

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

1. Name of Property

Historic name: Fairfield Hills Campus Historic District

Other names/site number: Fairfield State Hospital

Name of related multiple property listing:

N/A

(Enter "N/A" if property is not part of a multiple property listing)

2. Location

Street & number: 1st St, Keating Farms Ave., Primrose St, Trades Ln, Wasserman Way

City or town: Newtown State: Connecticut County: Fairfield County

Not For Publication: Vicinity:

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this ___ nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property ___ meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

___ national ___ statewide ___ local

Applicable National Register Criteria:

___ A ___ B ___ C ___ D

<p>Signature of certifying official/Title:</p> <p>_____</p> <p>State or Federal agency/bureau or Tribal Government</p>	<p>Date</p>
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<p>In my opinion, the property ___ meets ___ does not meet the National Register criteria.</p>	
<p>Signature of commenting official:</p> <p>_____</p> <p>Title :</p>	<p>Date</p> <p>State or Federal agency/bureau or Tribal Government</p>

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4. National Park Service Certification

I hereby certify that this property is:

- entered in the National Register
- determined eligible for the National Register
- determined not eligible for the National Register
- removed from the National Register
- other (explain:) _____

Signature of the Keeper

Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

- Private:
- Public – Local
- Public – State
- Public – Federal

Category of Property

(Check only **one** box.)

- Building(s)
- District
- Site
- Structure
- Object

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Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>24</u>	<u>0</u>	buildings
<u>1</u>	<u>0</u>	sites
<u>3</u>	<u>1</u>	structures
<u>0</u>	<u>0</u>	objects
<u>28</u>	<u>1</u>	Total

Number of contributing resources previously listed in the National Register 0

6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTH CARE/Hospital, Sanitarium

DOMESTIC/institutional housing, single dwelling

INDUSTRY/Energy facility

AGRICULTURE/SUBSISTENCE/Agricultural field/Processing/Animal facility

Current Functions

(Enter categories from instructions.)

GOVERNMENT/Town hall, Municipal building

RECREATION AND CULTURE/Sports facility, Outdoor recreation

AGRICULTURE/SUBSISTENCE/Animal facility

LANDSCAPE/Park, Conservation area

VACANT/NOT IN USE

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7. Description

Architectural Classification

(Enter categories from instructions.)

LATE 19th & 20th CENTURY REVIVALS/Colonial Revival, Classical Revival
MODERN MOVEMENT/International

Materials: (enter categories from instructions.)

Principal exterior materials of the property: WOOD, BRICK, STONE (Sandstone, Slate),
CONCRETE

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

The Fairfield Hills Campus is a 155-acre district anchored along Mile Hill Road in the geographic center of Newtown, Fairfield County, Connecticut and is comprised of the historic core of an early twentieth-century mental health hospital. The district encompasses 28 contributing and 1 non-contributing extant resources associated with Fairfield Hills (formerly known as the Fairfield State Hospital), which operated as a state-run residential mental health facility from 1933 until 1995.¹ It contains 18 Colonial Revival- and Neo-Classical Revival-style institutional buildings constructed between 1933 and 1956, one International-style building constructed in 1954, and several nineteenth- and twentieth-century agricultural resources. The buildings are arranged on an open landscaped campus that has been altered since the hospital's

¹ This document uses 'Fairfield Hills' or 'Fairfield Hills Campus' to describe the existing condition of the campus within the National Register-boundary. The historical narrative uses 'Fairfield State Hospital' when referring to the entire institution, including resources no longer extant.

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closure but retains aspects of the institutional landscape. The district is immediately surrounded by late twentieth- and early twenty-first-century civic and recreational development that occupies excluded portions of the original campus. Low-density residential development, conservation land, and agricultural fields are beyond the historic campus. The nearest commercial artery is South Main Street, which runs north-south a quarter mile west of the district. Mile Hill Road/Wasserman Way bisects the district and connects South Main Street to US Interstate 84, which runs east-west through Newtown a half mile north of the district. The district's buildings have varying levels of preservation; while most have sustained minimal alteration, some have been extensively rehabilitated, and others show signs of deterioration. The contributing buildings retain the majority of their original architectural features and as a district possess integrity in their location, design, setting, materials, workmanship, feeling, and association.

Narrative Description

The Fairfield Hills Campus National Register Historic District (or the district), also known as the Fairfield State Hospital, occupies 155 acres approximately one mile southeast of the center of Newtown, Connecticut. The district contains 28 contributing resources constructed between the late nineteenth century and 1956. The district is bounded roughly by Mile Hill Road South on the southwest, Old Farm Road on the northwest, agricultural parcels on the northeast, and Wasserman Way and town-owned parcels on the southeast (Figure 1). The Fairfield Hills Campus is near Interstate 84 and Connecticut State Route 6. Mile Hill Road/Wasserman Way bisects the district east to west and connects to arterial roads. The Connecticut Governor's Horse Guard stables occupy the northeastern portion of the district. Most of the extant buildings associated with the Fairfield State Hospital are south of Wasserman Way. The Fairfield Hills Campus was listed in the Connecticut State Register of Historic Places in 1987 and a National Register nomination was drafted in 1999; both nominations documented the full campus prior to partial demolition in the 2000s. The current district encompasses the remaining portion of the historic campus.

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Setting

The district consists of the intact portion of the Fairfield State Hospital campus developed in the 1930s through 1950s, staff housing, and support facilities, including agricultural resources currently (2023) occupied by the Connecticut Governor's Horse Guard (Figures 2 and 3). The campus occupies a high, rounded hill overlooking Deep Brook to the west and the Pootatuck River to the east. Both waterways converge north of the campus and drain into the Housatonic River at Sandy Hook, Connecticut. The land slopes generally northwesterly from Mile Hill, which rises to an elevation of 530 feet immediately southeast of the district. Low-density residential and commercial development, undeveloped forestland, and agricultural land surround the campus. Town-owned land abutting the east and south boundaries contains recreational facilities developed in the late twentieth and twenty-first centuries.

The main campus south of Mile Hill Road/Wasserman Way has a diagonal grid of streets: D.G. Beers Boulevard and Simpson Street running northwest-southeast and Keating Farms Avenue, 1st Street, and Primrose Street running southwest-northeast. Buildings are generally perpendicular to the streets. Staff housing west of the main campus surrounds Washington Square, which forms an extension of Simpson Street northwest of Keating Farms Avenue. An individual staff house is at the southwest corner of Mile Hill Road/Wasserman Way and Trades Lane. Support facilities are arranged around Trades Lane north of Mile Hill Road/Wasserman Way. Agricultural facilities are dispersed in the north section of the district along Wildlife Drive/Craft Street.

Resource Descriptions

The district's landscape is characterized by open lawn with clusters of shade trees and asphalt-paved roads, occasionally lined with street trees. Asphalt-paved parking lots are arranged around buildings and segments of Simpson Street and D.G. Beers Boulevard have double-loaded parking. Naturalized forests buffer Mile Hill Road/Wasserman Way and Homestead Lane. Fields in the west and northeast portions of the district are maintained as meadow. Wood plank fences delineate pastures associated with the Connecticut Governor's Horse Guard stables. Resources

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are described by geographic location and development period, as follows: 1930s main campus, 1930s staff housing, 1940s–1950s main campus, and support/agricultural facilities.

1930s Main Campus

The main campus was first developed in 1931–1933 and consists of large, two- or three-story, Colonial Revival-style institutional buildings with Neo-Classical Revival features designed by architect Walter P. Crabtree, Sr.² They generally have biaxial massing with matching, flanking wings and hyphens and centered colonnaded porticoes.

Bridgeport Hall (1933, contributing building, Photograph 2) was built as a dining services facility for the campus and converted into municipal offices for the Town of Newtown in 2009. The Colonial Revival-style building consists of a southeast-facing, one-story, hip-roof main block with one-and-one-half-story, front-gable wings attached to the northeast and southwest elevations by one-story, gabled hyphens. The roof is covered in asphalt shingles and has pavilioned cupolas centered on the main block and each wing and a modillioned cornice and rake. Consecutive gabled wall dormers pierce the wings' roofs, and three rounded eyebrow dormers pierce the southeast and northwest slopes of the main block's roof. The brick walls and foundation are laid in Flemish bond, separated by a sandstone watertable, and accentuated by quoins. The five-bay-wide gable ends of the wings are decorated with sandstone inlays: the three center bays are flanked by pilasters supporting a cornice with pendants, each window is surmounted by a rectangular panel embossed with festoons, and keystones are above the openings. The building has several entrances. Entrances in the southwest and northeast elevations of the wings axial to the main block are sheltered under pedimented porches with four Doric columns. The entrances have single-leaf, modern, glazed doors with safety-glass sidelights and fanlights, flanked by single windows. Other entrances are in the southeast elevation of the northeast wing, the northwest elevations of the hyphens, and the southeast elevation of the main

² Walter P. Crabtree, Sr., is assumed to be the primary architect for Fairfield State Hospital. His son, Walter P. Crabtree, Jr., was also an architect, and both father and son were practicing architects in Connecticut and shared an office in Hartford, Connecticut. Crabtree, Jr., may have contributed to the design of Fairfield State Hospital; however, historical sources indicate his father was the primary architect (Hartford Printing Co. 1930:1919).

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block, which is partially covered by a one-story, flat-roof, brick addition. Fenestration generally consists of 15-over-15 Palladian windows flanked by four-over-six double-hung sash, all with sandstone surrounds, on the side elevations of the wings; eight-over-twelve double-hung sash with sandstone sills and splayed brick lintels on the front and rear elevations of the wings; and arched windows with sandstone surrounds and aprons on the main block. Other windows include six-over-six and six-light fixed windows in brick surrounds and nine-light circular windows in the gables. The floorplan and interior finishes were renovated to accommodate the town's municipal office facilities.

