NPS Form 10-900
(3-82)

OMB No. 1024-0018
Exp. 10-31-84

United States Department of the Interior
National Park Service

National Register of Historic Places Inventory—Nomination Form

For NPS use only
received JUL 29 1985
date entered AUG 29 1985

See instructions in *How to Complete National Register Forms*
Type all entries—complete applicable sections

1. Name

historic Connecticut General Hospital for the Insane

and or common Connecticut Valley Hospital

2. Location

street & number Silver Street; east of Eastern Drive N/A not for publication

city, town Middletown N/A vicinity of

state Connecticut code 09 county Middlesex code 007

3. Classification

Category	Ownership	Status	Present Use	
X district	X public	X occupied	___ agriculture	___ museum
___ building(s)	___ private	___ unoccupied	___ commercial	___ park
___ structure	___ both	___ work in progress	___ educational	___ private residence
___ site	**Public Acquisition**	**Accessible**	___ entertainment	___ religious
___ object	___ in process	X yes: restricted	___ government	___ scientific
	___ being considered	___ yes: unrestricted	___ industrial	___ transportation
	N/A	___ no	___ military	X other: hospital

4. Owner of Property

name State of Connecticut, Department of Mental Health

street & number 90 Washington Street

city, town Hartford N/A vicinity of state Connecticut 06115

5. Location of Legal Description

courthouse, registry of deeds, etc. Town Clerk

street & number

city, town Middletown state Connecticut

6. Representation in Existing Surveys

see continuation sheet

title State Register of Historic Places has this property been determined eligible? ___ yes X no

date 1985 ___ federal X state ___ county ___ local

depository for survey records Connecticut Historical Commission, 59 S. Prospect Street

city, town Hartford state Connecticut

7. Description

Condition		Check one	Check one
___ excellent	___ deteriorated	___ unaltered	X original site
_X_ good	___ ruins	_X_ altered	___ moved date
___ fair	___ unexposed		

Describe the present and original (if known) physical appearance

The Connecticut General Hospital for the Insane is located in Middletown, a town approximately twenty miles south of Hartford, the state capital. The hospital is located southeast of the downtown center of the City of Middletown on the heights above a loop in the Connecticut River. Today the hospital complex is divided from the suburban residential areas of the city by Route 9, a four-lane highway which connects Hartford with Saybrook, a town on the coast.

The hospital complex consists of 52 principal and secondary buildings of which 27 contribute to the significance of the site. The oldest building in the complex is Shew Hall (Photograph #1 and Exhibit A), which was built in the French Second Empire style in 1866-1874. In 1939 the roofline of the central pavilion was altered to its present appearance. Contemporary with the main building is a sectionof Stanley Hall, another French Second Empire style structure (Photograph #2). Built as the complex's carpenter shop, Stanley Hall was enlarged in the late 1870s to house the criminally insane. Both Shew and Stanley Halls are built of Portland Freestone laid in ashlar blocks. The interior of Shew Hall followed the Kirkbride plan of independent wards, each with its own facilities, but this plan was altered in the late nineteenth century to reflect centralized services.

The next major structure to be constructed on the site which still survives is the South Hospital (Woodward Hall), built in 1885 in the Queen Anne style of red brick (Photograph #3 and Exhibit B). Like Shew Hall, Woodward Hall is massive. It is three-and-a-half stories tall and thirty-four bays wide.

Projecting pavilions punctuate the facade; two of these are rounded with conical roofs. The remainder of the building has hipped or gabled roofs. Weeks Hall, located on the north side of the main building, built in 1896, is very similar in its detail and massing (Photograph #4 and Exhibits C & D).

Several other smaller nineteenth-century structures are integral to the complex. These include: the carpenter shop (Photograph #5), a one-and-a-half-story brick cottage, an Italianate frame house (Photograph #6), a brick Queen Anne cottage (Photograph #7), and a frame Queen Anne house (Photograph #8).

After the turn of the century more classically inspired styles held sway until the 1950s and 1960s. However, there are some exceptions to this rule. The Picturesque-style brick and stone police station with its tile roof and rusticated stone blocks is one example of the diversity of early twentieth century styles within the complex (Photograph #9). The two-story frame Colonial Revival house with its projecting pedimented pavilion is another (Photograph #10). The Dutch Colonial cottage with its gambrel roof (Photograph #11) is yet another.

The Beaux-Arts influence is evident in the three-story brick and limestone Page Hall (Photograph #12) while Noble Hall, which houses the complex's theatre, is a monumental brick Colonial Revival structure (Photograph #13). Also executed in the Colonial Revival style is the Smith Home (Photograph #14), Russell Hall (Photograph #15), and the Shephard Home (Photograph #16).

Other minor buildings of interest on the site include the early twentieth-century frame barns and sheds associated with the farm on the east side of the complex. Most of the non-contributing buildings are small in scale and don't have an adverse visual impact.

Middletown Historic Resources Survey, 1978
Greater Middletown Preservation Trust
27 Washington Street, Middletown, CT 06457

The landscape features of the site are an integral part of the complex. The winding lanes, benches, mature trees and stone gateposts lend a park-like appearance to the hospital (Photograph #17).

Several modern buildings are located on the site which at present cannot be said to contribute to its significance. Among these are Merritt Hall, Dutton Hall, the Eddy Home, Leak Hall, Dutcher Hall, Battell Hall (Photograph #18), the A-frame chapel and the power plant. Another unusual feature is the covered tramway system which links Shew Hall with Noble, Page and Stanley Halls (visible in Photograph #2).

INVENTORY
NC = non-contributing; C = contributing

NC 1. Merritt Hall. (1956-61). 3-story brick institutional building. Walter P. Crabtree, Jr. was the architect.

C 2. Russell Hall. (1923). Designed by Delbert K. Perry. Large brick Colonial Revival hospital. Main block is 3-stories tall and 9 bays wide with a pedimented portico supported by Ionic columns. Two 2-story side wings flank main block. Main block and wings have gable roofs (Photograph #15).

C 3. Weeks Hall. (1896). Massive brick Queen Anne style hospital. 2½-stories tall with hipped roofs. Central pavilion projects from facade flanked by 2 wings, each with 3 projecting bays (Photograph #4, Exhibits C & D). Has 2-story brick Colonial Revival wing at rear. Main block was designed by Curtis & Johnson.

C 4. Smith Home. (1900-1911). Designed by William D. Johnson. 3-story brick Colonial Revival nurses' home. 3 projecting cross-gable pavilions. 17 bays wide with 1-story open porches on either end. Cupola on roof of central pavilion (Photograph #14).

C 5. Shew Hall. (1866-1874; altered 1939, 1967). Monumental French Second Empire stone hospital. Mansard roof on all sections except where altered on central pavilion. Designed by Samuel Sloan & Addison Hutton. (Photograph #1, Exhibits A & A-1).

C 6. Page Hall. Designed by Curtis & Johnson. (1903). Large Beaux-Arts style brick hospital with limestone trim. Originally designed to house congregate dining facility for whole complex (Photograph #12).

C 7. Noble Hall. Designed by William D. Johnson. (1908). Square brick Colonial Revival theatre. 4 bays wide and 2 stories high. Central projecting pedimented pavilion houses 3 arched entrances. Domed cupola (Photograph #13).

NC 8. Haviland. Designed by Sebastian J. Passanesi. (1955). Modern institutional 3-story outpatient clinic.

C 9. Woodward Hall. (1886, altered 1940). Massive brick Queen Anne hospital. Projecting central pavilion flanked by two wings, each with three projecting pavilions. A 1920s Colonial Revival wing is attached to the rear designed by Connecticut Department of Public Works (Photograph #3, Exhibits B & D).

C 10. Shephard Home. Designed by Walter P. Crabtree, Sr. (1925). Massive brick Colonial Revival nurses' home. Main block is 3-stories tall with a 3-story portico sheltering the entrance. 2-story gable-roofed wing flank main block (Photograph #16).

NC 11. Battell Hall. Designed by Moore & Salisbury of West Hartford. 4-story brick modern institutional building (Photograph #18). 13 bays wide with return wings.

NC 12. Dutcher Hall. (1950). 3-story brick Colonial Revival hospital. Main block is 17 bays wide with return wings. Projecting central pavilion. Copper roofed cupola.

C 13. Kenniston Hall. (1907). 2-story brick Colonial Revival-style structure. A central projecting pavilion houses a large arched entrance. 2 gabled pavilions flank the central pavilion. Hipped roof.

NC 14. Leak Hall. Designed by Connecticut Department of Public Works under Frederick J. Dixon. (1940). 2-story brick Colonial Revival hospital. Main block is 9 bays wide with projecting central pavilion. Cupola on roof of main block. Flanking side wings.

NC 15. Eddy Home. (1955). 3-story brick modern institutional nurses' home.

16. Dutton Hall. Designed by Connecticut Department of Public Works under Frederick J. Dixon. (1940). 2-story brick Colonial Revival hospital. Main block is 9 bays wide flanked by 2 side wings.

C 17. Stanley Hall. (1866-1869; altered 1879). 2½-story French Second Empire stone structure. Built as hospital carpenter shop and altered in 1879 to house criminally insane patients (Photograph #2).

C 18. Police Station. (1895). 1-story brick and stone Picturesque cottage. Tiled roof (Photograph #9). Cross gables.

C 19. Cottage #44. (1888). 1½-story brick Queen Anne-style cottage. 4 bays wide with hipped roof entrance pavilions flanking the main block (Photograph #8).

