

CAMP REYNOLDS, HOSPITAL
(Building No. 82)
Angel Island State Park
Angel Island
Marin County
California

HABS CA-1841-G
CA-1841-G

PHOTOGRAPHS

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FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
National Park Service
U.S. Department of the Interior
1849 C Street NW
Washington, DC 20240-0001

HISTORIC AMERICAN BUILDINGS SURVEY

CAMP REYNOLDS, HOSPITAL
(Fort McDowell - West Garrison, Building No. 82)

HABS No. CA-1841-G

Location: Angel Island, Marin County, California

Present Owner: State of California, Department of Parks and Recreation

Present Occupant: Angel Island State Park

Present Use: Vacant

Significance: The Camp Reynolds hospital is a largely unaltered example of Army hospital construction from the first decade of the twentieth century. It was built using standard plans created by the Surgeon General's Office and used for five hospitals in the San Francisco Bay Area. This plan updates the basic pavilion and ward annex form of an 1867 hospital plan distributed by the Surgeon General's Office, an early example of standardized Army design. A larger and more modern concrete hospital was constructed at the East Garrison beginning in 1911, contributing to the swift obsolescence and accidental preservation of many original features at the Camp Reynolds hospital. From 1923 until 1946 the hospital building was used as barracks for enlisted men and officers.

I. HISTORICAL INFORMATION

A. Physical History:

1. Date of erection: 1904-05
2. Architect: Surgeon General's Office, Washington, D.C.
3. Original owner: U. S. Army, 1904 -1948
Subsequent owners: U. S. Department of the Interior, 1948-63
California Department of Parks and Recreation, 1963 - present
4. Builder: Clark and Henery, Stockton, California

5. Original plans and construction:

The Camp Reynolds hospital was built in 1904-05 and has changed very little. Construction blueprints were found in RG 92, Records of the Quartermaster General's Office, at the Washington, D.C. branch of the National Archives.¹ These drawings were prepared by the Surgeon General's Office, Washington, D.C.. Colonel William S. Patten, Assistant Quartermaster General with the Department of California was named as the supervising officer on the construction contracts with Clark and Henery builders of Stockton, California. These blueprints illustrate the present form of a brick two-and-a-half story, five bay building with a one-and-a-half story L-shaped wing to the side. The Surgeon General's Office created these standard plans for an "Army Hospital for 12 Beds" which were used at several nearby army posts. There were some minor changes to the interior appointments included on the standard plan in the actual construction of the Camp Reynold hospital; these differences are noted below. The Camp Reynolds hospital is the most intact of five examples located around the Bay Area by John Martini in 1981.²

6. Alterations and additions:

The exterior of the hospital is largely unaltered. The kitchen porch on the rear elevation was enclosed and shelves added for use as a post office in October 1924. This change was instigated by the transfer of this building from the Medical to the Quartermaster

¹Construction blueprints, National Archives and Records Administration (hereafter NARA), RG 92, Entry 89, Box 4167, File No. 196273.

²Martini was a ranger with the Aquatic Park-Fort Mason units of the Golden Gate National Recreation Area. A copy of his 2 September 1981 letter to Jim Neider, Area Manager, California State Parks is in Angel Island State Park files. While doing an Historic Structures Report on the hospital at Fort Mason (now converted to a headquarters building) he identified examples of this standard plan hospital at Forts Mason, McDowell, Baker, Barry, and Miley. All were extant in 1981 except the Fort Miley example. The Fort Mason hospital was expanded historically and continues to function as the Fort Mason National Historical Park headquarters building. Additional fieldwork is needed to ascertain the status of the other examples.

Corps on March 20, 1923.³ The hospital was then used as an office and barracks with medical care available at the East Garrison hospital built in 1911. Interior alterations including removing the cabinetry in the dispensary on the first floor and adding wood lockers in many rooms probably occurred during this time as well.