The **Green (1933, contributing site, photograph 3)** originally formed the terminus of Mile Hill Road and served as the entrance into the hospital campus. It consists of an elongated greensward, oriented northwest-southeast and surrounded by concrete curbing and a gravel road. The site contains lawn with parallel rows of shade trees. A pedestrian path bisects the Green and forms a circular patio around a single flagpole. Half-circle patios at the northwest and southeast ends have benches. Low evergreen bushes flank the paths and patios.

Shelton House (1933, contributing building, Photographs 3-4 and 29) was built to house the campus' admissions services and faces northwest toward the Green. The three-story, side-gable main block has flanking two-story, hip-roof wings that split and form Y-shaped, gabled ells. The roof is clad in slate and is pierced by tower plinths in the center of the main block and at the intersections of the gabled ells. Pedimented wall dormers accentuate the intersections above Palladian windows on the first and second stories. The five-bay-wide southwest and northeast elevations have pedimented cross-gables supported by four pilasters and ornately carved entablatures and tympani. The walls and foundation are brick and separated by a sandstone watertable. The ends of both west-angled ells terminate at two-story, three-by-one-bay, wood-frame sleeping porches. The enclosed porches have paneled and pilastered cladding, multi-light casement windows, and a fanlight in the gables. A pedimented, three-story porch with four Corinthian columns shelters the entrance in the center three bays of the main block's nine-bay-wide northwest elevation, which are clad in sandstone. Fenestration is symmetrical and is generally 8-over-12, wood-sash windows with sandstone sills and keystones arranged singly.

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The first-story windows have inset blind arches, and the second-story windows have splayed brick lintels. Basement-level window openings have been infilled. The interior spaces are arranged around wide double-loaded corridors that run the length of the main block and generally lack decorative treatments apart from cornice trim. The entrance foyer at the center of the building has wood-paneled walls with egg and dart molding at the cornice, fluted pilasters, and leaded glass transoms above the doorways (Photograph 29). The building is currently (2023) vacant.

Newtown Hall (1933, contributing building, Photographs 5 and 30) was built as an administrative building and forms the southwest edge of the Green. The two-story building consists of a square, northeast-facing main block with wings on the northwest and southeast elevations and a pedimented sandstone portico centered on the facade. It has a hip roof covered in asphalt shingles and pierced at the peak by a large octagonal cupola with a copper bell-cast roof, arched windows, balustrade, and pilasters. The cupola sits on a two-tiered, wood-frame base with a clock on the northeast elevation. The walls and foundation are brick and separated by a limestone water table. Sandstone is used on a belt course and dentilled and modillioned cornice. The portico and its pediment are constructed of limestone. The Connecticut state seal is embossed on the tympanum of the pediment, which has modillions and is supported by Corinthian columns and pilasters. The entrance is set in a recessed arch and consists of a single wood-panel door with a transom under a carved arched panel. Fenestration on the first story is generally 12-over-12 sash in limestone surrounds surmounted by sandstone arches embossed with the state seal and festoons and set on sandstone panels. All windows have sandstone keystones, and arched windows have sandstone springers. The building's interior consists of a large foyer at the main entrance, double-loaded corridors, and stair halls at the end of the wings adjacent to the secondary entrances. As an administrative building, it has molded door surrounds, chair rails, and cornices; turned wood balustrades on the stairs; and arched opens with leaded glass transoms (Photograph 30). The interior retains its original floorplan and most of its trim and fixtures. Newtown Hall is currently (2023) vacant.

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Stratford Hall (1933, contributing building, Photograph 6) served as the staff dining facility and is oriented diagonal to the grid of streets, southwest of Keating Farms Avenue and Simpson Street. It is an east-facing, two-story, side-gable, brick building with flat-roof additions covering the north and south elevations. The gable roof is covered in asphalt shingles and pierced by gable-end brick chimneys. The walls have brick quoins and terminate at a dentilled wood cornice. The foundation is brick and has a sandstone water table. The east and west elevations have full-height, arched windows with brick arches, sandstone springs, and molded keystones above sandstone panels with arched wrought-iron guards. The primary entrance is in the center bay and has a set of concrete stairs with a wrought-iron baluster. The entrance has a paneled wood door, molded wood surrounds, and a broken-arched pediment with dentils and a pendant. The large arched opening that contains the entrance has a multi-light window in the arch above. The additions have a wood cornice, brick quoins, and splayed brick lintels with keystones over the openings. Fenestration on the additions is typically six-over-six sash in wood surrounds with sandstone sills. Stratford Hall is leased and occupied by a brewery, NewSylum Brewing Co.

Stamford Hall (1933, contributing building, Photographs 7 and 31) is a U-shaped, two-and-a-half-story, southeast-facing, Colonial Revival-style building on the east side of Homestead Lane. It has a side-gable main block with parallel, front-gable wings connected by two-story hyphens. It has a slate-covered roof with parapets and paired chimneys that rise above the roof at the gable ends of the main block and wings. The walls and foundation are brick laid in Flemish bond and have limestone quoins, keystones, and roundels in the gables. The entrance is centered in the five-bay-wide facade and has classical surrounds with pilasters, a pediment, and a fanlight. The side elevations have secondary entrances sheltered by porches with wood block posts, paired columns, and arched openings, all sitting on a brick platform. Fenestration is generally eight-over-twelve wood sash windows with sandstone sills, keystones, and splayed brick lintels. Built as a staff dormitory, the interior exhibits Colonial Revival-style trim and fixtures. It has plastered walls with wood paneling and ornate cornices; doorways with fluted pilasters and leaded glass fanlights; wood-paneled posts and structural beams; and turned wood balustrades on the stairs (Photograph 31). Dormitory rooms off the double-loaded corridors have less ornamented treatments than the building's common spaces. Stamford Hall is currently (2023) vacant.

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Norwalk Hall (1933, contributing building, Photographs 8–9) is an east-facing, three-story, Colonial Revival-style dormitory building on the west side of Homestead Lane consisting of a side-gable, main block with a pavilion and flanking, two-story, gabled wings. The slate-covered roof is pierced by brick chimneys on the north and south elevations of the main block and by gabled wall dormers at the ends of the wings. Walls are brick laid in Flemish bond on an ashlar foundation. The three-story pavilion has wood Corinthian columns that support a shallow pediment and shelter an entrance flanked by tiers of windows. The entrance has a paneled wood door, sidelights and transom, and a classical surround with a broken pediment and pilasters. The second-story windows have limestone panels with embossed festoons below. The windows flanking the pavilion are recessed in brick blind arches. The rear (west) elevation has a centered entrance with paired fluted pilasters, sidelights, and an elliptical fanlight with teardrop tracery. The second-story bay above the entrance is paneled with limestone transom bars and Palladian windows. The side elevations (north and south) are covered by one-story porches with square posts, balustrades, and brick skirting. The interior arrangement and decorative elements are similar to Stamford Hall, although less ornate. Norwalk Hall is currently (2023) vacant.

Tunnels (1931–1933, contributing structure), built as part of the 1931–1933 campus construction, are subterranean corridors that link together all buildings except staff dormitories. The tunnels are concrete and were used for the movement of patients, staff, and supplies. In the late 1930s, the tunnel network was expanded using Works Progress Administration (WPA) labor. Although the tunnels have been sealed and some portions removed, most of the tunnel network is extant.

1930s Staff Housing

Five Colonial Revival-style, duplex-type, staff houses are around Washington Square, and an additional staff house is on the west side of Trades Lane. **Staff House No. 58 (1933, contributing building)** and **Staff House No. 59 (1933, contributing building)** face south toward Washington Square (east to west), and **Staff House No. 60 (1933, contributing**

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building, **Staff House No. 61 (1933, contributing building, Photograph 12)**, and **Staff House No. 63 (1933, contributing building, Photographs 10–11)** face north toward Washington Square (west to east). **Staff House No. 28 (1931, contributing building, Photograph 13)** faces east toward Trades Lane south of Mile Hill Road/Wasserman Way. Staff House Nos. 58 and 28 are occupied by leaseholders; all other houses are currently (2023) vacant.

Staff Houses 58, 59, 60, and 63 share a similar plan but have had differing alterations since construction. Generally, they are two-story, side-gable buildings with two-story, flanking, gabled ells that terminate at exterior brick chimneys. One-story, hip-roof, enclosed porches cover the east and west elevations, and one-story gabled additions cover the north elevation of the ells. The roofs are clad in slate, the walls are brick laid in Flemish bond, and the foundations are concrete. The walls terminate at a narrow, molded cornice. The ten-bay-wide facades have separate entrances to each unit in the third bays from the outside. The entrances are infilled with plywood and have classical wood surrounds with pilasters and broken pediments. Fenestration is generally six-over-six wood sash with molded wood surrounds, sandstone sills, and splayed brick lintels with sandstone keystones. The one-story additions have wood-panel cladding and multi-light windows.

Staff House No. 61 is a two-story, hip-roof building with short ells on the east and west elevations. The ells have one-story, flat-roof, enclosed porches on the north elevations and one-story, side-gable garages covering the south elevations. The walls terminate at a dentilled cornice. The eight-bay-wide facade has entrances in the second from the outside bays. The entrances are infilled with plywood and have wood surrounds with fluted pilasters, molded arches, and modillioned pediments. Fenestration generally matches the other staff houses. The second-story windows above the entrances are eight-over-eight wood sash windows with arched tracery and brick arches.