C 20. Cottage #12. (1879). 2-story L-shaped frame cottage with gable roof and porch with chambered columns. Aluminum siding.

C 21. Cottage #16. (1893). 2-story frame Colonial Revival cottage. Three bays wide with gable roof and central pedimented projecting pavilion (Photograph #10).

C 22. Cottage. (c. 1870). 2-story frame vernacular cottage. Three bays wide with gable roof and hipped-roof porch.

C 23. Cottage. (c. 1920). 1½-story frame Dutch Colonial cottage with a gambrel roof. Three bays wide (Photograph #11).

C 24. Former Carpenters' Shop. (1905). 1½-story brick carpenters' shop. East end has steep hipped roof, west end gable roof (Photograph #5).

NC 25. Garage. (c. 1960). 1-story brick garage.

NC 26. Cottage. (c. 1960). 1-story brick cottage. Gable roof. 2 bays wide by 1 bay deep.

C 27. Cottage. (c. 1900). 2-story frame cottage set gable end to the street. 2 bays wide. Aluminum siding.

C 28. Cottage #31. (c. 1900). 2-story frame cottage. 2 bays wide. Set gable end to street. Aluminum siding.

NC 29. Cottage #32. (c. 1960). 1½'story frame Cape Code style cottage. 5 bays wide.

NC 30. Power Plant. Designed by Fletcher Thompson Inc. of Bridgeport. (c. 1950). Massive 2-story brick power plant with brick smokestack.

NC 31. Former Fire Station. (c. 1940). 2-story brick fire station with 2 garage bays facing Holmes Drive.

NC 32. Post Office, Fire Department & Garage. (c. 1960). 2-story cinderblock structure with 8 garage bays.

NC 33. Carpenter's Shop. (c. 1940). 1-story brick Colonial Revival building.

NC 34. Whiting Forensic Institute. (1970). 1-story cast concrete laboratory building.

C 35. Blacksmith Shop. (1920). 2 structures joined together. One is frame with a gable roof and board and batten siding. The structure in the rear is a 1-story cinderblock and stuccoed masonry building.

C 36. Mason Shop. (c. 1908). 1-story brick shop. 3 bays wide. Gable roof.

C 37. Barn. (c. 1918). Frame barn with gambrel roof and brownstone foundation. Has a 1=story stuccoed masonry wing on Silver Street elevation.
NC 38. Garage. (c. 1960). 1-story cinder block garage with 3 garage bays.
C 39-40. Stables. (c. 1900). 1-story frame vertical board stables attached to building #33.
C 41. Barn. (c. 1900). 1-story frame barn with gable roof.
NC 42. Chapel. (c. 1960). 1-story A-frame chapel.
NC 44-45. Cottages. Designed by Connecticut Department of Public Works under Frederick J. Dixon. Two 2-story brick Dutch Colonial cottages.
NC 46-47. Cottages. (c. 1970). Two 2-story frame saltbox style houses. 5 bays wise. Gable roofs. Aluminum siding.
C 48. Cottage #31. (c. 1850). 2-story frame Italianate house. Three bays wide. Aluminum siding.
C 49. Cottage. (c. 1890). 2-story frame Queen Anne-style house. Gable roof to the street and tower one north side. Aluminum siding.
NC 50. House. (c. 1960). 1-story brick ranch house.
C 51. Greenhouse. (c. 1900). 1-story glass and frame greenhouse.
NC 52. School. (c. 1970). 1-story brick building.
NC 53. House. Designed by the Connecticut Department of Public Works under Frederick J. Dixon. (c. 1940). 2-story brick house. Hipped roof.

Description (continued):

This continuation sheet and those following are appended in order to justify further the delineation of the district boundary, to clarify the proportion of contributing resources in the district, and to describe the overall campus plan in terms of building distribution, landscaping, and integrity.

Boundary Justification. The boundary includes virtually all the contiguous property of Connecticut Valley Hospital in order to recognize the continuity of architecture, landscaping, and functional distribution that has characterized development of the complex. The only portion of the institution's property that is excluded is the grouping of recent 1-family dwellings south of Bow Lane; this exclusion was made because these houses follow the plan of a post-World War II subdivision rather than the campus plan characterizing the rest of the complex. One-family homes are found in the campus plan, but they are in small clusters, generally on the periphery of the complex, and in their functions of housing hospital personnel or select groups of patients they complemented the operation and plan of the institution, as detailed in the next section. In contrast, the excluded buildings represent a departure from the overall campus plan: they resemble the groupings of similar dwellings that characterize the post-World War II suburban housing boom.

The Campus Plan: Functional Distribution and Landscaping

The most important element of the plan of Connecticut Valley Hospital is a linear concentration of major structures running north-south along Holmes Drive, with large structures at either end acting to frame the linear pattern on the main block between Silver Street and Bow Lane. The buildings in this linear concentration (#s 6,7,8,9,11,12,13,14,17,18,18,20, 21,42) include most of the major clinical and patient-residence buildings; as such they are the functional core of the complex as well as its visual core. The earliest building in this linear grouping is #17, which was modified from a carpenter shop into a patient-residence in 1879, at the start of the first major expansion of the facility. Also part of that expansion was #9, a huge hospital building that marked one end of the linear grouping that would emerge in subsequent decades. With the construction of #6 (1903), #13 (1907), and #7 (1908), the pattern was well-established; it was completed by #14 (1940), #12 (1950), #8 (1955) and #11 (c.1960), as well as by numerous smaller structures. Three generations of hospital administrators, and the architects they hired, expanded the institution within this overall scheme.

(continued)

Description (continued):

There are four other sub-elements of the campus plan that are preserved within the proposed boundary:

1. Connecticut Valley Hospital orginated as one major building (#5) with smaller support structures, all within an open, parklike setting. Since the major expansion took place in the line along Holmes Drive, this landscape design has been maintained to the present. Building #5 is still surrounded by broad lawns, curving drives, and large-scale plantings, including Norway maples and silver beeches (Photographs 22,23).

2. A shorter row of major clinical and residential structures appears north of Silver Street (#s 1,2,3,4).

3. Single "cottage" residences, or small groups of them, appear at scattered locations around the complex. (See #s 22,23,27,28,29, and 44-50). Originally the cottages housed housed hospital staff, and their function was later expanded to include housing selected patients; they provided a living environment that was less overwhelmingly institutional than the major structures. Thus they were dispersed rather than concentrated.

4. Service and maintenance buildings are grouped in the northeast corner of the complex, including the 1905 carpenter shop (#24), c.1908 mason shop (#36), the c.1918 barn (#37), and two c.1900 stables (#s 39 and 40).

The following section describes the impact of the major recent buildings (i.e., those less than 50 years old) on these various elements of the campus plan that were in place by the early 20th century, as well as the compatibility of the recent buildings with the architectural character of the complex.

Impact of Major Non-Contributing Buildings

Because of its continuous history under a specialized use, continuous administration by state government, and apparently continuing agreement by successive administrators as to the general fitness of the institutional design that had been established, the major recent buildings were all fitted into the prevailing patterns of use and layout: the central spine was extended and filled in, not de-emphasized by random placement of buildings; the major open space around #5 remains unbuilt upon (Photographs 22,23); and the major new service building, the power plant (#30), was placed adjacent to the other maintenance and plant-management facilities.

(continued)

Description (continued):

Buildings that could not be accomodated within the existing layout were de-emphasized by placing them on the periphery, placing them on lower ground, screening them with plantings, or a combination of these means. The small rows of cottages were extended (#50) or new, short rows built (#s 44-47; Photographs 24,25,26); the exception is the subdivision-type grouping south of Bow Lane, which the proposed boundary excludes from the district.

The recent buildings offer some architectural compatibility with the older resources (except for #42--see below). Scale and massing are consistent, and the use of red brick is nearly universal. Following are individual discussions of the major non-contributing buildings and their impact.

#1. This substantial structure (Photograph 19) continues the line established by #s 2,3, and 4. More important in minimizing its impact, however, is that the grade slopes down sharply between #2 and #1, so that #1 sits well below the others. And #1 is recessed slightly behind #2 when viewed along the main approach from the center of the campus (Photograph 20). The result is that one must actually round the corner of #1 and face it from the north in order to grasp its size.

#8. This 3-story brick building continues the line established by #s 6 and 7. It is slightly lower than the earlier, adjacent buildings, so that even when viewed from the south #8 reads more as a continuation than an intrusion; a row of trees along its major (east) elevation further softens its impact (Photograph 29).

#11. This is a modern insitutional building of substantial scale and prominent location (Photograph 27). Lacking a slope to help hide the building, the architects gave it a deep setback to minimize the impact of its scale. Also, its length and siting, and brick walls, tend to mirror the older #9, across Holmes Drive, so that together the two buildings frame the southern end of the linear pattern along this street. Thus #11 may be said to complete the layout of buildings rather than intrude upon it.

#12. This substantial Neo-Classical hospital building, erected in 1950, fits perfectly into the central spine along Holmes Drive. Built in the Neo-classical style, one of those identified as characterizing the institution, it is architecturally compatible with the older structures. Only the rigid application of the 50-year rule for National Register-eligibility prevents according it contributing status (Photograph 31).

(continued)

Description (continued):

#14. This is another Neo-classical hospital building, erected in 1940, that complements the older structures both in terms of architecture and placement. Indeed, its placement was clearly intended to puncuate the linear concentration along Holmes Drive, turned 90 degrees to complete the line of buildings at Silver Street (Photograph 32).