B. Historical Context:

The increased activity at Camp Reynolds during the first decade of the twentieth century allowed construction of new buildings at the post for the first time in nearly two decades. The brick hospital built in 1904-05 replaced the original purpose-built hospital at this army post. The original wood structure was built in December 1869 for \$7000.⁴ It had a one-and-a-half story, three-bay pavilion, thirty-five by thirty-six feet with a shallow hipped roof, and a twenty-six by forty-five feet one-story, four-bay ward wing to the side. The form was a standard plan provided by the Surgeon General's Office in Circular No. 4, issued in 1869. Hospitals were the first building type to be standardized by the Army; the Surgeon General's Office had early success in implementing their standard designs because the professional authority accorded to doctors in the design of medical facilities.⁵ Assistant Surgeon Alexander H. Hoff described the new hospital at Camp Reynolds in 1870:

The hospital is situated on the western slope of the triangle, 100 feet above the level of the sea, in a fine, airy position. It has been recently erected in accordance with the plan in Circular No. 4. It has one ward for twelve beds, with bath-room and water-closets attached. The grounds around it are at present being graded, and, when completed, will make one of the most beautiful spots on the island.⁶

Typically the post hospital was placed on an open or hilltop site to facilitate ventilation. Another twenty-six by forty-five foot ward wing was added on the other side of the pavilion in February 1875 at a cost of \$4000, doubling the capacity of the hospital to twenty-four beds and a creating a symmetrical structure with a center pavilion and

³Historical Record of Public Buildings, Fort McDowell, Angel Island, Building No. 82, Office and Barracks, NARA, RG 77, Entry 393, Box 142, Folder 5.

⁴Hospital (1871 - elevation and section), Map 42-7, "Angel Island," RG 92 Post and Reservation File, NARA, Cartographic and Architectural Branch, College Park, Maryland.

⁵On standardization of army hospital construction, see Alison K. Hoagland, "'The Invariable Model': Standardization and Military Architecture in Wyoming, 1860-1900," *Journal of the Society of Architectural Historians* 57:3 (September 1998): 298-313, esp. 307-312.

⁶Surgeon General's Office. *War Department Circular No. 4 A Report on Barracks and Hospitals with Descriptions of Military Posts*. (Washington, DC: GPO, 1870), 441.

identical flanking wings (Figure 1).⁷ By 1885, the hospital had ten rooms distributed in the center pavilion, two wings, and a thirteen by twenty-one foot kitchen extension.⁸ The main elevation was on the east side of the building facing the carriage road behind the parade grounds.

Beginning in the late 1890s, there was discussion within army channels of replacing the old hospital at Camp Reynolds. In 1898, Angel Island was one of the proposed locations for a 400-bed hospital to serve those wounded in the Spanish American War.⁹ This hospital was ultimately built at the Presidio across the bay in San Francisco, causing debate about a modern medical facility for Angel Island to continue. A series of letters in 1902 reveals the dilapidated condition of the 1869 hospital. The Office of the Surgeon at Angel Island sent a request for repairs to the Surgeon General in Washington, stating:

In submitting these I would state that the hospital is an old building, built about thirty-five years ago, the foundations are sunk making floors uneven, it is dark in many parts of the hospital, it is infested with rats, and requires so many repairs yearly that in my opinion a new hospital of twelve or sixteen beds capacity would be more economical in the end and for the best interests of the service.¹⁰

Eight days later, Assistant Surgeon General Captain J. Kulp with the Office of the Surgeon at Angel Island submitted another, longer letter to the Surgeon General in Washington detailing the defects of the old hospital and urging construction of a new, preferably masonry, structure:

The foundations have sunk in several places, and given away in other, until the building is beyond proper repair. All of the wood is

⁷"Angel Island - 16 February 1875," *Tabulated Statements of Allotments for Construction and Repair of Hospitals, 1875-1902*, NARA, RG 112, Entry 175. This ledger also documents a number of smaller changes to the old hospital including updating the bathroom fixtures and painting.

⁸Report of the Annual Inspection of Public Buildings at Angel Island, CA (31 March 1885), NARA, RG 92, Entry 225, Box 37. Several historic photographs of the old hospital are available in the Angel Island park files. The best image is a post-1875 elevation also available at the National Archives Still Picture Branch (photo 92-F-3-6). Sketch plans and an elevation drawing of the old hospital were found in the National Archives, RG 112, Enclosure to Special Sanitary Report, (30 June 1893), Entry 41, Box 2. These plans include room labels.

⁹See correspondence in RG92, Entry 89, Box 1955, File No. 120038.