Staff House No. 28 is a two-story, three-bay-by-two-bay, side-gable, brick, Colonial Revival-style house that was built for the campus' engineer. It has a slate-covered roof pierced by a centered, ridgeline, brick chimney. Its common bond walls have a molded cornice and sit on a

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brick foundation. The primary entrance is centered in the facade and flanked by single windows. It has a paneled wood door with crown glass glazing and a classical surround with pilasters, a molded cornice, and an arched pediment. The north elevation has a one-story, side-gable ell with a secondary entrance sheltered by a columned, integral porch on the east elevation. The ell is offset to the west by a single window. The south elevation has a one-story, hip-roof, enclosed porch covering the first story and a single window above. The porch has plank cladding and rectangular screened openings. Fenestration is generally eight-over-eight, wood-sash windows with recessed wood surrounds, projecting sills, and splayed brick lintels with sandstone keystones. The end gables have fanlights.

1940s–1950s Main Campus

Kent House (1940, contributing building, Photographs 1, 14, and 32) is a southwest-facing, three-story, three-bay-wide, front-gable, Colonial Revival-style, brick building constructed as a patient ward in 1940. Three T-shaped, three-story, gable- and hip-roof wings extend from the northwest, northeast, and southeast elevations. The roof is covered in asphalt shingles, has a sandstone cornice, and is pierced by interior chimneys at the parapeted gable ends of the wings. A three-tiered, pavilioned cupola rises from the center of the main block's roof. It has an octagonal brick plinth; an octagonal wood-clad shaft with a molded cornice; and a square wood-frame pavilion with a wood balustrade, arched openings, and a rounded hip roof surmounted by a finial. The building's walls and foundation are brick and separated by a sandstone watertable. The walls have brick quoins at the corners and three-story sandstone panels on the four bays flanking the main block. Five-sided, three-story, flat-roof bays project from the northeast and southeast elevations of the wings; curved, three-story, flat-roof bays project on the opposite elevation of the five-sided. Brick flat-roof additions at the ends of the short ells of the wings house stairways. The facade (southwest) elevation has three arched openings with wood surrounds and keystones that contain double-leaf, wood-panel doors with fanlights. The openings are surmounted by single windows, and the gable contains a sandstone motif of a wreath and conjoined festoons. Secondary entrances in the gable ends of the wings have single-leaf doors in classical sandstone surrounds with broken pediments. The second and third stories above the

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secondary entrances have arched, louvered openings flanked by single windows. Fenestration is generally multi-light steel windows with awning insets, sandstone sills, splayed brick lintels, and sandstone keystones. The windows are arranged singly and symmetrically. The building's interior retains its original arrangement and consists of a formal administration area, small rooms along double-loaded corridors, large rooms at the ends and intersections of wings, and service areas. The main entrance opens into the administration area, which has wood paneling, a molded cornice and trim, fluted pilasters, and paneled wood doors (Photograph 32). Patient ward areas are devoid of decorative trim. Kent House is currently (2023) vacant.

Cochran House (1954, contributing building, Photographs 15–16) is a southwest-facing, three-story, flat-roof, International-style, brick ward building consisting of a northwest-southeast elongated main block with T-shaped wings that extend northeast and southwest. A short ell extends northeast from the center of the building, and a fourth story housing elevator equipment rises at the ends and center. The flat roof is covered in asphalt and has a narrow concrete coping that extends over the walls. The walls and foundation are brick and are separated by a concrete water table. The northeast and southwest wings have concrete-clad corners, and the secondary wings have brick quoins. The entrance is centered in the main block and inset behind a red-stained concrete surround with fluted pilasters and a plain concrete entablature incised with "COCHRAN HOUSE." Secondary entrances are wood or steel doors with pre-cast concrete surrounds. Fenestration is generally large, steel-frame windows with six lights stacked vertically and alternating fixed and awning-type panes. They generally have concrete sills; the three bays above the entrance have red-stained concrete surrounds. Windows are arranged singly across the building. The interior consists of service areas, patient rooms arranged along double-loaded corridors, large common rooms, and staff rooms. Interior spaces are devoid of decorative elements and have utilitarian materials such as concrete block, steel, composite tiles, and plasterboard. Cochran House is currently (2023) vacant.

Plymouth Hall (1956, contributing building, Photographs 17–18) is a northeast-facing, two-story, front-gable, brick building originally built as an assembly and recreation center. Side-gable, two-story, brick wings flank the main block, and a large, gable-roof rear ell extends in two

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sections southwesterly. One- and two-story, flat-roof, brick additions cover the northwest and southeast elevations of the rear ell. The roof is covered in asphalt sheets and has paired, end-wall, brick chimneys and concrete-capped parapets on the wings. The walls are brick laid in common bond and sit on a concrete foundation. The seven-bay-wide main block has pre-cast concrete quoins and a cornice that continues across the pedimented gable and side wings. A brick and concrete terrace with a metal balustrade spans the facade. The entrance is centered in the facade and surrounded by a pre-cast concrete, broken-arch pediment and pilasters. It has a double-leaf, paneled wood door flanked by small, two-over-two sash windows. The remaining facade bays of the main block have concrete keystones, and the window above the door has a pre-cast concrete surround. The gables on the main block and wings have circular nine-light windows with brick surrounds and concrete keystones. Fenestration across the wings is symmetrical and generally nine-over-nine sash windows with concrete sills and splayed brick lintels. Fenestration on the rear wing and additions consist of nine-over-nine and six-over-six sash windows and arched multi-light windows, all with concrete sills. The second story of the rear ell has three-light, awning-type ribbon windows on the exposed elevation. The southwest elevation has a secondary entrance in the northwest addition with a single paneled wood door surrounded by concrete pilasters and a pediment. Plymouth Hall is currently (2023) vacant.

Support and Agricultural Facilities

Support facilities are arranged along Trades Lane: Laundry and Maintenance Shops are east, the Firehouse and Garage is west, and the Powerhouse and Store House form the northern terminus. The **Maintenance Shops (1931, contributing building, Photograph 19)** is a west-facing, one-story, five-bay-wide, front-gable building with flanking, parallel, three-bay-wide, front-gable wings attached via one-story, gabled hyphens. Flat-roof additions fill the space between the building and the wings on the east elevation of the hyphens. The roof is covered in slate and has a molded wood cornice and rake. The walls are laid in common bond and sit on a concrete foundation with a battered brick watertable. The main entrance is centered in the facade within a tall arched opening with sandstone surround and springers and edged in soldier bricks. It contains a double-leaf, wood-panel door surmounted by a modillioned cornice and a multi-light

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arched transom. A round, wood, louvered vent with sandstone keystones is in the gable above. The facade elevations of the wings contain secondary entrances within classical wood surrounds with open pedimented roofs and multi-light fanlights. Fenestration is symmetrical and arranged singly; it generally consists of six-over-six, wood sash windows in wood surrounds with sandstone sills and keystones and splayed brick lintels on the front and expansive, multi-light, steel-frame windows on the rear elevations. The Maintenance Shops is currently (2023) unused.

Opposite the Maintenance Shops, the **Firehouse and Garage (1931/1964, contributing building, Photograph 20)** is a one-and-one-half-story, L-shaped, gable-roof, brick building with Colonial Revival-style detailing. The rectangular, side-gable main block faces south toward a parking area bordered by the south-projecting ell on the west. A flat-roof hyphen connects the ell's south elevation to a one-story, gabled, single-bay addition. The roof is covered in asphalt shingles, and the main block has a centered cupola with paired pilasters, arched vents, and a copper roof and finial. The building's brick walls sit on a concrete foundation. The main block has four garage bays offset to the east by the ell, which has six smaller garage bays. The bays have flat-arched openings with sandstone keystones and springers and contain vertical-track, aluminum doors with glazed panels. The western bay of the main block is infilled with rough-faced concrete block and contains a metal safety door. The gable on the addition is clad in vinyl siding, and the garage openings are rectangular. Rectangular window openings in the main block have sandstone sills, keystones, and splayed brick lintels and contain plank infill or single-pane replacement windows. The gable end has a one-over-one, vinyl sash window. The building is used by the Town of Newtown.

The **Laundry (1933, contributing building, Photograph 21)** is a west-facing, one-story, side-gable, brick building with gable ells on the west, north, and south elevations. The roof is covered in asphalt shingles and has a molded wood cornice and a central square cupola. The cupola consists of a square, vertical-board base with round pendants; a square ventilator with fluted pilasters, arched fanlights, and molded trim; and a copper bell-cast roof with a round finial. The walls are brick laid in common bond and sit on a concrete foundation with a slightly battered brick water table. The facade of the west ell has a centered entrance with two windows on each

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side and a round louvered vent above. The entrance consists of a single paneled wood door surrounded by fluted pilasters, a molded entablature, and a broken pediment projecting from a large arched opening with sandstone infill. Fenestration in the west ell is nine-over-nine replacement sash in recessed wood surrounds with sandstone sills and splayed brick lintels with sandstone keystones. North of the west ell, the west elevation contains six large window openings with sandstone sills and keystones that are infilled with semi-opaque, polycarbonate panels. South of the west ell, the west elevation contains six garage bays filled with aluminum, vertical-track doors. One-story, shed-roof bays extend from the north, south, and east elevations. Solar panels have been installed on the roof. The Laundry is used by the Town of Newtown.

The **Store House (1933, contributing building, Photograph 22)** is a south-facing, two-story, side-gable, brick, Colonial Revival-style building composed of a center three-bay, pedimented block flanked on each side by six bays. The roof is covered with slate and pierced by two interior brick chimneys. The brick walls have a molded wood cornice and sit on a concrete foundation. The primary entrance is centered in the pedimented block and has a sandstone surround with fluted pilasters, entablature, and an arched pediment. A five-light transom surmounts the door, which is covered with plywood. Secondary entrances are in the third bays to the west and east from the center block in the south elevation. The eastern secondary entrance and its flanking bays are sheltered under a shed-roof porch with iron posts. A two-story, rectangular addition on the east elevation likely houses an elevator. Window openings are generally rectangular with sandstone sills, keystones, and splayed brick lintels. The windows are metal framed and have a fixed center sash with movable sash above and below. First-story windows have 20 lights, and second-story windows have 16 lights. The gable ends contain a single fanlight. The Store House is currently (2023) vacant.