#15. This large building was placed in a hollow below the prevailing grade of the campus. It is hardly visible from the rest of the campus, except in the sightline when one faces northeast between #s 3 and 16. However, a line of mature trees hides the building from this vantage point (Photograph 21).

#30. This boiler house (Photograph 33) is highly visible from Silver Street, the principal approach to the hospital today. Helping to counterbalance this visual prominence is its peripheral placement within the overall campus plan, and the functional continuity of its placement among other service and maintenance buildings. Its red-brick walls and concrete trim are also consistent with many of the earlier buildings.

#32. This concrete-block fire station (Photograph 30) near the middle of the complex is visible if not prominent in the central area of the campus. It is set back sufficiently from Holmes Drive so that it does not break up the linear pattern of buildings along that street.

#34. This low, concrete building is at the bottom of a small slope. Its lower grade and lack of clear vantage point because of surrounding buildings make it minimally intrusive (Photograph 34).

#42. This A-frame chapel with concrete walls is the only jarring intrusion on the architectural character of the campus (Photograph 28). Its placement respects the linear pattern of Holmes Drive, but its form and materials are sharply incompatible with the surrounding buildings.

Proportion of Contributing Buildings.

Of the 53 buildings in the district, 27 (52%) contribute to its significance. While this proportion might seem small, the contributing resources do dominate the district's appearance because of their size and placement. As to size, so many of the contributing buildings are major structures, and so many of the non-contributors are relatively minor, that it appears the

(continued)

Description (continued):

overall square footage is overwhelmingly concentrated in the older structures. As to placement, even though several major buildings are indeed quite recent, most of them are on the periphery, or as detailed above, they are blended unobtrusively or sensitively into the campus plan.

8. Significance

Period	Areas of Significance—Check and justify below				
prehistoric	archeology-prehistoric	community planning	landscape architecture	religion	
1400–1499	archeology-historic	conservation	law	science	
1500–1599	agriculture	economics	literature	sculpture	
1600–1699	X architecture	education	military	X social/ humanitarian	
1700–1799	art	engineering	music	theater	
X 1800–1899	commerce	exploration settlement	philosophy	transportation	
X 1900–	communications	industry	politics government	X other (specify) Health Care	
		invention			

Specific dates see item #7 **Builder Architect** see item #7

Statement of Significance (in one paragraph)

The Connecticut General Hospital for the Insane was the first significant public effort to care for the mentally ill in Connecticut, and the only public hospital in the state until the establishment of a second hospital in Norwich in 1904. Its history is representative of the broad patterns of institutional care in the nation (Criteria A). The site is associated with Clifford Beers, the founder of the Mental Hygiene Movement, a movement which revolutionized the systems of care for the mentally ill in the nation during the early twentieth century (Criterion B). The site's natural features and major early buildings are largely unchanged since the hospital's founding. The main buildings which were built after the initial period of construction are likewise little changed. The main hospital and the other major structures which were built as part of the complex embody a distinctive style of architecture and type of construction. The main hospital is also noteworthy because it is among the early works of Samuel Sloan, a nationally recognized architect and author of books on architecture who was particularly known for his hospital designs (Criteria C).

ARCHITECTURAL ASSESSMENT

The surviving buildings on the site which were built between the founding of the hospital and the late 1920s all embody a quality of design and craftsmanship that is distinctive. The finest materials were used and the massing, finishes and details are handsome and appropriate. Although the roof-line of the center section of the main building (Shew Hall) was altered in 1939, few other significant changes have been made to the exterior of the other buildings.

Connecticut General Hospital for the Insane exhibits a wide variety of architectural styles ranging from the massive French Second Empire Shew Hall, the oldest building in the complex, through Colonial Revival. Other styles represented on the site include the Queen Anne style as exemplified by Woodward Hall, with its turrets, sturdy chimneys and extensive porches and the Italianate, Picturesque and Dutch Colonial styles. The strong influence of the Beaux Arts style in early twentieth-century institutional architecture is evidenced by Page Hall with its severe symmetry, balanced proportions and classically inspired detail. Vernacular architectural styles are also represented in the cottage residences on the site.

Generally the exteriors of the buildings are well preserved and have received few alterations since they were constructed, with the exception noted above of the roof of Shew Hall. Although only a little over half the buildings in the complex contribute to its significance, most of these buildings are major structures and most of the non-contributing structures are smaller. Some of the larger non-contributing buildings may eventually be judged to be contributing since several were designed by prominent architects and exemplify the developing theory of mental health treatment.

Represented in the contributing buildings of the complex is the work of such prominent architects as Samuel Sloan and Addison Hutton as well as Delbert K. Perry, Curtis & Johnson of Hartford, William D. Johnson of Hartford, Walter P. Crabtree, Sr. and Walter P. Crabtree, Jr. Several other buildings were designed by the Connecticut Department of Public Works under Frederick J. Dixon. The Crabtrees, father and son, were well known in the Hartford area as designers of substantial residences. Even in the more recent buildings there is a continuing tradition of architect designed structures including those designed by Sebastian J. Passanesi, Moore & Salisbury of West Hartford, Charles Wellington Walker of Bridgeport and Fletcher Thompson of Bridgeport.

9. Major Bibliographical References

"The Connecticut Hospital for the Insane and the Transformation of Modern America," Michael K. Klingher, thesis submitted to Wesleyan University, Middletown, CT, May, 1978.
The Discovery of the Asylum, David Rothman, Boston, Little, Brown & Company: 1971.

10. Geographical Data

Acreage of nominated property approximately 100 acres

Quadrangle name Middletown **Quadrangle scale** 1:24,000

UTM References See continuation sheet

	Zone	Easting	Northing		Zone	Easting	Northing
A				B			
C				D			
E				F			
G				H			

Verbal boundary description and justification Middletown Land Records, v. 98, p. 52, 54, 57, 98, 102, 103, 104, 120, 188, 189, 426, 611, v. 102, p. 657, 682, 726, v. 109, p. 229, v. 113, p. 185, v. 114, p. 106, v. 119, p. 64, v. 121, p. 160, v. 122, p. 126, v. 123, p. 183, 184, 185, 186, 188, 597, v. 127, p. 382, v. 133, p. 684, v. 138, p. 679, v. 142, p. 562, 662, v. 148, p. 345, 346, v. 154, p. 304. see continuation sheet.

List all states and counties for properties overlapping state or county boundaries

state	N/A	code	county		code
state	N/A	code	county		code

11. Form Prepared By

name/title	Kate Ohno, Preservation Consultant		Edited by John Herzan, National Register Coordinator
organization	Connecticut Historical Commission	date	October, 1983
street & number	59 South Prospect Street	telephone	(203) 566-3005
city or town	Hartford	state	Connecticut

12. State Historic Preservation Officer Certification

The evaluated significance of this property within the state is:

___ national _x_ state ___ local

As the designated State Historic Preservation Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service.

State Historic Preservation Officer signature

title Director: Connecticut Historical Commission date July 3, 1985

For NPS use only

I hereby certify that this property is included in the National Register

Entered in the National Register

for Keeper of the National Register date 8/29/85

Attest: date

Chief of Registration

GPO 894-785

HISTORY

The founding of the Connecticut General Hospital for the Insane signified the first major public commitment to institutional care for the mentally ill in the state. Until the Connecticut General Hospital was established in Middletown in 1867, the only alternative was the private asylum. Chief among these was the Hartford Retreat, founded in the early nineteenth century in Hartford. The Hartford Retreat was nationally recognized as a model mental institution, and it was one of the first and most influential corporate institutions in the country. Founded in part by the state, the facility housed a few indigent patients. However, it soon became very clear that the Hartford Retreat was unsuitable for the care of the large numbers of the state's dependent insane. Legislative committees were appointed in both 1838 and in 1840 to investigate alternatives for housing the state's insane. Both committees suggested the construction of a state facility for the insane, and in 1840 a site was sought for the building. The preferred site was one at Fort Hill in the town of Middletown. However, more than a quarter of a century was to pass before the legislature adopted the recommendations of these committees and an "Act to Create a Hospital for the Insane in the State of Connecticut" was passed by the legislature.[1]

Thus by the mid-nineteenth century a new era in the care of the mentally ill dawned in Connecticut. Those formerly lodged at the Hartford Retreat, and the state's jails and almshouses were to be treated at one central facility using the most widely accepted regimen, that of moral treatment.[2]

The construction of a state hospital, and the official sanction by the legislature of more treatment exemplifies the general evolution of a social attitude towards mental illness both in the United States and abroad. In the seventeenth and eighteenth centuries the mentally ill were classed along with all other social delinquents. The lunatic in American society was viewed as the product of some divine retribution from which society needed protection. Responsibility for this protection since the sixteenth century traditionally resided in the local community. Public punishment and inhuman treatment was not uncommon, and the control of the behavior of the mentally ill on the local level, if perceived as something less than satisfactory, was not openly questioned until a new concept of insanity was introduced as a result principally of the work of Phillippe Pinel, a Frenchman, and William Tuke, an Englishmen, the originators of the method of "moral treatment." Pinel and Tuke suggested that a structured environment could effect a cure of the insane. Thus, under moral treatment the insane were treated as children, with the physician of the institution acting as a father figure. Pinel and Tuke proposed that the insane be properly clothed and fed, exposed to fresh air, employment and exercise. Under these conditions, removed from society, they believed a cure could be effected. These precepts formed the idelogical basis for institutionalization in the United States.[3]