¹⁰Letter to Surgeon General from Office of Surgeon at Angel Island (12 April 1902), NARA, RG 92, Entry 89, Box 3778, File No. 183536.

rotten to a greater or less degree, and a lead pencil can be pushed into the gutters of the roofs or the floor beams, which dust enters freely through the floors, under the eaves, and through the distorted doors. There have been extensive repairs at various times, but in my opinion farther [sic.] expense in this direction is inadvisable, and I therefore recommend the erection of a twelve bed brick or stone hospital of modern construction. Wood is inadvisable because of the high winds which obtain here, the rather large diurnal fluctuations of temperature, and the constant humidity which quickly rots it.¹¹

Kulp went on to enumerate the substantial structural and functional problems of the old hospital including a failed foundation under one of the ward annexes that threatened to slip down the hill and an isolation ward room located next to the dining room.

Although Kulp's request was endorsed by the Assistant Surgeon General of the Department of California, the uncertain future of the garrison in this period initially precluded major expenditures on either new building or major repairs. In May 1902 the Major General of the Department of California rejected the request:

So far as known here, there is no permanent garrison to be located at Fort McDowell. This being the case the Department Commander does not see his way to approving either the construction of the new hospital or to spending \$1200 on the old one which is now on its last legs. But for repairs sufficient to fit it for temporary occupation an allotment of \$500 is recommended, and it is further recommended if it is determined to make the place a permanent station that measures be taken to provide a new hospital.¹²

By the end of the year, approximately \$600 was spent on emergency repairs to the old hospital, but clearly a more aggressive solution was needed.

Finally on October 26, 1903, the Secretary of War approved a new hospital for Fort McDowell. On November 18, 1903 a call for construction, plumbing and heating bids went out, with a closing date of December 18th. The location for the new hospital was

¹¹Letter to Surgeon General from Captain J. Kulp, Office of Surgeon at Angel Island (20 April 1902), NARA, RG 92, Entry 89, Box 3778, File No. 183536.

¹²Endorsement, Major General, Department of California (6 May 1902), NARA, RG 92, Entry 89, Box 3778, File No. 183536.

approved on December 9th. The new structure would be located just northwest of the old hospital and dramatically sited on the edge of the hill overlooking the north side of the parade grounds. Unlike the old hospital which was oriented toward the road, the new hospital's main elevation would face the coastline at the base of the parade grounds. The contracts were awarded to the lowest bidders on December 21st - James Campbell for construction, Samuel Ickelheimer for plumbing, and John G. Sutton for heating. On December 28th, \$20,000 was officially allotted for construction of the new hospital. However, Campbell's bid was nearly \$25,000, creating a need to alter the specifications and reduce cost.¹³ On January 9, 1904 the Surgeon General requested that the Quartermaster General reject all current proposals and invite new proposals reflecting the changed specifications. In addition:

...each bidder [should] be requested to state in his proposal what reduction will be made if all foundation walls are of concrete, same as specified for footings, of dimensions shown on drawings. Exposed underpinning to be lined off in imitation of stone, and the stone water table specified to be used between concrete and brickwork, except on porches.¹⁴

Bids for the revised specifications were advertised on January 25, 1904. This time the general construction contract was awarded to W. R. Clark and Samuel Henery of Stockton. With a concrete foundation and other items such as a subsoil drain omitted from the original specifications, Clark and Henery entered the low bid of \$17,972.¹⁵ The building was scheduled for completion on September 27, 1904. On September 23rd Clark and Henery requested a forty day extension from William Patten, the Constructing Quartermaster officer in charge of the project. They described three reasons for the construction delay:

First - The location of the building made it necessary to do more

¹³See correspondence, "Abstract of Proposals," and specifications in NARA, RG 92, Entry 89, Box 4167, File No. 196273.

¹⁴"Fourth Endorsement - Abstract of Proposals," (9 January 1904), NARA, RG 92, Entry 89, Box 4167, File No. 196273.

