archives. See Bibliography for other holdings in this set.)

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The standard plan 800-321 was used to create housing for either nurses or bachelor officers. The buildings were three bays wide by twelve bays long and capped by a pitch roof. The floor plan was apparently a double-loaded corridor with regular rooms.

Building 167 at Fort McPherson cost \$27,208 to construct. It was a two-story, mobilization hollow-tile building, left unpainted. Alterations to the original building include the addition of a brick veneer, with concrete sills and water table. New aluminum windows with fake muntins seek to imitate the original six-over-six-light double-hung sash. A concrete water table has been added. Windows are flat-headed. The interior central corridor appears to have fewer openings than originally planned. The rooms feature plaster walls, carpeted floors, and plaster ceilings. (See HABS Short Form for more information.)

e. **Barbecue Pit**

See photographic documentation included with this submission.

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