Pinel and Tuke's ideas appealed to thinkers in this country for several reasons: firstly, there existed a consensus on the reasons for mental illness. Scholars in the United States were convinced that social conditions were the major, although not the only, reason for such illness. The urbanization of the country in the nineteenth century meant that more and more of the country's population lived in crowded conditions. Under these circumstances, living with the insane population became more difficult and solutions for curing or at least keeping the insane away from the rest of the community became a desirable goal.[4]

Connecticut was by the standards of the rest of the country somewhat backward in supplying public asylum facilities for its insane population. New York, Massachusetts, Vermont, and Ohio erected institutions in the 1830s. By 1860 twenty-eight of the thirty-three states supported public institutions for the insane. Thus when the State of Connecticut accepted the 150-acre tract offered by the Town of Middletown, once part of the Town Farms, an almshouse, the new idea of dealing with the social problems was directly replacing the old. In the early days of the colony, and later the Republic, the almshouse, a local institution, often housed not only the poor, but the insane. The centralized state institution which replaced the almshouse was a very different structure, not only in its design, but in its purpose.[5]

An additional 80 acres was purchased adjacent to the Town Farms site, so as to have a larger level tract. The construction of the hospital was begun under the supervision of the hospital's superintendant, Dr. Shew. Shew furnished the Board of Trustees with a plan for the hospital, which was subsequently approved. The plan may well have been based on the recommendations of Thomas Kirkbride, the head of the prestigious Pennsylvania Hospital for the insane from 1840 until 1883. The precepts of his book, On the Construction Organization, and General Arrangements of Hospitals for the Insane with some Remarks on Insanity and its Treatment (1847), were followed very closely in the construction of the main building at the Connecticut General Hospital, completed in 1874. However the actual architectural work was done by Sloan and Hutton of Philadelphia. The First Report of the Board of Trustees states: "Messrs. Sloan and Hutton of Philadelphia are generally acknowledged to be architects most experienced in providing plans for Hospitals." Unfortunately, no documented examples of the firm's earlier hospital designs survive. Samuel Sloan's (1815-1884) first recorded works are those he did in association with Addison Hutton. Although in his later years he designed many hospitals and asylums he is also known as the architect of the Old Masonic Temple, the Tradesman's National Bank, and the Pennsylvania State Building at the Exposition of 1876, all in Philadelphia, the Fulton Opera House in Lancaster, Pennsylvania, Longwood in Natchez, Mississippi, and as the author of City and Suburban Architecture (1859) and Constructive Architecture (1859). Addison Hutton (1834-1916) was educated in western Pennsylvania and came to work for Samuel Sloan as a young man. He went into partnership with Sloan in the mid-1860s. Hutton's most celebrated works, besides the Connecticut Hospital, include the Ridgeway Library, the Friend's Selective School, the Philadelphia Y.M.C.A., and the Packer Memorial Chapel, Library and Gym at Lehigh University.[6]

At the Connecticut Hospital, as in any contemporary asylum, the emphasis was placed on the construction and maintenance of an environment as a means of achieving a cure. Thus much emphasis was placed on the design of the structure. When the hospital was originally designed the intention was that a single large building would serve to house all the patients and staff, and all the functions of the hospital. The building was to be 768 feet long and accommodate 450 patients. The central pavilion was to be 60 feet wide and 120 feet deep, and 4 stories high. Six retreating wings, three on each side, of three stories each, with four return wings, two on each side with two stories each, were designed to allow the greatest amount of light and air to circulate. The building was to be constructed of Portland free stone in broken range work with hammer dressed stone for the corners, water tables, window sills and caps. Nearby Butler's Creek was dammed to provide a water supply. A wharf was built along the river in order to receive building materials and supplies for the hospital once it was in operation. By May 1, 1868, the south wing was complete. The interior finish of the hospital is described as being "plain but substantial; the woodwork being of Georgia yellow pine, oiled and varnished. The floors are laid with three and four inch matched stuff." By 1869 the remainder of the central pavilion was complete. The chapel was located in the mansard-roofed section along with the superintendent's rooms.[7]

Although by the mid-nineteenth century the concept of moral treatment had fallen into disuse, the early years of the Connecticut General Hospital were marked by the optimism, family orientation and traditional methods which characterized moral treatment in the early years of its inception. The structure of the hospital was similar to that of other institutions of its kind: the superintendant/physician was the head of the daily activities of the institution. Although the superintendant answered to a board of twelve trustees consisting of the governor and other prominent citizens, his decisions were seldom questioned. According to the by-laws of the hospital the superintendant was to be "a competent physician" who resided "in or near the institution." He was to plan and execute the construction of the hospital and direct all its operations. All the employees and staff were under his control and he was to handle all manner of public contact with the institution. He was also charged with the responsibility of keeping statistical records of the patient population and administrative matters. Besides all his non-medical duties, he was also the director of the hospital's medical therapy. According to the theory of moral treatment, the superintendant was to visit all the patients daily or learn of their condition. The first superintendant, Dr. Marvin Shew, who directed the hospital from its inception until 1887, was an excellent choice under the circumstances. Shew had been trained at the New York Asylum for the Insane in Auburn and at the State Lunatic Asylum in Trenton, New Jersey. The watchword of Shew's institution was regimentation. The routine was markedly similar to the Auburn system followed in many prisons of the period. The movements of the staff and patients were regulated by bells. They rose at a bell rung at 5 am, 5:30 am, or 6 am, according to the season. Meals, physicians' rounds, and bedtime (7:30 pm) were marked by bells, as was exercise, which lasted for four hours in the summer. Thus, the therapy at the hospital was the routine. Some permitted amusements were also part of the moral treatment ideal. These included religious services, lectures and concerts. These activities were to distract the patients from their "distorted thoughts." Occupational employment was also part of the cure. Simple activites such as manual labor in the carpenter's shop, on the farm, in the sewing room or laundry, were an integral part of the moral treatment therapy practiced at the hospital. By 1877 Dr. Shew noted that 40% of the male inmates were regularly employed on the hospital farm or in the carpenter shop.[8]

The design of the hospital was also regimented and carefully planned to complement the regimen of moral treatment. Although the inspiration for the existing plan is not documented in any of the material published on the hospital, there is reason to believe that Dr. Kirkbride may have influenced the design through his writings as an 1854 edition of his book is to be found in the hospital's library. Another book, by Dr. Stephen Smith, which involves an approach similar to Kirkbride's, is also to be found in the library. The keystone of the structure is the central pavilion, from which wings extended in opposite directions. The first floor of the central pavilion housed an officers' dining room, storerooms, accomodations for the housekeeper and several female employees. The second story contained the business office of the medical staff, the trustees' room, the clerk's office, a dispensary, storerooms, a reception room for male and female patients, and a room for the assistant matron, the matron and first assistant physician. The rear central building was two stories high, and housed the bakery, a kitchen, scullery, laundry room, engine room and an engineer's fitting shop. It was connected to the main building by an underground passage with a tramway to convey food and laundry back and forth. On the second story was the sewing department, a dining room, and a room for female employees. The boiler house, and carpenter's and painter's shops stood close by. The sections housing the patients were organized around personnel medical care. The wards included private rooms for almost all the patients and each of the eight wards contained a dining room, a day room, two associate dormitories housing between 4 to 6 patients, 11 single rooms, 2 rooms for patients with physical ailments, a clothes room and a large room for the attendants. Every room had a ventilating flue independent of other flues.[9]

Even the outside environment was carefully planned. The grounds and buildings were located and designed to avoid giving the patients the impression that "they were in a place of punishment." The park-like grounds and handsomely detailed buildings are an important element of the hospital design.[10]

From its beginning the hospital encountered difficulties in properly accomodating and treating its patients. First of all, the number of mentally ill patients in the state that the hospital was to accomodate was grossly underestimated. By the time the hospital was complete in 1874 it was already overcrowded. The potential of moral treatment to effect a cure had also been over estimated, and the number of chronically ill patients in the hospital grew in number yearly. To alleviate this problem Dr. Shew and the administration of the hospital argued in favor of constructing more facilities elsewhere. They felt, in view of the paternal characteristics of moral treatment and the importance under this regimen of personal care, that a large central institution under the guidance of more than one administrator would be less likely to deal effectively with the patients than a smaller hospital governed by one administrator. Economic considerations, however, won out. The state already owned much land at Middletown, and the expense of acquiring more land and maintaining separate institutions which served the same function was not considered practical. The desire for simplified management, without regard for therapy, propelled the hospital into years of difficulty during which the healing therapy was always subordinate to the demands of society.[11]

Because of the overcrowded conditions of the hospital in the nineteenth century, structural changes were made, and because of the structural changes, the administration of the hospital was to change. The partially complete hospital opened in 1868, and by 1871, with an average of 233 patients, it was already overcrowded. The structure was completed in 1874. Despite desperate overcrowding, no more construction took place during the next six years. One of the alternatives used to ease the pressure of overcrowding was the adoption of the popular cottage system as early as 1872. In this year two houses south of the hospital were purchased and fitted up for 14 male and 16 female patients. This system allowed for the creation of small isolated houses for chronic or unruly patients in order to separate them from the bulk of the patients at the hospital. It was a means to maintain personal treatment, and to ease overcrowding. However, this system was viewed as a strictly temporary measure, according to theory. In fact the cottage system at the hospital became a largely permanent system. In 1881, with 528 patients, and a waiting list of 80, the Legislature approved the first major addition to the hospital. An Annex (later called the South Hospital) was built to house 262 quiet chronic patients. The new addition was dedicated on July 20, 1881. In the trustee's report the architecture is described as "simple, yet pleasing." The plan was more centralized than the Kirkbride plan, which divided the wards into autonomous units. In the new building the dining facilities and services for all 4 wards were centralized. The Annex was supervised by an assistant physician, but otherwise was treated as an extension of the main hospital.[12]