Northwest of the Store House, the **Powerhouse (1933, contributing building)** is a three-story, flat-roof building with a 250-foot-high brick stack. Its brick walls terminate at a sandstone coping and sit on a concrete foundation. The building has no openings in the east, south, and west elevations. The north elevation has large, full-height industrial windows with fanlights. The Powerhouse is currently (2023) vacant.

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The **Machinery Building (ca. 1950, contributing building, Photographs 23–24)**, east of the Maintenance Shops, is a west-facing, one-story, masonry and steel-frame industrial building. It has a front-gable, metal-clad roof pierced by four metal ventilators. The walls are concrete block, and the gable is clad in corrugated metal sheets. The west elevation has a single, off-center garage bay and a glazed door; both are not original. The side elevations have three sets of four windows with concrete sills and lintels. The windows consist of six fixed lights above a six-light awning-type window and three fixed lights. The east elevation has two garage bays flanked by windows. The north elevation has five irregularly spaced windows. The building is used by the Connecticut Governor's Horse Guard.

An agricultural complex currently operated by the Connecticut Governor's Horse Guard occupies the northeast part of the district. The landscape is characterized by pasture and hay fields, woodland clusters, dirt farm roads, and a **System of Fences (20th c., non-contributing structure, Photographs 24–27)**, consisting of wood-plank fences and metal gates.

The **Cow and Dairy Barn (1940, contributing building, Photograph 25)** is a Wisconsin-type, T-shaped, gambrel-roof, wood-frame barn composed of a 260-foot-wide, west-facing main block; a one-story, gable-roof, brick addition on the west elevation; a gambrel-roof wing with a gable-roof extension centered on the east elevation; and two concrete block silos attached to the east elevation of the main block by one-story hyphens. The roof is clad in asphalt shingles and pierced by shed-roof dormers and ventilators at the ridgeline. East of the Cow and Dairy Barn is a small, one-and-one-half-story, wood-frame **Maintenance Lumber Shed (1940–1952, contributing building, Photograph 24)**. It faces west and has an asphalt-shingled, front-gable roof and vertical-board walls. A one-story, shed-roof addition covers the east elevation. Visible windows are six-over-six wood sash in wood surrounds.

A **Root Cellar (1936, contributing structure)** constructed into the slope north of the barn is a 115-foot-long, concrete block, subterranean structure with a northeast-facing exposure. The

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structure has a gable roof with large ventilators along the ridge. The roof is covered with a rubber roofing membrane.

The **Piggery (1940, contributing structure, Photograph 27)** is an east-facing, two-story, gambrel-roof building near the north district boundary with one-story, gambrel-roof side wings and a side-gable east addition. It has an asphalt-shingled roof with shed-roof dormers on the east slopes of the wing roofs. The walls are concrete block. Concrete block and chain-link fences surround the building.

To the southwest is the **Abattoir (1940, contributing building, Photograph 28)**, historically used as a slaughterhouse. It is a southwest-facing, concrete block building with an asphalt-shingled gambrel roof and a parged foundation. The southwest elevation has centered, double-leaf, glazed wood doors flanked by windows. The side elevations have three windows infilled with plywood. A picnic pavilion is southwest of the Abattoir. It is a rectangular structure with a standing-seam metal hip roof supported by concrete posts.

Statement of Integrity

The Fairfield Hills Campus Historic District possesses integrity of location, design, setting, workmanship, materials, feeling, and association as a Colonial Revival-style mental hospital campus developed according to the institutional arrangement known as the cottage plan. Contributing buildings and structures in the district retain such character-defining features as brick and limestone cladding, classical trim and porticos, symmetrical massing and fenestration, and modifications that occurred during the period of significance. The campus retains 28 of the original 58 buildings and structures. The surviving buildings have well-preserved exteriors with few alterations generally limited to the rear elevations, and some interiors retain character-defining features. Minor alterations to the campus' designed landscape, particularly its circulation features, have diminished its integrity; however, from the campus retains the setting and feeling associated with the contributing buildings and their arrangement. The landscape retains large spans of lawn, a network of linear walkways between buildings, and trees arranged

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in a manner to evoke a domestic, yet institutional, setting. Over two dozen buildings, ranging in date from 1933 to ca. 1950, were demolished in the past 30 years. Half of the demolished buildings (14) served as staff housing and were located around the perimeter of the campus. Of the nine wards and dormitories, and five support buildings and structures demolished, most date to post-World War II development and only three were part of the original 1933 campus. Most of the district's extant buildings retain their character-defining features, design intent, and setting and contribute to the district's overall integrity. Non-contributing resources within the district and modern intrusions around the periphery have a minimal impact on the district's integrity.

**FAIRFIELD HILLS CAMPUS HISTORIC DISTRICT
 DISTRICT DATA SHEET**

Parcel No.	Resource Name (Building No.) ³	Property Type	Date	Architect	Style	C/ NC ⁴	Photo No(s).
37-3-1D	Bridgeport Hall (#3)	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival	C	2
37-3-1D	Green	Site	1933	N/A	N/A	C	3
37-3-1D	Shelton House (#2)	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival/ Neoclassical Revival	C	3-4, 29
37-3-1D	Newtown Hall (#1)	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival/ Neoclassical Revival	C	5, 30
37-3-1D	Stratford Hall (#19)	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival	C	6
37-3-1D	Stamford Hall (#22)	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival	C	7, 31
37-3-1D	Norwalk Hall (#24)	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival	C	8-9

³ The Fairfield Hills Hospital was listed in the Connecticut State Register of Historic Places in 1987 (Grabowicz 1987). The individual Historic Resources Inventory Forms prepared for the nomination in 1984-1987 assigned each resource a number; however, these numbers do not correspond to a state or local identification system.

⁴ Contributing/Non-contributing resource designation.

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Parcel No.	Resource Name (Building No.) ³	Property Type	Date	Architect	Style	C/NC ⁴	Photo No(s).
37-3-1D	Tunnels	Structure	1931–1933	N/A	N/A	C	None
37-3-1D	Staff House No. 58	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival	C	None
37-3-1D	Staff House No. 59	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival	C	None
37-3-1D	Staff House No. 60	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival	C	None
37-3-1D	Staff House No. 63	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival	C	10–11
37-3-1D	Staff House No. 61	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival	C	12
37-3-1D	Staff House No. 28	Building	1931	Walter P. Crabtree, Sr.	Colonial Revival	C	13
37-3-1D	Kent House (#4)	Building	1940	Bureau of Public Works	Colonial Revival	C	1, 14, 32
37-3-1D	Cochran House (#10)	Building	1954	Westcott & Mapes	International	C	15–16
37-3-1D	Plymouth Hall (#129)	Building	1956	Fletcher-Thompson	Colonial Revival/ Neoclassical Revival	C	17–18
37-3-1.E	Maintenance Shops (#30)	Building	1931	Walter P. Crabtree, Sr.	Colonial Revival	C	19
37-3-12	Firehouse and Garage (#29)	Building	1931/ 1964	Walter P. Crabtree; addition by Bureau of Public Works	Colonial Revival	C	20
37-3-15	Laundry (#35)	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival	C	21
37-3-15	Store House (No. 36)	Building	1933	Walter P. Crabtree, Sr.	Colonial Revival	C	22
37-3-15	Powerhouse (#37)	Building	1933	Walter P. Crabtree, Sr.	None	C	None
37-3-15	Machinery Building	Building	ca. 1950	None	None	C	23–24

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Parcel No.	Resource Name (Building No.) ³	Property Type	Date	Architect	Style	C/NC ⁴	Photo No(s).
37-3-15	System of Fences	Structure	20 th c.	None	None	NC	24-27
37-3-15	Cow and Dairy Barn (#80)	Building	1940	Bureau of Public Works	None	C	25
37-3-15	Maintenance Lumber Shed (#17)	Building	1940-1952	Bureau of Public Works	None	C	24
37-3-15	Root Cellar (#81)	Structure	1936	None	None	C	None
37-3-15	Piggery (#84)	Structure	1940	Bureau of Public Works	None	C	27
37-3-15	Abattoir (#82)	Building	1940	None	None	C	28
TOTAL CONTRIBUTING RESOURCES = 28 Buildings = 24, Structures = 3, Sites = 1, Objects = 0 TOTAL NON-CONTRIBUTING RESOURCES = 1 Buildings = 0, Structures = 1, Sites = 0, Objects = 0							

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8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A. Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B. Property is associated with the lives of persons significant in our past.
- C. Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D. Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

- A. Owned by a religious institution or used for religious purposes
- B. Removed from its original location
- C. A birthplace or grave
- D. A cemetery
- E. A reconstructed building, object, or structure
- F. A commemorative property
- G. Less than 50 years old or achieving significance within the past 50 years

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Areas of Significance

(Enter categories from instructions.)

HEALTH/MEDICINE

SOCIAL HISTORY

ARCHITECTURE

Period of Significance

1931-1969

Significant Dates

1931: Construction of Fairfield State Hospital began

1933: Fairfield State Hospital opened

1969: Superintendent Dr. William Green resigned; hospital reorganized to Unit System

1995: Fairfield State Hospital closed/decommissioned

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Crabtree, Walter P., Sr.

Crabtree, Walter P., Jr.