¹⁵The hospital specifications were amended to include the following list of "Omissions and Changes":

1. Verandas and porches as per specifications including foundations
2. Vegetable bins, closet for canned goods, liquor closet and all shelving in basement
3. All concrete floors in basement, except in heater and fuel rooms, halls and area
4. China closet, kitchen dresser, pipe rack shelving and locker in wardmaster's room, first floor
5. Linen closets and mattress rack, second floor
6. Finishing of attic, except hall, diagonal floors, and partitions set, including plumbing fixtures
7. Subsoil and downspout drains

excavation than called for in plans and specifications excavation was rock and had to be blasted, this excavation had to be completed before foundation walls could be started. This caused a delay of about 12 days. Second - All pipes for plumbing had to be put in before we could put on the furring and lath necessary for plastering. This caused a delay of at least 15 days. Third - The pipes necessary for heating (this contract had not been let) had to be all put in before we could plaster, this caused a delay.¹⁶

John G. Sutton received a \$2440 contract for installing a hot water heating plant on July 29th, confirming Clark and Henery's assertion that delays in letting the heating contract disrupted their schedule.¹⁷ The Quartermaster General's Office authorized allowing Clark and Henery to finish the work and directed the Chief Quartermaster of the Department of California to hold all payments until the work was completed. The expense and time needed for this project must have been more than anticipated because on October 25th a call for proposals was issued for completing the construction, plumbing, and heating work at the hospital. Clark and Henery was awarded the additional \$2964 contract on December 14, 1904 with completion scheduled for February 2, 1905. The hospital was actually completed on March 6th.¹⁸

The hospital was constructed under the supervision of two post officers - Captain J. R. Lindsay, Quartermaster and Captain John R. Kulp with the Medical Corps. However a few changes were needed to adapt the standardized plan for use at Fort McDowell. On March 13th, Kulp requested several changes:

The kitchen sink now in place in the operating room is most unsightly and out of place and should be replaced by marble two basin stationary wash stand similar to those on first and third story lavatories. The room designated as a laboratory in plans cannot be used as such as it has a southwest exposure with the sunlight entering both windows from 10am until sunset, also opposite each window is placed a large steam radiator preventing work with microscope opposite windows. The room mentioned as in the

¹⁶Letter Clark and Henery to William Patten, (23 September 1904), NARA, RG 92, Entry 89, Box 4167, File No. 196273.

¹⁷The Quartermaster General's Office prepared a heating plan for the hospital that is dated June 1904. See NARA, RG 92, Entry 89, Box 4167, File No. 196273.

¹⁸See correspondence, NARA, RG 92, Entry 89, Box 4167, File No. 196273. Samuel Ickelheimer again received the plumbing contract with the same extended schedule.

northeast on same floor has a good north light and one window free from encumbrances.¹⁹

Approval was given for these changes, as well as enlarging the stair landing between the first and second floors to be eight feet wide, allowing enough space for carrying a patient on a litter. As built the landing was only four feet, six inches wide and by July it was realized that this space was insufficient. The repairs were completed by November 25, 1905 for a cost of \$110. An inspection report from October 10th noted the brick hospital as the newest building at the post, "in every respect well built" but with one exception:

The exception to the otherwise excellent work on the building is a crack in the walls of one corner of the ward annex, which begins at the bottom of the foundation and extends to the top of the brick wall. ...Appearances indicate that it is due to a settlement of the foundations in one corner of the ward, although the footings are said to have been placed directly upon a natural ledge of rock.²⁰

The inspection report continued by stating that the old hospital "has been converted into a post exchange and amusement and reading room and furnishes excellent accommodations for that purpose."²¹

The new brick masonry hospital was more substantial and solidly built than the old twenty-four-bed wood hospital, although it only had one ward for twelve beds. However the new hospital was still modeled on the pavilion form developed in the 1860s. The new larger scale of military operation rapidly made this form obsolete. In 1911 construction began on the first 50-bed section of the massive concrete hospital at the East Garrison. The West Garrison hospital was transferred from the Medical to the Quartermaster Corps in 1923, less than twenty years after its construction.²² It was used as quarters and offices until Fort McDowell was decommissioned in 1946.

II. ARCHITECTURAL INFORMATION

A. General statement:

¹⁹Letter Assistant Surgeon, Fort McDowell to Military Secretary, Washington, D.C. (13 March 1905), NARA, RG 92, Entry 89, Box 4167, File No. 196273.