The next addition to the hospital was begun in 1885, building the "New South Hospital" (Woodward Hall). This building was designed for 300 chronic and epileptic insane. This hospital was completed in 1887, the year of Dr. Shew's death. In the 20 years of his administration, the hospital grew from one building and 200 patients to 3 major buildings, numerous cottages and outbuildings and 1,146 patients. Dr. Harve Olmstead, a physician trained by Shew at the hospital, assumed the position of superintendant. Despite the increased size and patient population, the next major structure built on the hospital grounds was modelled after the South Hospital, echoing the administration's continuing dedication to moral treatment. Construction was begun in 1894, following the plans of Curtis and Johnson of Hartford. Like the South Hospital, it was to hold 250 chronic patients. This was the last major addition of the nineteenth century.[13]

At the same time as the hospital was increasing the physical size of its plant, it was increasing the size of its staff. However, the staff size never matched the increase in the patient population. Thus, the function of the hospital became more and more custodial as the century progressed. In 1871 the ratio of patients to physician was 116/1, whereas by 1890 it had grown to 230/1. One of the main precepts of moral treatment, personal care, was sacrificed by necessity early in the hospital's history.[14]

Other problems also plagued the administration of the hospital. In 1872 a law was passed which made the hospital responsible for caring for the state's insane convicts. In an already overcrowded facility, housing the convicts in separate accomodations from the rest of the patients was difficult. The solution to the problem was to refit the former carpenters' shop to house the criminal insane. By 1879 this was accomplished when 27 single rooms were created in the former carpenters' shop. An addition to provide a day room and dining rooms was completed in the same year. The building is currently known as Stanley Hall. The enactment of the law that caused these changes unwittingly made the hospital into more of a custodial institution and less of a hospital, as the criminally insane were viewed as incurable. The mere admittance of this class of patient ran counter to the hospital's role as a therapeutic institution. The hospital also became a dumping ground for other classes of social outcasts. These included epileptics, "idiots," and alcoholics. Although these groups were not by definition insane, and could not be cured by the same treatment as the insane, they required, like the criminally insane, custodial care. After some debate with the Legislature the administration and Board of Trustees agreed to accept these patients on a custodial basis. This limited the places open to the truly insane, and also effectively prohibited private paying patients, since as a state institution the hospital was obliged to accept paupers first.[15]

The debate over what classes of patients to admit was a typical one in the nation's mental institutions of the period. The annual reports show the changing emphasis of the institution away from curing the patients, and in the direction of caring for them on a long-term basis.

The difficulties of the hospital obviously called for a new approach. No serious attempt to reconsider moral treatment in the light of current conditions was made until the death of Dr. Olmstead, when Dr. Charles Page assumed the superintendancy in 1898. A graduate of Harvard Medical School, Dr. Page, unlike Dr. Olmstead, had not been trained under Dr. Shew at the hospital. He began his tenure by reorganizing the hospital and redefining its role. This reorganization rejected moral treatment and instituted a new system of therapy, one more suited to the large institution that Connecticut General Hospital had become. Under Dr. Page each patient was placed in a certain category, according to his or her symptoms, and each category of patient was uniformly treated. What this meant for the administration of the hospital was division of labor, the necessity for expert training and specialized competence. What this system meant for the patient was that personal care was reduced to a minimum, and treatment was according to a prescribed pattern.[16]

Dr. Page's administrative changes caused structural changes in the hospital as well as changes in therapy. Patients were regrouped: curable patients were sent to the North Hospital (Weeks Hall), where they could receive individual treatment; the unruly, noisy and physically infirm chronic patients were housed in the South Hospital (Woodward Hall); and the remainder of the hospital would house the "quiet" chronic patients, of which there was the largest number. Thus, the bulk of the hospital's buildings were used as custodial units for those who had little chance of cure. The major structural change made to the existing buildings was to eliminate separate ward dining facilities, and create a congregate facility. The centralization of the dining facility would have a two-fold beneficial effect, according to Dr. Page: it would allow for the creation of more rooms

for patients in the old dining halls, and it would provide a place for the superintendant to interact with the whole population of the hospital at the central dining hall. The central dining hall experience was to exert a beneficial influence on the patients; dinner would be the focal point of the day with the room filled with flowers and live music. The reward for good behavior was eating in the new central hall. The congregate dining hall was completed in 1904 (Page Hall).[17]

An important part of the reorganized hospital was the department of occupational therapy. The Annex Shop and the Main Cottage Shop produced a variety of domestic goods for sale. The hospital's farm was also enlarged during this period, and a greenhouse was built to expand the capacity of products grown on the hospital grounds. At the turn of the century over $21,000 worth of produce was grown on a yearly basis.[18]

Somatic therapy was introduced to the hospital during this period. This included increased use of drugs and the introduction of hydrotherapy. An emphasis was placed on the pathology laboratory which had been established in 1896. Scientific study to determine the microbiological causes of mental illness was encouraged.[19]

As in the nineteenth century, institutional life was marked by regulation and order. The reason, however, for this routine was to promote bureaucratic efficiency rather than therapeutic goals. The professionalism of the staff was also promoted as part of this striving for efficiency and order. In 1896 a training school for nurses and attendants was established at the hospital. The school and its associated facilities continued to expand into the twentieth century.[20]

Dr. Page's superintendancy was also important because it marked the changing role of the hospital's superintendants. The early superintendants were jacks of all trades -- their responsibilities included every aspect of the hospital, from its construction to its medical therapy. Under Dr. Page this role was redefined, as it was in other similar institutions, so that the superintendant became a business manager supported by professionals at the head of each of the hospital's departments. In the early twentieth century the hospital was the size of a small city, consisting of 41 separate buildings, of which 4 were major buildings and 6 were cottages. In the superintendant's care were 1,782 patients. Heavy materials were transported from a wharf on the river by an electric railway built in 1908. No superintendant could supervise every aspect of this domain personally.[21]

With Page's resignation in 1901, Dr. Henry Noble was appointed superintendant. In many ways he continued Page's work. He also reorganized the nursing school in 1904 to include a 2-year course and the nurse's home (SMith Home) was begun in 1910 and completed in 1911. He increased the emphasis on occupational therapy, initiating the "reinforcement system" by which patients received the profits from the goods they made. By the end of the first decade of the century disillusionment had set in with somatic therapy at Connecticut General Hospital, as at many other institutions. Noble declared "Personal and individual attention, constant and long continued such as can be rendered to the insane patients only in small groups by sympathetic and congenial companions will do more toward restoring them to normal habits of thought and reaction than drugs, serum therapy, animal extracts or hydrotherapy have thus far accomplished. "Noble continued to put forward the idea of his predecessors that the state should create a separate hospital for acute patients so that the hospital could continue its curative role. His most radical and unique proposal, and one that cannot be documented as having been acted upon, was his suggestion that acute patients should undergo psychoanalysis.[22]

The establishment of a second state hospital for the insane in Norwich in 1904 did little to ease the crowded conditions and administrative problems of the Middletown hospital. However, Dr. Noble's tenure at the hospital did see the evolution of the most major development in the history of therapy for mental illness since the introduction of somatic therapy. The hospital at Middletown was not only affected by these developments, but was a part of the history of a movement which was to effect the entire nation.

The catalyst of the movement was a book, A Mind That Found Itself (1908), written by Clifford Beers. Beers had been a patient at the Connecticut General Hospital in Middletown for one and a half years, and his stay at the hospital was the subject of a great deal of the book's narrative. The book revolutionized institutional care by making it a last resort, rather than the first resort advocated by the theory of moral treatment. Beers showed by his first-hand account the poor conditions, brutish attendants, arbitrary attitude of doctors and the lack of therapy in institutions for the mentally ill. He suggested transferring the care of borderline cases to community hospitals and out-patient clinics such as the one established at Middletown.

The Connecticut Society for Mental Hygiene was founded by Clifford Beers in 1908 and it grew into a national movement, which by 1910 affected the institution which had been part of the inspiration for Beers' book. The society was to provide "fore" care to newly afflicted persons in the hope that institutionalization could be prevented, and "after" care to help patients after their discharge from hospitals.[23]

The professionalization of the field of mental health was a continuing trend in the early years of the century. The Shephard Home, a nurses' residence, was built in 1925 to supplement the Smith Home. There were few physical changes made to the campus in the 1930s, although the treatment of patients continued to keep pace with new developments in the care of the mentally ill.

The physical plant of the campus grew in the 1940s and 1950s, with other new buildings being constructed in the 1960s and 1970s. During the latter period a number of the older buildings within the complex were vacated in favor of newer facilities, but the older buildings continue to survive on their original sites.

END NOTES

[1]Klingher, Michael K., "The Connecticut Hospital for the Insane and the Transformation of Modern America," p. 57, a thesis submitted to Wesleyan University, Middletown, CT, May, 1978. Available at the Wesleyan University Library and at the offices of Greater Middletown Preservation Trust.

[2]Ibid., pp. 57-58.