Fletcher-Thompson

Westcott & Mapes

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Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

The Fairfield Hills Campus Historic District meets National Register Criteria A and C in the categories of Health/Medicine, Social History, and Architecture. The district has state-level significance under Criterion A in the areas of Health/Medicine and Social History for its association with public mental health treatment in the state of Connecticut in the twentieth century. Initially constructed in 1931–1933, Fairfield Hills Campus (also known as the Fairfield Hills Hospital and Fairfield State Hospital) was the last built of three state-run mental health facilities and continued to operate until its closure in 1995. The Fairfield Hills Campus developed alongside the advancement psychiatric treatment in the twentieth century and declined as with institutionalization nationwide. Like the Connecticut Valley Hospital (NRIS 85001920) in Middletown and the Norwich Hospital (demolished), the Fairfield Hills Campus follows the “Cottage Plan” design for psychiatric hospitals with multiple ward buildings arranged on a self-sufficient, aesthetically pleasing, rural campus for the benefits of moral treatment and mental hygiene. Extant resources include mid-twentieth-century ward buildings, support and staff facilities, and agricultural facilities associated with patient employment. The district is significant at the local level under Criterion C in the area of Architecture for its collection of Colonial Revival-, Neoclassical-, and International-style institutional buildings.

The period of significance for the district begins in 1931 with the construction of Fairfield State Hospital and ends in 1969 when the hospital reorganized under the Geographic Unit System, commonly referred to as the “unit system” or decentralized system, which organized hospital buildings and wards by patients’ prior town residency and not by patients’ ailments, severity, and treatment needs. The former system, supplanted by the unit system, had supplied the basis for the physical design of the campus and buildings, the hospital’s administration, and largely the societal image of mental health it perpetuated (Carini et al. 1974:434–435, 455).

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Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance.)

CRITERION A – HEALTH/MEDICINE and SOCIAL HISTORY

The Fairfield Hills Campus served as a mental hospital and treatment center for the western part of Connecticut from 1933 until 1996 and is significant at the state level under Criterion A in the areas of Health/Medicine and Social History. Under Criterion A in the area of Health/Medicine, the Fairfield Hills Campus is significant as representative of the evolution of mental hospitals and treatment centers in Connecticut in response to changes in medical theory, technology, and politics. It is also significant under Criterion A in the area of Social History for the role it played in the public perception of mental health care in Connecticut and the patients it cared for. The Fairfield Hills Campus encapsulates an era of great advancement in psychiatric nursing owed to the hundreds of nurses, attendants, medical professionals, and even entrusted patients who worked and lived on campus, and the thousands of patients who lived and underwent treatment in the Connecticut state hospital system.

During the hospital's operation, care of the mentally ill transitioned from custodial to treatment, initiating changes to the campus' layout, buildings, and physical environment. Custodial care emphasized the confinement of those deemed mentally ill, and was most economical in large, monolithic institutions—often called asylums. Both Connecticut Valley Hospital and Norwich State Hospital were built at a time when the most cost-effective means of confinement and treatment prescribed large buildings. Emergence of the Mental Hygiene Movement in psychiatry led to curative therapies and provided a basis for the design of Fairfield State Hospital. From the outset, the new state facility—a hospital for the mentally ill—followed the cottage plan institution model, which segregated patients in separate buildings by gender and affliction, rather than housing all patients in a large monolithic building. It offered occupational therapy, both at the facility's farm and within wards, as a supplementary treatment for certain patients and, in some cases, to relieve understaffing. The role of attendants and nurses, and their interaction with patients, evolved through the mid-twentieth century as medical training became more available, and the public was more amicable to community-based psychiatric care. Proactive and

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progressive treatments beginning in the 1940s led to the establishment of outpatient and research facilities in the mid-twentieth century. The introduction of drug therapies and new mental health policies in the late twentieth century led to widespread deinstitutionalization and ultimately the closure of Fairfield Hills (Cunningham 1999:1; Williams 2004:29–30, 38; Goodheart 2010:109; Carini et al. 1974:36, 397).

History of Mental Health Care in Connecticut

When it was built in 1931, Fairfield State Hospital (Fairfield Hills Campus) was one of four mental health facilities in Connecticut; three were state-run and one (the oldest) was private. The state's earliest facilities (Hartford Retreat and Connecticut Valley Hospital) emphasized confinement and moral treatment as curative of mental illnesses. By the twentieth century, rampant overcrowding led the state to establish Norwich State Hospital in 1908. In response to the emerging Mental Hygiene Movement and new available treatments, the state adapted Norwich State Hospital but knew its overcrowding necessitated a new state facility. In 1931, Fairfield State Hospital was established under the tenets of modern mental health treatment.

The Hartford Retreat, established in 1822, was the first institution in Connecticut dedicated to the care of the mentally ill and followed the prevailing "moral treatment" philosophy. Phillipe Pinel of France and William Tuke of England, who coined "moral treatment," called for total isolation from the debilitating effects of society and believed confinement played an important role in curing mental diseases. Pinel and Tuke believed one's environment caused mental illness and its improvement could reap benefits. Moral treatment prescribed a structured paternalistic environment in which patients were housed, fed, employed, and exposed to fresh air. This ideology provided the basis for institutionalization in the United States during the first half of the nineteenth century (Cunningham 1999:3; Ohno 1985:1).

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Before institutional care, people with mental illnesses were typically cared for at home by family members and faced heroic⁵ treatments: purging, bleeding, blistering, and taking large doses of mercury or quinine. Without an understanding of pathology or cause, society saw mental illness as a curse similar to infectious diseases or impressionable criminality that should be isolated, yet treatment at facilities like the Hartford Retreat was cost-prohibitive to most people. Urbanization in the United States broke down the familial welfare system and left those with mental illnesses and other ailments the responsibility of towns and cities, which relegated them to poor farms, almshouses, or workhouses, where the chief concern was their containment and subsistence (Ohno 1985:1; Cunningham 1999:2; Roth and Grenier 1985:251, 253).⁶

The Hartford Retreat, later called the Institute for Living, was a forerunner in mental health care for the nation and emphasized the redemptive nature of humans and the belief that the mentally ill could be cured. Led by the Connecticut Medical Society's Dr. Eli Todd (1769–1833) of New Haven and subsidized by the state, the Hartford Retreat provided care to 40 of the state's estimated 1,000 mental illness patients. Todd's novel approach to treating mental illness involved giving patients gentle care, sympathy, and constructive occupation. The large disparity in treatment between economic classes pressured Connecticut legislators to consider forming a state asylum in the 1830s and 1840s. However, a public facility was not available until 1866, when Connecticut Valley Hospital opened in Middletown (Cunningham 1999:2–3; Roth and Grenier 1985:253; Goodheart 2010:106–107).

The Connecticut Valley Hospital was built to reflect the ideal asylum and followed guidelines for asylum architecture and organization published by the Association of Medical Superintendents of American Institutes for the Insane (AMSII) in 1851. The AMSII, which later became the American Psychiatry Association, was founded in 1844 and initially had little interest in etiology (study of the cause of mental disease) aside from the classification of diseases. The AMSII saw

⁵ Heroic medicine was based on the heroic depletion theory, which theorized that a body could be shocked back to health after an illness. Prescribed treatments under heroic medicine were often extreme, intensive, and dangerous for the patient. This approach fell out of favor when the idea of palliative treatment began to develop.

⁶ In 1727, the Connecticut legislature authorized the confinement of the neglected or poor mentally ill in workhouses if they had no relatives or were not fit for self-reliance. In 1792, towns were designated custodians of their mentally ill, and, in 1797, the state rescinded its mandatory confinement laws, freeing towns from conservatorship and returning the responsibility of care for the insane to guardians (Cunningham 1999:2; Roth and Grenier 1985:253).

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the physical environment as essential to treating disease and described the ideal asylum as aesthetically pleasing, self-sufficient, self-contained, and consisting of large buildings in a campus setting. An asylum's superintendent was given prestige and paternalistic control over the campus, often occupying a residence on site and an office in the campus center. The Connecticut Valley Hospital was quickly inundated with patients whose care was publicly sponsored, either by a town or the state. State institutionalization offered relief to almshouses, which previously sheltered many of these people, and families struggling with the economic depression that followed the Civil War (Cunningham 1999:2–3; Ohno 1985:1; Goodheart 2010:129).

The picturesque asylum campuses and architecture of the nineteenth century persisted into the beginning of the twentieth century, but constant overcrowding undermined the success promised by “moral treatment” methods. Without sufficient staffing, custodial care that simply housed patients superseded all attempts at treatment. Asylums were retrofitted for efficiency and centralized patient services replaced autonomous wards. Connecticut opened the Norwich State Hospital in 1904 to relieve overcrowding in Middletown. Eye-opening accounts of the treatment within these facilities, including that of Clifford W. Beers (1876–1943), a New Haven resident and former mental patient at the Connecticut Valley Hospital, caused public outcry. In 1908, Beers published *A Mind That Found Itself* and became the figurehead of the Mental Hygiene Movement, which urged community prevention of mental illness, improved treatment, and education. The movement was based on the principle that early intervention in an inpatient or outpatient setting could prevent serious mental illness. The state built new buildings and facilities at Middletown and Norwich to address new sentiments in treatment and administration. The gradual transition from custodial to curative care was becoming more evident in Connecticut and across the nation; asylums were becoming hospitals (Roth and Grenier 1985:255; Cunningham 1999:4; Deutsch 1949:440).

Fairfield State Hospital

Planning for a new mental health hospital in Connecticut began in the 1920s. In 1925, Dr. Roy Leak, the superintendent of Connecticut Valley Hospital, petitioned Connecticut Governor John

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H. Trumbull to authorize the construction of a new mental health treatment facility to relieve overcrowding in the existing state mental hospitals. The patient population in both state mental hospitals exceeded their intended capacity; the 2,200-bed Connecticut Valley Hospital had 2,875 patients, and 2,000-bed Norwich State Hospital had 2,030 patients. An excess of approximately 700 patients and a steady growth in population necessitated construction of a new facility. In 1927, Trumbull approached Leak and offered him the role of consultant on a new hospital project. He also appointed a committee to identify a location for the new hospital in Fairfield County, which could accommodate patients from the western part of the state. During the committee's search, they visited Newtown, whose citizenry were markedly split about the siting of a state hospital in their town. Unlike Middletown and Norwich, which gifted the state land for the construction of the respective hospitals, Newtown's local leaders were generally opposed and believed a hospital would diminish land values and halt population growth. Many local farmers suffering from a depressed agricultural economy saw the opportunity to sell their land and were more receptive to the committee's inquiries. In May 1928, Trumbull and the state Board of Finance and Control selected Leak and architect Walter P. Crabtree Sr., who had designed a building for the Connecticut Valley Hospital in 1924, to prepare campus and architectural plans for the new hospital (Cunningham 1999:1, 4; Hall 1928; Commission on State Institutions 1927:7-9, 12-13; Carini et al. 1974: 360-362).