²⁰Inspection Report - Fort McDowell, (10 October 1905), NARA, RG 92, Entry 89, Box 5333, File No. 226460.

²¹Inspection Report - Fort McDowell, (10 October 1905).

²²Historical Record of Public Buildings, Fort McDowell, Angel Island, Building No. 82, Office and Barracks, NARA, RG 77, Entry 393, Box 142, Folder 5. Includes a 1929 photograph.

1. Architectural character: The Camp Reynolds hospital is a largely unaltered example of Army hospital construction from the first decade of the twentieth century. It was built using standard plans created by the Surgeon General's Office and used for five hospitals in the San Francisco Bay Area. This plan updates the basic pavilion and ward annex form of an 1867 hospital plan distributed by the Surgeon General's Office by using brick and more advanced building technology such as a hot water boiler heating system.
 2. Condition of fabric: Fair. Some vandalism and interior water damage has occurred, but the original concrete foundation, brick walls, and slate roof appear to be sound.
- B. Description of Exterior:
1. Overall dimensions: 99 feet, 9 1/8 inches by 44 feet, 3/8 inches
 2. Foundations: The foundation is concrete scored to look like stone coursing. There is a thick, rusticated sandstone water table around the pavilion section of the hospital.
 3. Walls: The exterior walls are red brick laid in a running bond.
 4. Structural system: The brick load-bearing walls stand on concrete footings and foundations. A wood frame supports the interior walls and a wood truss holds the roof.
 5. Porches and stoops: The hospital has three porches, each supported by concrete piers with sandstone caps. A major porch or veranda wraps around all three sides of the ward annex. Another one-story porch is located on the south, or main elevation of the pavilion section. This porch covers the three center bays on this elevation. The third porch covers the two west bays of the north elevation. This porch has been partially enclosed with horizontal wood weatherboards. All of the porches have hipped standing seam tin roofs, beaded wood ceilings, and tongue and groove wood floors (a red composite material has been placed over the floor on the north porch). The porch supports are all square wood columns with Doric capitals and chamfered corners. To prevent rot the base of the columns sit in cast-iron crickets. Only one column remains on the pavilion south elevation porch and it has been reinstalled upside down. Replacement wood poles

now support the rest of this porch roof. Several sections of original wrought iron pipe railing are still extant on the ward annex veranda.

All of the original wood porch stairs with wrought iron pipe railings have been removed. These stairs were located at the east end and northwest side of the ward annex and south and north pavilion porches. The granite bases for the exterior stairs are still extant. A flight of subterranean concrete stairs provides access to the basement doors on the north elevation.

6. Chimneys:

The hospital has three interior brick chimneys, all located in the pavilion section. Two are located in the middle of the roof slope on the west elevation. These chimneys serve the kitchen and a fireplace in the first floor office. The third chimney is located close to the eave on the north side of the east elevation. It is connected to the boiler. There are also two metal ventilators in the ridge of the ward annex and one in the center of the pavilion.

7. Openings:

a. Doorways and doors:

There are six exterior doorways. The openings at the center of the pavilion's main elevation, the east end of the ward annex, and the basement entrance on the north elevation of the pavilion have five light transoms over double doors. The wood doors are glazed with two recessed horizontal panels below. The basement door glazing is divided into six lights each; the other doors are single light. The kitchen doorway on the north elevation and lavatory doorway from the veranda have three light transoms over single glazed wood doors with two horizontal recessed panels. All of these doorways have segmental relieving arches, simple wood frames and concrete sills.

The sixth exterior doorway is a later addition on the west side of the partially enclosed kitchen porch. This glazed wood door has three horizontal panels.

b. Windows and shutters:

The typical window is a two over two double hung sash with an small ogee curve at the bottom corner of the upper sash. All of these window openings have segmental

relieving arches, thin wood frames, and rusticated sandstone sills.

The windows at the basement level are pairs of single light folding casements. These openings have thin wood frames and rusticated sandstone sills. In the ward annex the basement window openings are jack arched. The ward annex dormers have pairs of four light folding casements and the pavilion dormers each have two nine light casements.