[3]Ibid., pp. 10-56. See also Rothman, David, The Discovery of the Asylum, (Boston, Little, Brown & Company: 1971), pp. 30-56, 109-129.

[4]Ibid., pp. 62-63.

[5]Rothman, p. 130.

[6]First Report of the Board of Trustees of the Connecticut Hospital for the Insane (New Haven: 1867), pp. 4-5, 11-13. See also Witney, Henry F. & Witney, Elsie Rathburn, Biographical Dictionary of American Architects (Los Angeles, New Age Publishing Co.: 1956), pp. 314 & 558.

[7]Report of the Board of Trustees, pp. 11-13.

[8]Klingher, pp. 57, 64-66, 72, 78-79.

[9]Ibid., pp. 66-69. See also Rothman, pp. 134-135.

[10]Klingher, p. 69. See attached photographs in reference to the setting.

[11]Klingher, pp. 84-89.

[12]Report of the Board of Trustees (New Haven: 1872), p. 10. Report of the Board of Trustees (1882), p. 12.

[13]Klingher, pp. 94-95. See also Report of the Board of Trustees (New Haven: 1894).

[14]Klingher, p. 96.

[15]Ibid., pp. 101-105.

[16]Ibid., pp. 107-117.

[17]Ibid., pp. 117-120.

[18]Ibid., pp. 122, 129-130.

[19]Ibid., p. 130.

[20] Ibid., pp. 122-128.

[21] Ibid., pp. 129, 133.

[22] Ibid., pp. 134-147.

[23] Ibid., pp. 148-158.

UTMs

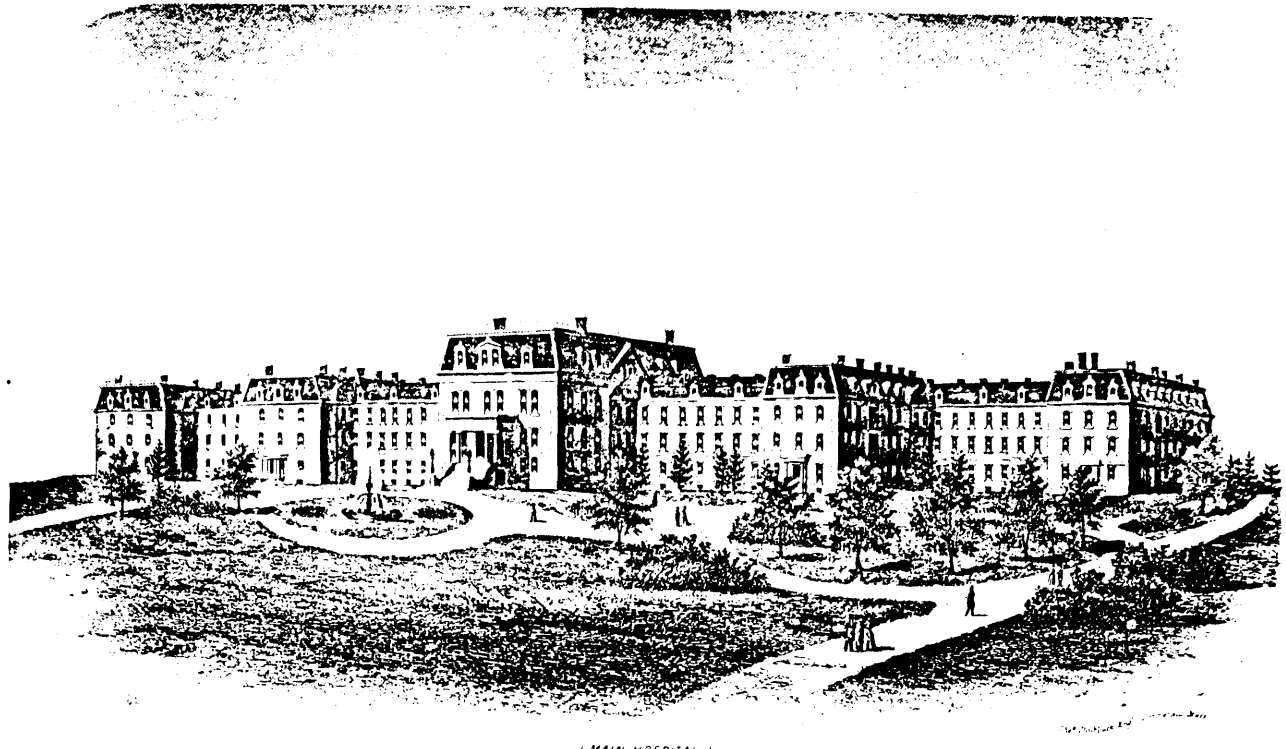
A	18	697660	4602020
B	18	697740	4602060
C	18	697780	4602020
D	18	697820	4602030
E	18	697820	4602080
F	18	698000	4602130
G	18	697950	4602820
H	18	697920	4602820
I	18	697860	4603000
J	18	697760	4603020
K	18	697620	4603040
L	18	697540	4603220
M	18	697440	4603200
N	18	697430	4602980
O	18	697440	4602780
P	18	697480	4602780
Q	18	697500	4602730
R	18	697520	4602720
S	18	697520	4602680
T	18	697440	4602660

Verbal boundary description: Beginning at the southwest corner of Eastern Drive and the hospital's property the boundary proceeds north along the eastern line of Eastern Drive to the drive which leads to Merritt Hall. The boundary proceeds southeast to end of the hospital's property on Silver Street, corners and runs south along the eastern line of the hospital's property, corners at the street which bisects the older section of the hospital property from the newly built houses and cottages and runs west along the north line of the street to the eastern edge of cottage #22's property, corners and runs south to the rear line of cottage #22 and corners and runs west to the point of beginning.

Boundary justification: The boundary includes all of the older buildings in the hospital complex, excluding only the newer houses and cottages on the southern edge of the complex. The complex is bounded on the west by Eastern Drive, on the north by residential sections along the Connecticut River, and on the east by undeveloped land. On the south the boundary is drawn between the complex's older structures and those which are of recent construction.

Exhibit A

Reproductions of the Hospital Buildings



(MAIN HOSPITAL)
PENNSYLVANIA HOSPITAL FOR INSANE.
AT MIDDLETOWN.

The Original Structure
built-1866-1874

SHEW HALL
Altered roofline, center
section, in 1939

Exhibit B

SOUTH HOSPITAL.

South Hospital
-built in 1885

WOODWARD HALL

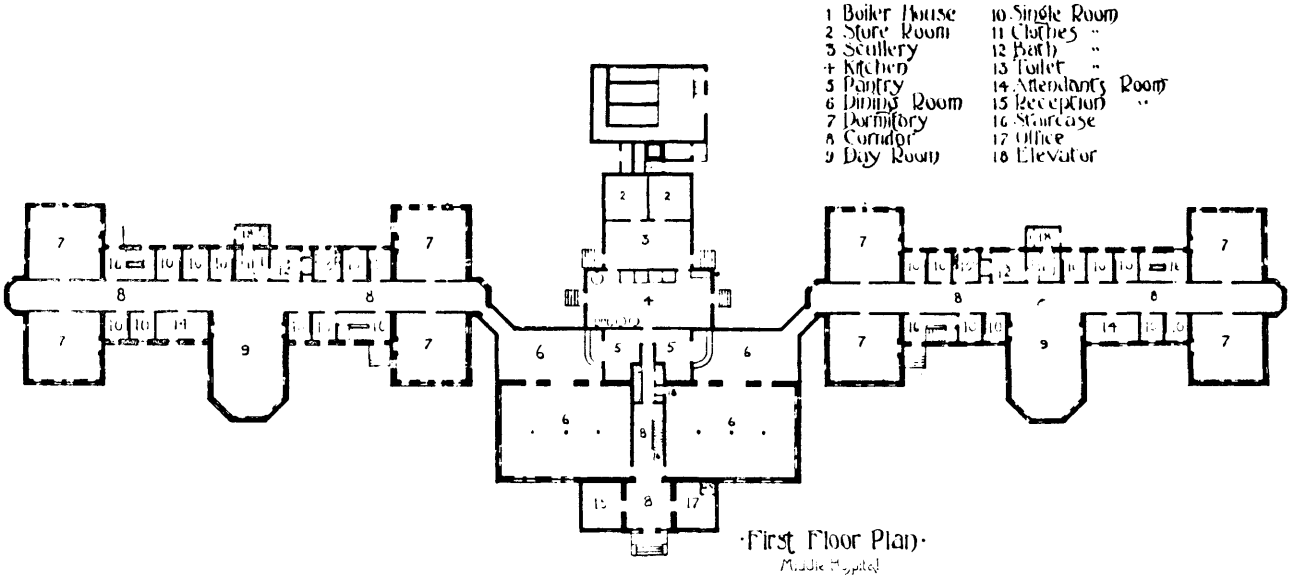
Exhibit C

NORTH HOSPITAL.