Superintendent Dr. Roy L. Leak, 1931-1935

Dr. Roy Lathen Leak (1875-1967) was transferred from his post at the Connecticut Valley Hospital to serve as the first superintendent of the Fairfield State Hospital. Leak was born in Ontario, Canada, and graduated from Albany Medical College in Albany, New York, in 1898. He worked as an intern at the New York State Hospital until 1911, when he was transferred to the Matteawan State Hospital for the Criminal Insane in Beacon, New York. In 1913, after moving to Syracuse, he entered private practice and was a consultant in psychiatry in the general hospital and a lecturer on medical legal matters at the Syracuse Law School. He briefly worked as a clinical director at the State Hospital in South Carolina in 1917 before accepting an assistant superintendency position at the Connecticut State Hospital in Middletown. In 1922, he was

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appointed the hospital's superintendent. Dr. Leak was granted a one-year leave of absence in November 1929 to assist with the planning and design of the Fairfield State Hospital (Stevenson 1938:129–130).

In June 1929, Connecticut legislators passed an act providing for the establishment of Fairfield State Hospital and a twelve-member board of trustees to oversee administration of the facility was appointed by the governor. Shortly after, the trustees published a notice in all daily and weekly papers in Fairfield County “Calling for the submission to the board in writing by those who had property to sell suitable for the location of the proposed new hospital” (Carini et al. 1974:363). On August 8, 1929, the committee tasked with finding a site voted unanimously in favor to acquire Mile Hill in Newtown, Connecticut (Figure 4). The site consisted of 600 acres land approximately a quarter mile east of Main Street met all the essential requirements required: “at least six hundred acres of fairly good agricultural land, an abundant supply of pure water, such proximity to a railroad line that a switch track could be laid to one or more improved highways” (Carini et al. 1974:364). The Connecticut General Assembly approved a \$1.75 million budget for the hospital construction, development, and equipping. Despite local opposition, plans moved forward rapidly, and construction began. Mile Hill was cleared of vegetation and prior development, except for scattered agricultural buildings and structures (not extant), select farm fields, and several houses (not extant) along Mile Hill Road. A sum of \$2,000 was allocated for landscaping and the preservation of trees on the campus (Cunningham 1999:1, 4–5; Carini et al. 1974:363–364).

In 1929, Leak and Crabtree completed design of the Fairfield State Hospital campus. Crabtree furnished plans for a 2,500-bed, 56-building hospital campus touted to provide “the patient the best possible provisions for efficient hospital care” (State of Connecticut 1934:467; Cunningham 1999:5). On June 10, 1931, state officials held a cornerstone-laying ceremony attended by the trustees and members of the public. At the event, Leak spoke on the campus' plan and how it afforded lawn areas for patient recreation and aspect so that every room received sunlight (Carini et al. 1974:365). Honorable Samuel A. Eddy, chairman of the board, offered his expectation of the new hospital: “Here we hope that the pure air and sunshine and the cheerful outlook on

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nature so abundantly available on this beautiful hillside, combined with modern equipment and skillful treatment, may make it possible to restore to mental health many who have been groping in the fogs of despondency or hallucinations, and that at least some of the gloom and suffering may be driven from the minds of the incurable” (Carini et al. 1974:364–365). The onset of the Depression likely limited state expenditures and delayed construction, and, as a result, only a portion of Crabtree’s plans were executed during the initial building phase from 1931–1933 (Cunningham 1999:5–6; State of Connecticut 1934:467; Carini et al. 1974:365).

The state hired H. Wales Lines Construction of Meridan to construct the buildings and C. Abedessa & Bros., Inc., of Bridgeport to construct **Tunnels (1931–1933)** between the buildings and support structures. As designed, the facility was self-sufficient with a **Powerhouse (1933)** to generate electricity and steam, **Maintenance Shops (1931)**, and farm operations in the pre-existing agricultural fields. The first buildings completed were **Staff House No. 28 (1931)** for the overseeing engineer, a **Firehouse and Garage (1931)**, the powerhouse, and a pumphouse (not extant). Over the next two years, the state built two ward buildings: Greenwich House (not extant) and **Newtown Hall (1933)**; four staff dormitories: Danbury Hall (not extant), Woodbury Hall (not extant), **Stamford Hall (1933)**, and **Norwalk Hall (1933)**; an administrative building, **Shelton House (1933)**; and dining facilities: **Bridgeport Hall (1933)** and **Stratford Hall (1933)**. Five brick duplexes—**Staff House Nos. 58, 59, 60, 61, and 63 (1933)**—were built in a grove of trees west of the campus’ center. A **Laundry (1933)** and **Store House (1933)** were built on the north side of the campus. Crabtree’s plans called for the construction of a large farm complex, but a lack of funds forced the hospital to use the existing agricultural facility until the 1940s (Cunningham 1999:6).

On June 23, 1933, the Fairfield State Hospital welcomed 32 patients transferred from the Middletown hospital who were in good physical health and expected to work on the campus grounds and farm. Despite only having two doctors on staff, 495 more transfer patients arrived later that year. The facility still lacked a nurses’ training program, and a tight budget meant staff were downgraded to lower paying positions in order to hire more people. Occupational therapies offered to relieve staff shortages; female patients provided the facility’s sewing and weaving

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needs, and male patients provided farm work, landscaping, and carpentry, although all unpaid. At the time of its opening, Fairfield State Hospital lacked a dentist, adequate operating rooms, and x-ray equipment, which meant medical cases were sent to Danbury Hospital or local physicians. The hospital largely relied on local organizations for occupational and recreational items, such as clothing, books, musical instruments, games, and decorations (State of Connecticut 1934:466–467; Carini et al. 1974:366–368). In October 1935, Dr. Leak resigned as Fairfield’s superintendent and returned to the Connecticut Valley Hospital. By then, state funding had secured equipment for an operating room, x-ray unit, and dental office, and wages for a hairdresser and barber (Carini et al. 1974:368–369, 371).

Superintendent Dr. Clifford D. Moore, 1935–1946

On October 26, 1935, the Board of Trustees of the Fairfield State Hospital selected Dr. Clifford Douglas Moore (1903–1980) to replace Leak as superintendent, which he took on November 15, 1935. Like Leak, Moore was born in Ontario, Canada, and graduated from the Queen’s University, Faculty of Medicine, at Kingston, Ontario, in 1928. He served as an intern at the Kingston General Hospital before beginning his career in public mental health. In 1928, Moore was appointed assistant physician at the Medfield State Hospital in Medfield, Massachusetts, in 1928 and was promoted to senior physician in 1929. In 1930, the Massachusetts Department of Mental Diseases transferred Moore to the new Metropolitan State Hospital in Waltham, Massachusetts, in the capacity of acting superintendent. He organized the hospital’s development and initial operations and received the Board of Trustees’ appointment as superintendent in 1933. In 1934, he was appointed the chief executive director of the Boston Psychopathic Hospital (Stevenson 1938:131).

In 1935, the Fairfield State Hospital accepted 383 transferred patients, causing the facility to operate at 50 percent over capacity. The hospital organized patients into wards based on their illness, severity, and medical needs. Buildings were divided into several wards, each with a supervisory staff member, day rooms, facilities, and shared treatment areas. Patients were housed in all available spaces, including the cafeteria, day rooms, sun porches, and employee

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dormitories. Many transfers suffered from chronic cases and had been institutionalized for long periods of time. The overcrowding crisis experienced at the Fairfield State Hospital and other state facilities was a national issue. An overburdened system became more concerned with low accident, morbidity, and death rates than discharge or cure rates (Carini et al. 1974:370–371).

From the beginning, a shortage of trained staff hindered Fairfield State Hospital's ability to transcend custodial care and apply modern nursing. 'Asylums' of the nineteenth century relied on custodial caretakers, called attendants, who were generally untrained in medical or psychiatric care (Carini et al. 1974:271). The establishment of nursing schools in Connecticut in the late nineteenth century had a delayed impact on the state's mental health care, because the graduates of those programs, like the general public, shared misconceptions and negative attitudes toward the mentally ill. In addition, hospital staff typically worked 54 to 60 hours per week, were expected to board on campus, and faced potentially dangerous, unsanitary conditions with little oversight by supervisory staff. In the nation's mental hospitals, there was little distinction in roles, titles, benefits, or wages between attendants and nurses, further discouraging the advancement of the field. In 1939, Dr. Moore established a three-month, in-service training course for nursing students recruited from nearby schools. While few trainees returned to Fairfield State Hospital upon graduation, they provided essential unpaid labor during the course. In 1941, Dr. Moore became an associate professor of psychiatry at Yale University in New Haven, Connecticut, and introduced a residency at Newtown for program graduates (Carini et al. 1974:273–274, 374; Laskowski 1958:9–10).