Exterior shutters appear on the standard plans, but were omitted in the construction of the Camp Reynolds hospital.

c. Coal chute:

There is coal chute opening with a metal bottom hinged door on the north elevation. It is located in the foundation of the lavatory section of the ward annex, with direct access to the fuel room in the basement. This opening has a sandstone sill. The construction specifications noted that the required coal chute could be purchased from the C. W. Hunt Company, New York City.

8. Roof:

a. Shape, covering:

The pavilion has a front gable roof. The ward annex has an L-shaped cross-hipped roof. Both are covered in original slate shingles with galvanized iron ridges. The slate was originally black but now faded to gray. The construction specifications recommended "Brilliant Black Roofing Slate" manufactured by Eureka Slate Company, Kelsey, Eldorado County, California.

b. Cornice, eaves:

The pavilion roof has a box cornice with gable returns. The ward annex roof has a shallow box cornice. The eaves have box gutters lined with tin.

c. Dormers:

This building has five pedimented gable dormers with pairs of casement windows. Two larger ones are located in the center of west and east roof slopes of the pavilion. The ward annex has two dormers on the south elevation and one on the north. The front pediment and sides of the dormers are sheathed with slate.

C. Description of Interior:

1. Floor plans: See measured drawings HABS No. CA-1841-G for complete plans of the hospital. Planned hospital room uses, as noted on the construction blueprints, are indicated. The pavilion section of the hospital is square in plan with the shallow L-shape of the ward annex extending from the east wall. There is a center hall on all the pavilion section floors and a transverse hall running to the east into the ward annex on the basement, first, and second floors. Rooms in the pavilion are arranged around this center hall with the largest rooms in the corners and a similar plan on all floors. The third, or attic floor, has one large room across the south of the pavilion instead of two larger rooms and a front hall or small center room like the other levels. The basement and first floor of the ward annex have two small rooms flanking the hall leading to one large room. The ward attic is accessed from the second floor of the pavilion. It was designed as one large space but now has a wood partition with a center door just east of the second dormer.
2. Stairways: The hospital has one dog-leg stairway with halfspace landings located in the back section of the pavilion center hall. The enclosed basement stairs have open risers and are located directly below. The landing between the first and second floor was widened to the south shortly after construction to allow for moving patients on a litter between the ward and operating room. At the first floor the stairs have decorative brackets on the stringers, a curtail step on the first floor, and newel drops at the turns. The original Colonial Revival newel post and balustrade are gone, but their appearance can be ascertained from construction detail drawings and the former hospital at Fort Mason. The newel post was a square column with recessed panels and a small decorative urn on the cap. The banister had a molded hand rail and simple Doric column balusters. Black rubber treads have been added to the stairs.
3. Flooring: There is tongue and groove wood flooring throughout the upper floors of the hospital. The thin planks are oriented north to south everywhere except the ward section of the first floor (east to west) and the entire ward annex attic (diagonal). There is a layer of linoleum on the stair landings, in the former kitchen, lavatory, and ward (first floor), and officer's ward (second floor). The basement floor is concrete with a finish layer scored into three foot squares. An additional wood plank floor was added to the former medicine

storeroom in the basement. A low concrete platform has been added to part of the basement storeroom in the northwest corner.

4. Wall and ceiling finish: There are concrete walls and exposed joist ceilings in the basement, except for the former medicine storeroom which has a beaded wood ceiling and the former vegetable cellar across the hall which has the remains of furring strips on the walls and a fiberboard ceiling.

The upper floors have plaster on lath walls. The interior partition walls have wood lath and the plaster is attached to the exterior brick walls with a metal grille lath. The walls in the ward (first floor) have rounded corners and no baseboards for sanitary purposes. Here and in the former wardmaster room there is only quarter round toe molding. The first and second floor halls have wide baseboards and quarter round toe molding, the other spaces just have toe molding.

The west end of the transverse hall in the basement has been enclosed with a thin wood partition and vertical slat door. The ward annex attic has horizontal beaded plank walls in the larger section and exposed studs in the unfinished section behind a light beaded wood partition wall. These added walls are probably related to the conversion of the hospital into a barracks and offices.