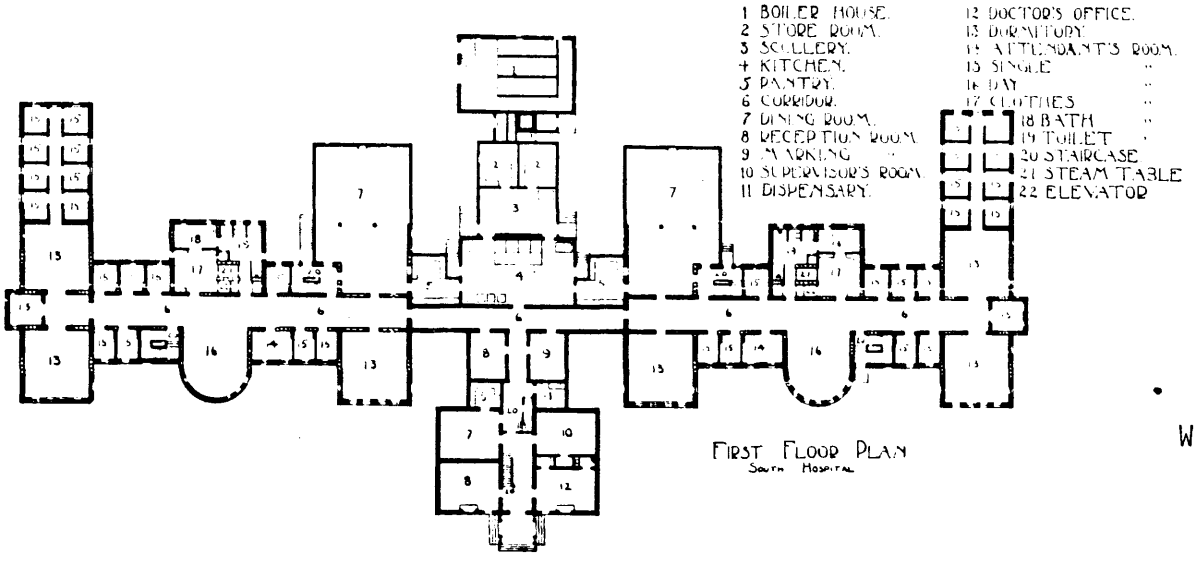
North Hospital
-built in 1896

WEEKS HALL

Exhibit D

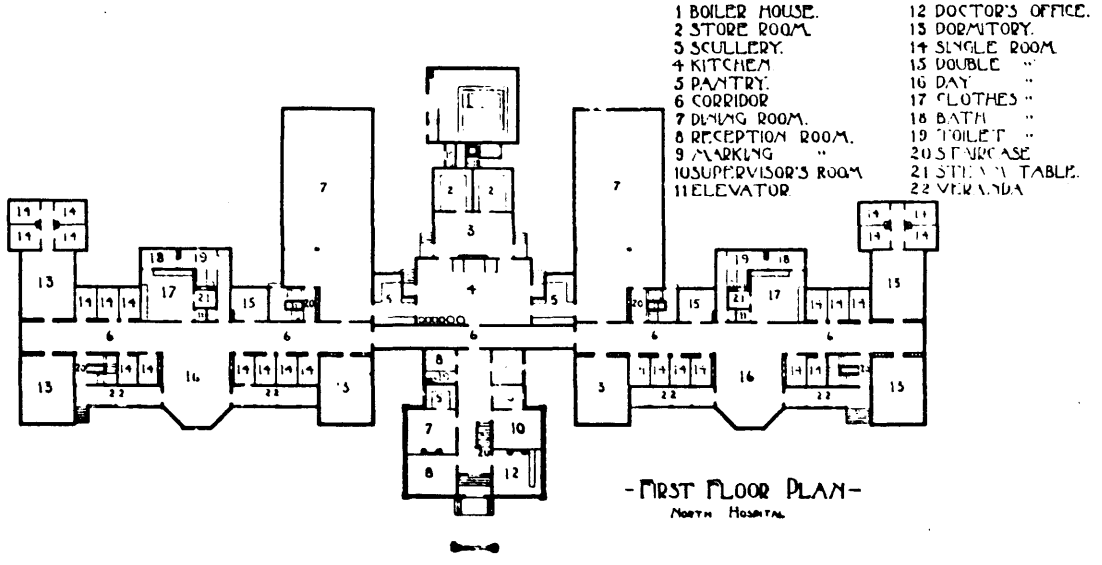


First Floor Plan
Middle Hospital



FIRST FLOOR PLAN
South Hospital

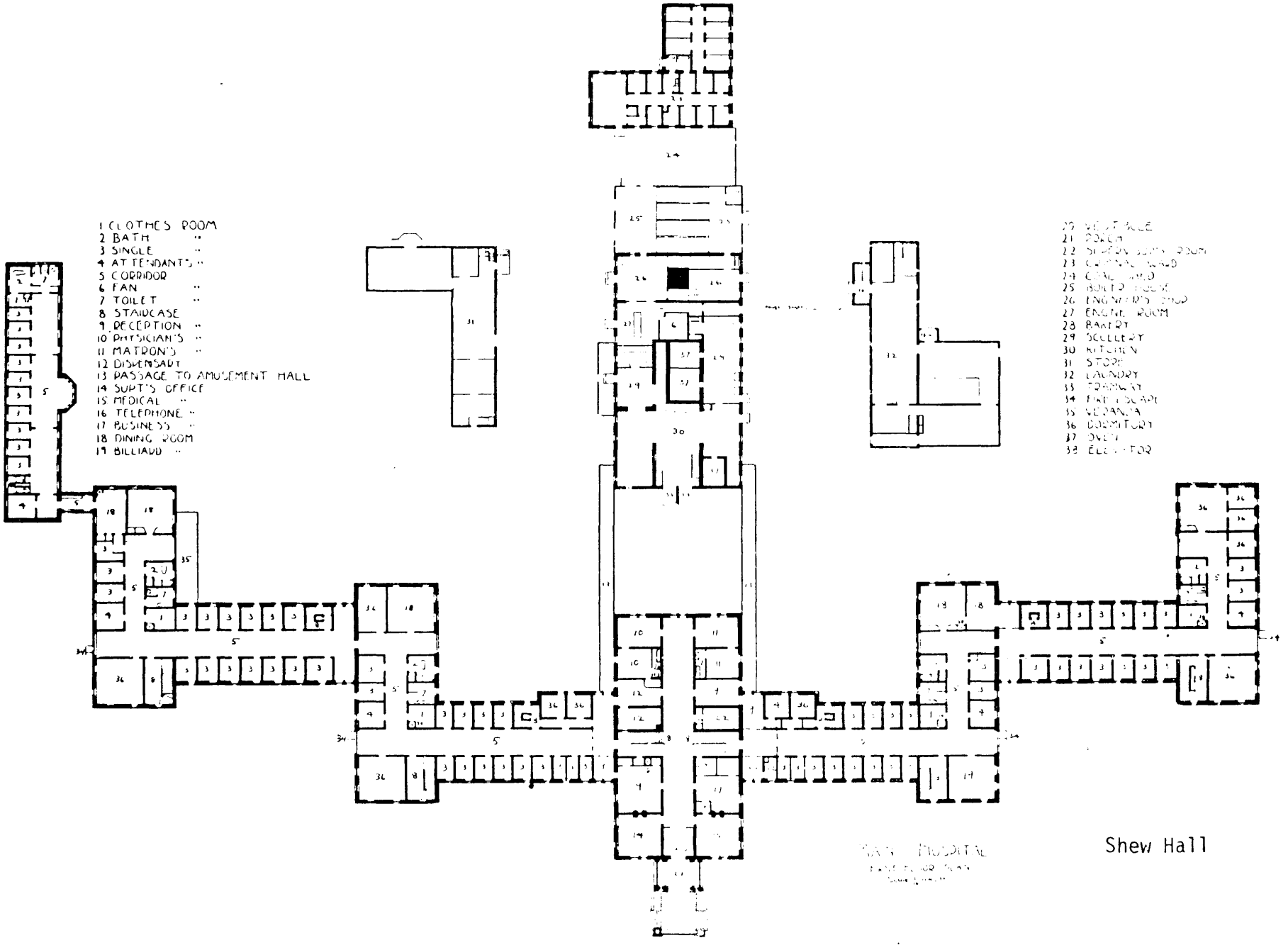
Woodward Hall



-FIRST FLOOR PLAN-
North Hospital

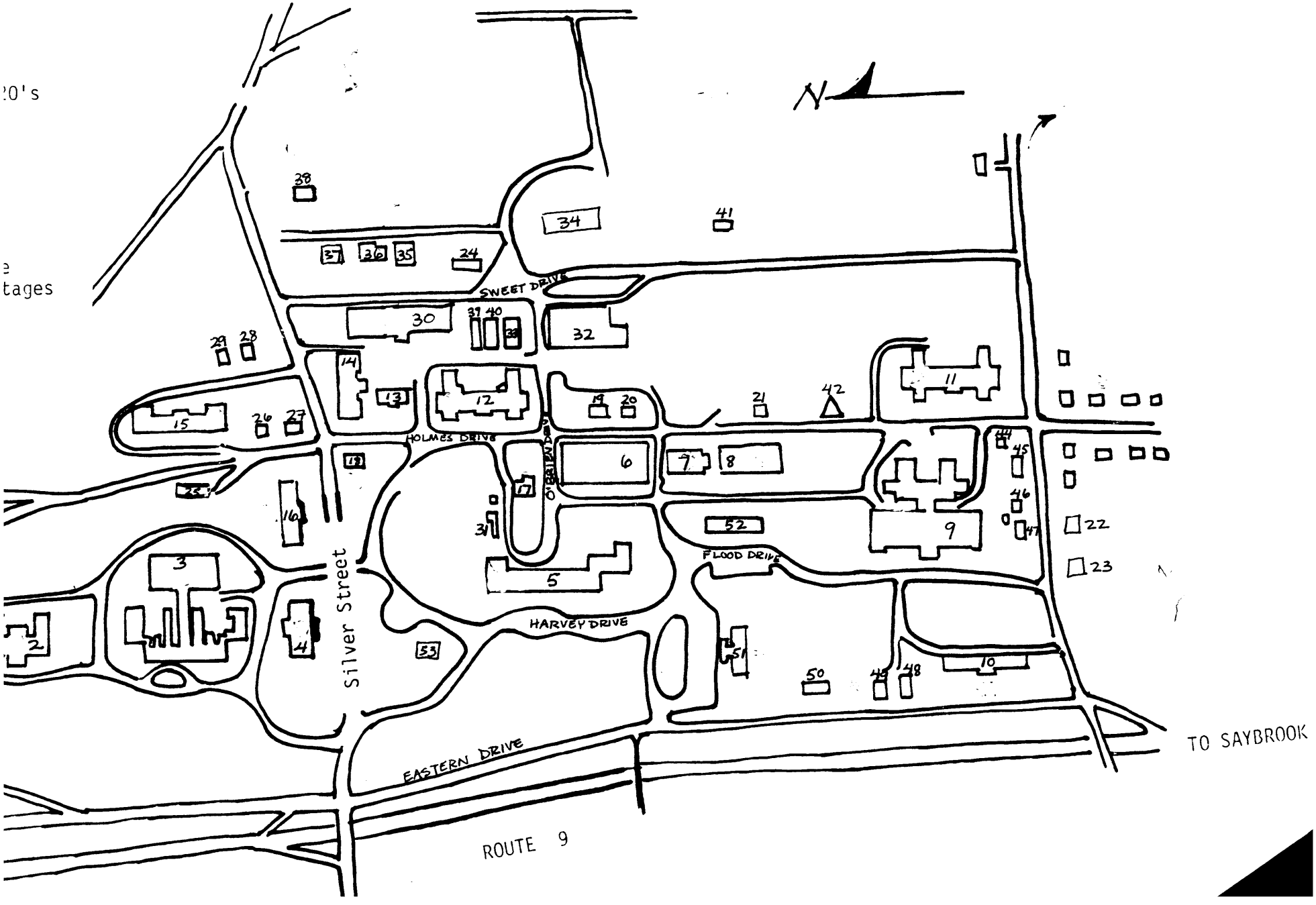
Weeks Hall

Exhibit A-1



Shew Hall

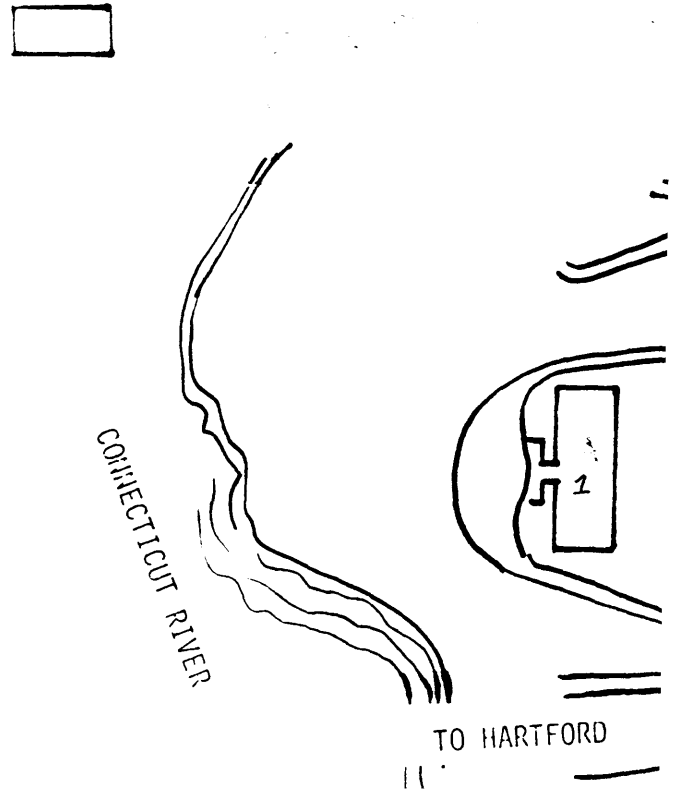
MAP OF THE CONNECTICUT VALLEY HOSPITAL
Middletown, Connecticut



KEY TO MAJOR BUILDINGS

1	MERRITT HALL	Modern Institutiona
2*	RUSSELL HALL	Classical Revival
3*	WEEKS HALL	Queen Anne 1894
4*	SMITH HOME	Classical Revival 1
5*	SHEW HALL	Second Empire 1867
6*	PAGE HALL	
7*	NOBLE HALL	Contains theater
8	HAVILAND	
9*	WOODWARD HALL	Queen Anne 1886