Under Dr. Moore's direction, Fairfield State Hospital strove to improve both the lives of patients and the public's perception of psychiatric health care. In a paper presented in 1938 to the Connecticut Society of Psychiatry, a subset of the Connecticut Medical Society, Dr. Moore described his 5-point plan and his focus on community relations and education, in-service education for employees, and research into the cause and treatment of mental disorders.⁷ His

⁷ Dr. Moore's plan summarized: (1) improve standards of hospital care; (2) provide better preparation and training of medical workers; (3) initiate a continuing program of community education, specifically in the prevention and treatment of mental illnesses; (4) institute investigations and research into the nature and cause of mental disorders;

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emphasis on community relations and collaboration with various social agencies led to the hospital's "come and see, go and tell" policy (Carini et al. 1974:372–373). During Dr. Moore's tenure, Fairfield State Hospital introduced new therapies and treatments including insulin therapy⁸ in 1937, electro-convulsive therapy (ECT)⁹ in 1941, and Metrazol therapy¹⁰ in 1937, which may have been first time the drug was used in New England. Some patients improved enough to qualify for 'parole status,' which allowed them to be placed with relatives or in community boarding houses on a trial basis for one year and monitored by social workers (Carini et al. 1974:372, 378).

Although the Connecticut General Assembly appropriated \$2 million to for new construction at Newtown in 1937, state government restructuring in 1938 delayed its utilization and undermined the authority of the Board of Trustees and the superintendent. A newly formed financial department and the Bureau of Public Works took control of planning, construction, and staffing at the hospitals, while Dr. Moore continued to lead patient treatment (Cunningham 1999:6–7; Carini et al. 1974:373). In 1940, construction began on a laboratory (outside boundary, demolished 2008–2010) to house Yale University research and four new wards to accommodate 3,000 patients (Figure 6): **Kent House (1940)**, Canaan House (not extant), Litchfield House (not extant), and Fairfield House (not extant). The Bureau of Public Works referred to the plans originally provided by Crabtree to design the new buildings. The state used federal funding to cover part of the construction costs and Works Progress Administration (WPA) labor to build tunnels between the wards and the dining hall. The farm, which already provided the institution kitchens with eggs, milk, and vegetables, was expanded during Dr. Moore's superintendency. The Bureau of Public Works built a large **Cow and Dairy Barn (1940)**, a **Root Cellar (1936)**, a **Piggery (1940)**, a **Maintenance Lumber Shed (1940–1952)**, several greenhouses (not extant),

and (5) apply the knowledge of preventive and active treatment techniques to reduce incident rate (Carini et al. 1974:372–373).

⁸ During insulin therapy (or insulin coma therapy), physicians induced a low blood sugar coma in patients in order to impact brain function. It was used in psychiatric care from 1927 until the 1960s.

⁹ Electro-convulsive therapy, developed in 1938, used electricity to stimulate convulsions in patients with schizophrenia. It evolved into electro-shock therapy and was used to treat depression.

¹⁰ In Metrazol therapy, patients were given a stimulant medication to induce seizures. The practice was dangerous, resulting in fractured bones and torn muscles, and outlawed by the Federal Drug Administration in 1982.

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and support structures including the extant **Abattoir (1940)** and **System of Fences (20th c.)**

(Cunningham 1999:7–8; Carini et al. 1974:373, 377).

With the new wards complete, the Fairfield State Hospital accepted new patients, in addition to transfers from other institutions. By September 1940, there were 1,128 patients and only 249 employees. Critical staffing shortages led to the practice of employing ‘better’ patients on wards without pay. Often, only one attendant assisted by several working patients was responsible for as many as 200 patients in a ward. The patient population increased steadily, averaging about 16 patients per week, until it exceeded 1,700 in April 1941. When Fairfield State Hospital opened a decade earlier, the state’s three facilities contained approximately 5,500 patients, which was eight-times the number enumerated in the state in 1866. Crowded conditions limited Dr. Moore’s progressive approach to treatment; however, he helped bring the Fairfield State Hospital up to modern standards (Cunningham 1999:7–8; Laskowski 1958:9–10; Carini et al. 1974:377–378, 380).

World War II caused an employee shortage across the state’s hospitals as staff left for military service. Several incidents of patient mistreatment by staff led to the arrest and dismissal of involved employees and stricter employment screening. Dr. Moore upheld his high standard of cleanliness by conducting rigorous military-type ward inspections and enforcing the campus’ alcohol-free policy. In November 1942, the Selective Service Authority in Washington, D.C., approved Fairfield State Hospital as an institution where conscientious objectors could be stationed in lieu of military service. Dr. Moore, designated as Camp Director of Public Service Camp #22, hired 25 conscientious objectors, who received \$15 per month for their service as attendants. He also made arrangements with nearby colleges to employ students on a part-time basis in admission, food, and continued treatment services. Despite this, patients were still used to ease understaffing. In 1944, Fairfield State Hospital had a nursing staff of 388, of which 47 were students and 39 were working patients. Dr. Moore was drafted as an Army surgeon but was allowed to return when the interim superintendent resigned in 1944 due to illness. By the end of the war, the hospital’s staff joined a labor union and won representation to the Board of Trustees, who oversaw staffing (Cunningham 1999:7–8; Carini 1974:379–380, 383).

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In 1946, shortly before Dr. Moore resigned from the superintendency, *Life* magazine published “Bedlam 1946,” an exposé of deplorable conditions at many state-run mental hospitals nationwide, including the Fairfield State Hospital. It was rumored that Dr. Moore was forced to resign because of conditions observed by the conscientious objectors and reported to *Life*.¹¹ The local newspaper, *Bridgeport Post*, published a follow-up article refuting most of the accusations. The issue became further politicized when Connecticut Congresswoman Clair Booth Luce sent a telegram to Governor Raymond E. Baldwin calling for reform and an end to penny-pinching that, she claimed, caused inhumane conditions at the state’s hospitals. State administrators made no public response (Cunningham 1999:9; Maisel 1946:103–106).

Superintendent Dr. William Green, 1946–1969

In 1946, the state appointed the Fairfield State Hospital’s clinical director, Dr. William F. Green (b. 1908), as the new superintendent. Dr. Green had graduated from Harvard University and worked as a staff psychiatrist at the Hartford Retreat and Bellevue Hospital in New York City. At Fairfield State Hospital, Dr. Green and his colleague Dr. Samuel Friedman were the first to perform lobotomies¹² on patients. Reception of this new treatment was mixed; impairments caused by the procedure made patients dependent on staff for basic needs, but many staff preferred these impediments instead of violent or destructive behaviors. Out of the 107 lobotomies performed between May 1946 and July 1947, 35 resulted in patients being discharged to family or community care facilities. During Dr. Green’s tenure the use of lobotomies, insulin therapy, and electro-shock therapies decreased and was replaced by the use of psychotherapy drugs (Cunningham 1999:9; Carini et al. 1974:385–387, 404).

¹¹ The article stated: “In 1941 five attendants at Connecticut’s Fairfield State Hospital were charged with complicity in two separate beatings of patients, one of whom died. Two of these attendants were convicted of manslaughter and one of assault. Early in 1942 two attendants were arrested for abusing five patients at the Middletown State Hospital and one of the attendants received a jail sentence. As a result, the Public Welfare Council and the U.S. Public Health Service made a thorough investigation of all of the Connecticut mental institutions. Yet only last November serious charges of maladministration at the Fairfield State Hospital brought about another inquiry which ended with the resignation of the hospital superintendent” (Maisel 1946:106).

¹² Lobotomies consisted of surgically cutting or removing connections between the prefrontal cortex and frontal lobes of the brain and were prescribed only in severe cases. It was a popular treatment in the 1940s and 1950s, yet highly controversial due to the side effects and impairments caused by the procedure.

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In 1947, Wilhelmina Nolan was appointed Director of Nursing Service and helped Dr. Green restructure patient care and organization. Nolan, observing the minimal custodial care received by many patients, worked to replace untrained attendants with psychiatric nurses. She advocated for smaller wards, daily outdoor activity for patients, continuing education courses for staff, and cleaner wards with a home-like appearances and furniture. Seclusion rooms, intended only for combative patient episodes, were used sparingly during staff shortages; this practice was indicative of the hospital's periodic regression back to custodial care. Some relief was felt by the creation of centralized treatment wards for certain patient populations, such as the elderly, alcoholics, and juveniles. An increased use of medication and sedatives changed how patients were cared for and ultimately decreased the interactions they had with nurses and aids. Furthermore, in an attempt to attract more staff, Fairfield State Hospital began to allow employees to live off campus and even built small houses (outside boundary) for supervisory staff on Mile Hill Road (Carini 1974:387, 389–390, 393–394, 400, 404, 419).

Drug therapy became a nationwide focus in the field of mental illness treatment in the 1950s. Dr. Green supported the use of drug therapies and their integration at the Fairfield State Hospital. In 1954, the hospital carried out its first clinical research program on medication therapies. The inaugural drug trial was a double-blind patient study using the tranquilizer Reserpine, which, like many other drugs researched, proved so effective that psychotropic medicine eventually replaced conventional therapies at Newtown. Fairfield State Hospital was the first public hospital in the state to use Reserpine. Within ten years, 75% of patients at the Fairfield State Hospital received medication. With medication, some patients were granted greater freedoms and privileges, including out-patient placement. Dr. Green implemented an open-door policy on select wards that allowed patients to take day trips to nearby towns, visit the Newtown Library, and attend the Newtown High School. Fairfield State Hospital took advantage of new community resources and facilities in the 1950s, including the Connecticut Department of Mental Health's regional outpatient clinic in Bridgeport and day treatment center in Stamford, both staffed by the Fairfield State Hospital. Qualified patients were placed in boarding houses licensed by the Connecticut Department of Health; Fairfield State Hospital paid a monthly rate for these placements. Later,

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fiscal responsibility was assumed by the State Welfare Department and eventually in-part subsidized by Medicare (Cunningham 1999:9–10; Carini et al. 1974:397, 403–404, 407).