5. Openings:
- a. Doorways and doors: The typical interior door is wood with five horizontal recessed panels. Most of the openings have three light transoms and thin, simple molding. On the first floor there are larger transoms and partially glazed double doors at the opening between the ward and hall and the main entrance vestibule and hall. There are also double doors in the basement between the pavilion and ward annex sections and the boiler room and the hall.
 - b. Windows: There is one interior two over one double hung sash window between the wardmaster's room and ward on the first floor. All the window openings are plastered with sloped sills. The windows in the ward are arranged for cross ventilation.

6. Built-ins and decorative features:

The standard plans for this hospital include a number of built-ins, not all of which were actually built or have since been removed. The only original built-ins appear to be the eight lockers across the east wall of the former dormitory on the third floor, built for members of the Hospital Corps. Now heavily damaged, they originally had doors with two over two recessed vertical panels. The cabinetry in the kitchen, dispensary, and mess room on the first floor is no longer extant.

Additional wood lockers probably dating to the conversion into a barracks in the 1920s are found in most rooms in the pavilion section. In the former office on the first floor, two double lockers fill in the spaces on either side of the fireplace, blocking the connecting door to the former waiting room on the west side. All of the built-in cabinets currently are painted gold.

The mantel has been removed from the fireplace in the former office on the first floor, although a wood cornice for an overmantel is still attached to the wall. A curved wood piece that was probably part of the fireplace surround sits on the floor in this room.

7. Hardware:

Most of the hardware has been damaged or removed. A few of the plain metal door knobs and escutcheons remain.

8. Mechanical equipment:

a. Heating, ventilation:

The boiler and radiators for a hot water central heating system are still extant. The boiler is located in the basement and is an Extra Heavy Type Y, Kewanee Boiler Company, Kewanee, Illinois. The cast iron radiators have a decorative floral pattern with small cherub heads on each end fin. They are located under the windows on the north, south, and east elevations, except for one radiator at the west end of the hall on the first and second floors, one radiator located under the west window in the former isolation ward on the second floor, and the radiators on the side walls in the two small dormer rooms on the west and east side of the third floor. There are small horizontal vents near the floor behind each radiator connecting to a small

curved flue exiting the building just below the window sill on the exterior, except for in the planned isolation ward on second floor. The basement and ward annex attic were originally unheated.

In addition to the modern heating system, this hospital building was planned for healthful ventilation. Four large intake vents with decorative metal grilles are in the west wall of the ward flanking the door - two near the ceiling and two near the floor. Another larger opening with a decorative metal grille is located near the center of the ceiling. These vents were originally connected with galvanized iron flues through the unfinished ward annex attic to the metal ventilation chimneys on the roof. Another ventilation grille in the third floor hall ceiling is connected to the ventilation chimney on the pavilion roof.

b. Lighting:

The hospital was originally piped for acetylene gas. A small gas generator was located under the ward annex veranda, probably where there is a concrete slab on the north side. In 1918 electric wiring and fixtures were installed - the wiring runs through exterior metal conduits attached to the walls and ceilings.²³

c. Plumbing:

The switch from use as a hospital to a barracks and office caused some changes to the interior plumbing. Sinks have been removed from several rooms. The first floor lavatory and third floor toilet are original, but the fixtures were replaced in 1936²⁴ and subsequently removed. The small toilet on the second floor only has a corner sink remaining while the adjacent officer's ward was converted into a larger bathroom with a concrete shower stall and three toilets. All of the original bathrooms had cast iron tubs. In the first floor lavatory the tub has been replaced by a beaded wood shower stall. Additional remaining fixtures in this space are two toilets in beaded wood stalls, an utility sink, urinal and two sinks.

²³Inspection Report - Fort McDowell, (10 October 1905); Historical Record of Public Buildings, Building No. 82.

²⁴Historical Record of Public Buildings, Building No. 82.