10*	SHEPHARD HOME	Classical Revival
11	BATTELL HALL	
12	DUTCHER HALL	
13-14*	KENNISTON AND LEAR HALLS	
15	EDDY HOME	
	SUPPORT BUILDINGS	some historic
16	DUTTON HALL	
17*	STANLEY HALL	Second Empire 1879
18*	POLICE STATION	Late 19th c. Cott
*	RESIDENCES	Mainly Late 19th c. (

* KNOWN TO BE CONTRIBUTING



CONNECTICUT VALLEY HOSPITAL

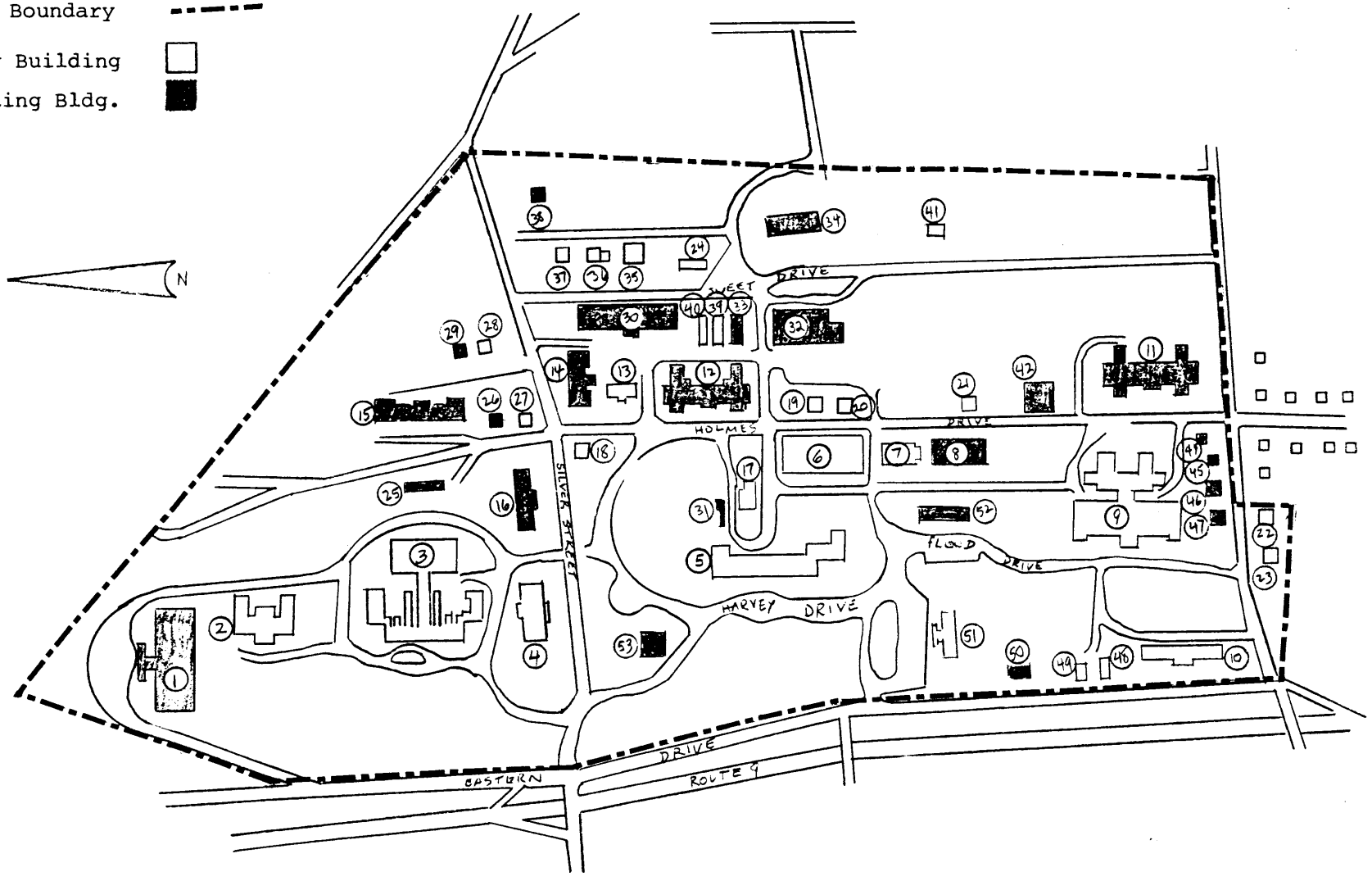
Middletown, CT

Building Number (16)

District Boundary

Contributing Building

Noncontributing Bldg.



NPS Form 10-900-a
(8-86)

OMB Approval No. 1024-0018

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number _____ Page _____

Connecticut General Hospital for the Insane
Middlesex County, CT

ADDITIONAL INFORMATION ACCEPTED

Keeper Patrick Andrus 9/16/87