III. SOURCES OF INFORMATION

- A. Architectural drawings: A complete set of construction blueprints prepared by the Surgeon General's Office for an "Army Hospital for 12 Beds" was used for the Camp Reynolds hospital. These blueprints were found with specifications for the Angel Island project in the Washington, D.C. branch of the National Archives. The drawings include plans, elevations, and details and are located in RG 92, Records of the Quartermaster General's Office, Entry 89, Box 4167, File No. 196273.
- B. Early Views: There are two early views of the hospital in the Angel Island park files. These are copies of c. 1905 and c. 1918 images from the Society of California Pioneers archives.
- C. Bibliography:
See notes for a listing of relevant archival materials from Record Groups 92 and 77 at the National Archives and Records Administration in Washington, DC and College Park, Maryland.
- Hoagland, Alison K. "'The Invariable Model': Standardization and Military Architecture in Wyoming, 1860-1900," *Journal of the Society of Architectural Historians* 57:3 (September 1998): 298-313.
- Soennichsen, John *Miwoks to Missiles: A History of Angel Island*. Tiburon, CA: Angel Island Association, 2001.
- Surgeon General's Office. *War Department Circular No. 4 A Report on Barracks and Hospitals with Descriptions of Military Posts*. Washington, DC: GPO, 1870.
- D. Likely Sources Not Yet Investigated:
Additional research is necessary to determine the extent of the Army's use of this standardized hospital plan and the relationship between this facility and the other hospitals on Angel Island.

IV. PROJECT INFORMATION

Camp Reynolds was documented by the Historic American Buildings Survey (HABS, Paul Dolinsky, Chief) (U.S. Department of the Interior, National Park Service, HABS/HAER/HALS Division, E. Blaine Cliver, Chief) during summer and fall 2002. The project was sponsored by the State of California Department of Parks and Recreation, Rusty Areias, Director; and by Angel Island State Park, Nick Franco, Superintendent. Field recording and measured drawings were completed by Mark Schara, HABS Architect and Project Supervisor; HABS Architect Kathy Falwell; and Architects Paul Davidson (Pratt Institute) and Jonathan Eggert (University of

Michigan). HABS Historian Lisa Pfueller Davidson served as project historian. HABS Photographer James Rosenthal completed large format photographs during fall 2002. Assistance was provided by the Staff of Angel Island State Park and Marin District Historian Marianne Hurley. See related documentation, HABS No. CA-2721, Fort McDowell, for information about the East Garrison portion of the island.

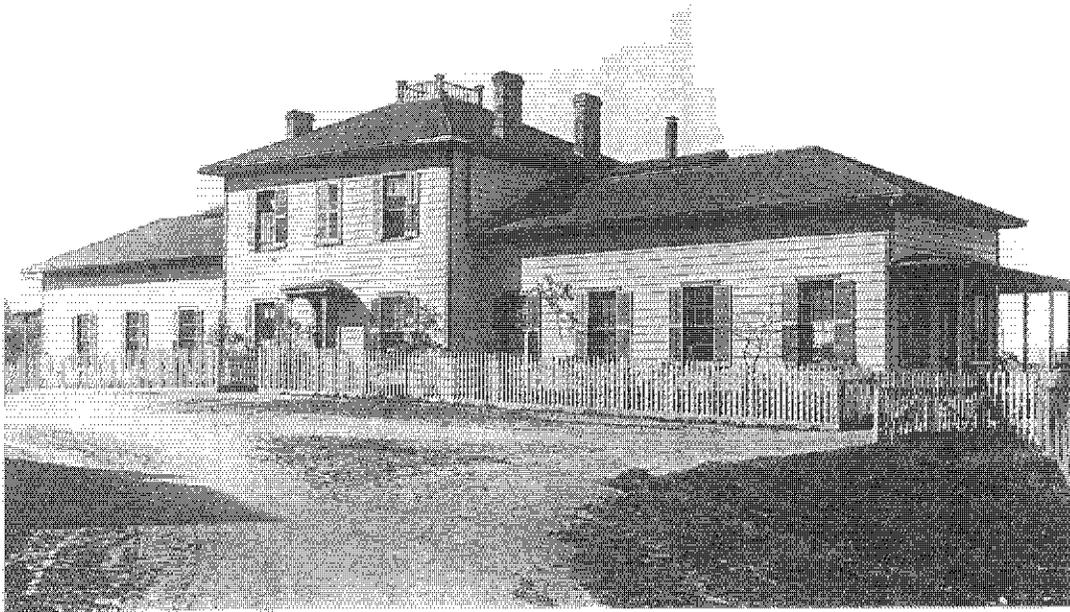


Figure 1: Original Camp Reynolds Hospital, c. 1875
Source: National Archives, Still Picture Branch (Photo 92-F-3-6)