Construction of additional facilities did not commence until the mid-1950s when the patient population reached 2,850. Under Dr. Green's leadership, the state constructed two new patient wards: Bridgewater House (not extant) and **Cochran House (1954)**; an occupational therapy and recreation building, **Plymouth Hall (1956)**; and a staff dormitory, Watertown Hall (not extant). Staff House Nos. 50–57 and 124–125 (not extant) were also built in the 1950s (Figure 7). Within the campus service and farm area, the state built a cooling tower (not extant), a refrigeration plant (not extant), a lumber shed (not extant), and a **Machinery Building (ca. 1950)**. An addition was built on the Firehouse and Garage in the 1960s (Cunningham 1999:9–10; Carini et al. 1974:413). The design and placement of Cochran House, which faced away from older ward buildings, strayed from Crabtree's original plan of a campus with centralized functions. Cochran House could operate nearly autonomously from the rest of the campus and represented a new type of ward building at Fairfield State Hospital. The building contained 12 wards, newer facilities, its own admission center, and a better interface for pharmaceutical distribution. There was a general sentiment that discharge was more probable from Cochran House, which had more staff and better conditions, than the older ward buildings, colloquially called the 'back wards' (Carini et al. 1974:405–406).

In the 1960s, a national movement to reform state mental hospitals grew from President Lyndon B. Johnson's Great Society agenda. Political actions disseminated new mental and community health policies that favored community care over confinement. Passed in 1963 and amended in 1968, the Community Health Center Act of 1963 gave mental health patients greater access to treatment, instated treatment programs for substance abusers and the elderly, and changed the Social Security system to cover mental illness as a disability. The movement also favored treating the mentally ill in general hospitals and shortening their stays, which set the stage for a massive nationwide de-institutionalization in the 1970s. The mental hospitals that continued to operate adopted the Geographic Unit System, often called the 'unit system,' which grouped patients by their geographic region and decentralized institutional services. Where previously

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patients were segregated by the type and degree of illness, which allowed a differing level of oversight and security, all wards were locked and specialized treatment was limited under the unit system. Proponents of the system believed it would contribute to shorter treatment periods, quicker discharge, and easier admission. The adoption of the unit system was difficult and often clashed with the design and architecture of mental health hospitals built before its implementation (Cunningham 1999:10–11; Carini et al. 1974:434–436).

Dr. Green resisted the implementation of the unit system, believing it to be a regressive measure and unfavorable without increasing staff. He chose to reorganize only one building at the Fairfield State Hospital, which served Bridgeport area patients. A directive to shut down farming at the state's mental hospitals caused additional tension between Dr. Green and the Department of Mental Health.¹³ The farm at the Fairfield State Hospital generated approximately \$125,000 (value of products used by the hospital and revenue from sales to other state facilities) and cost only \$15,000 to run. Although well-respected by his staff and the Board of Trustees, Dr. Green was frustrated by the constant push-back from the Department of Mental Health. In 1969, he retired after 28 years at the hospital (Cunningham 1999: 10–11; *Bridgeport Post* 1969a:23; Carini et al. 1974:435–436).

Superintendent Dr. Robert B. Miller, 1969–1980s and 1990s

By November 1969, Dr. Robert B. Miller (1917–1991) was appointed the Fairfield State Hospital superintendent. He received degrees from Princeton University and Loyola University College of Medicine and became a licensed psychiatrist in 1943. He also served as an instructor at Yale University and taught courses in psychiatry at the American Academy of General Practice (*Bridgeport Post* 1969b:68). Dr. Miller quickly implemented the unit system under the guidance and urging of the Department of Mental Health. He made staffing changes, created new operations and directives, and allowed more visitation. Dr. Miller had previously been the

¹³ In 1953, the state created the Board of Mental Health and appointed Dr. John J. Blasko as its commissioner. Dr. Blasko resigned after the Board of Trustees protested his 18-month investigation of the Fairfield State Hospital and attempt to fire Dr. Green. Tensions among the Department of Mental Health, the commissioner, and boards led the state to strengthen the authority of the department and grant the commissioner greater control over the state hospitals (Cunningham 1999:9).

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assistant superintendent at the Connecticut Valley Hospital, where the unit system had been implemented in 1966. The original vision for Fairfield State Hospital, set forth by Dr. Leak and Crabtree and carried by proceeding superintendents Dr. Moore and Dr. Green, came to a close. While Fairfield State Hospital continued to provide care for patients with psychiatric ailments, the era of institutional care was closing in favor of community-based facilities, medication, and preventative measures (Cunningham 1999:10–11; Rhinelander 1970; Carini et al. 1974:78).

During the late twentieth century, funding for mental health programs declined in part due to the Vietnam War and politics under President Ronald Reagan. Many states were shifting away from state hospitals in favor of community resources, and by 1974, Fairfield State Hospital had only 1,100 patients. The population steadily decreased in the following years, and the average discharge rate was 334 per month, a rate similar to national discharge rates. The hospital had only 700 patients in 1984 and 200 in 1996. In 1996, the state closed the Fairfield and Norwich hospitals and transferred the remaining patients to Middletown (Cunningham 1999:10–11). After the site's closure, the state declared the property surplus and sold the 257-acre Fairfield State Hospital property to the Town of Newtown in 2004, which proposed converting the hospital into a municipal campus and rehabilitating the buildings into offices, public schools, and recreational areas (Figure 8). In 2014, after completing renovations, the Town of Newtown moved their town offices into Bridgeport Hall.¹⁴

CRITERION C – ARCHITECTURE

The Fairfield Hills Campus Historic District is significant at the local level under Criterion C in the area of Architecture for its collection of institutional buildings arranged following the cottage plan and representative of institutional design in the second quarter of the twentieth century in Connecticut. Resources in the historic district date to the original development of the campus in 1931–1933 through the completion of Plymouth Hall in 1956. Its physical form and aesthetics responded to the needs of prevailing treatment philosophies in psychiatric care and trends

¹⁴ Town of Newtown, Fairfield Hills Authority website, <https://www.newtown-ct.gov/fairfield-hills-authority>, accessed August 2023.

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institutional architecture. The campus was constructed in phases; the first phase from 1931–1933, which incorporated a pre-existing nineteenth-century agricultural site, and subsequent phases in the 1940s and the 1950s. Notable local architect Walter P. Crabtree Sr. designed the original plan for the hospital complex, and other Connecticut architects consulted his plans during the later improvements and expansions. Most of the campus buildings are designed in the Colonial Revival and Neoclassical styles, which was the preferred aesthetics for educational and institutional buildings in the first half of the twentieth century and drew from heightened patriotism following the nation’s Centennial. These buildings could be easily adapted or scaled larger as the facility expanded. Post-World War II buildings used the International style, which was widely used and regarded as economical for civic and institutional architecture. The extant buildings retain a high degree of integrity in their original design, plan, materials, and ornamentation, and their exterior features are largely unchanged.

Institutional Architecture and Campus Design

Prevailing principles on the cause and treatment of mental illness directed the design and planning of asylums and hospitals through the nineteenth and twentieth centuries. Psychiatrists, influenced by practitioners in a wide range of disciplines (architects, social reformers, urban planners, and doctors), “considered the architecture of their hospitals, especially the planning, to be one of the most powerful tools for the treatment of the insane” (Yanni 2003:24). The nation’s earliest mental health hospitals followed what architectural historian Carla Yanni refers to as the ‘linear plan’ and were preceded by the ‘cottage plan.’¹⁵ The first free-standing asylums built in the late eighteenth century lacked a definable building type and were typically modeled after jails or dormitories. The Public Hospital (1773, not extant) in Williamsburg, Virginia, had a simple double-loaded corridor of cells and was stylistically indistinguishable from Princeton University’s Nassau Hall and Philadelphia’s Walnut Street Jail, all designed by architect-builder Robert Smith (1722–1777) (Yanni 2003:26).

¹⁵ Architectural historian Carla Yanni is the author of *The Architecture of Madness: Insane Asylums in the United States* (2007), which delves into the relationship between architecture and medical theories for the treatment of mental illness.

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By the end of the eighteenth century, reformers in Europe established doctrines on the architecture and planning of asylums and hospitals. This new therapeutic approach—popularly called ‘moral treatment’ (see **CRITERION A**)—identified a patient’s environment and routine as pivotal in their recovery. The first asylum built in the United States based on moral treatment principles was the Friends’ Asylum (1817, NRIS 99000629) in Frankford, Pennsylvania. Established in 1817 by Quakers (Society of Friends), the asylum followed a linear plan and consisted of a central house-like building with radiating wings containing single-loaded corridors. The building separated male and female patients and had a light, airy atmosphere. As in medical hospitals of the time, the proper ventilation of asylums followed the widely accepted miasma theory of contagion, the medical assumption that noxious air caused disease. Older buildings without modern-standard ventilation or an orderly arrangement of rooms were deemed unfit for use as asylums. As a result, psychiatrists and medical societies began to advocate for purpose-built buildings conducive to moral treatment (Yanni 2003:27–29).

Mental health hospitals built in the mid- to late nineteenth century were predominantly large, sprawling Greek Revival- or Gothic Revival-style buildings that contained all functions of each institution under a single roof. They contained administrative, treatment, service, and dormitory spaces in a hierarchical manner and, as seen at the Pennsylvania Hospital for the Insane (1841, not extant) in Philadelphia and the New York State Lunatic Asylum (1843, NRIS 71000548) in Utica, New York, were set within refined picturesque landscapes (Yanni 2003:30). A drastic shift in institutional architecture began in 1866, when the Association of Medical Superintendents of American Institutions for the Insane (AMSAII) amended their regulations and allowed asylum occupancy to increase from 250 to 600 (Yanni 2003:24). The decision caused a shift in building form and design. The nation’s asylums struggled to provide for an increasing number of people identified as mentally ill—likely exacerbated by the Civil War and widespread industrialization, which led to increases in poverty and immigration. Historians, like Dr. Lawrence B. Goodheart, have studied the correlation between poverty, immigration, and the rise of patients with mental illness in the late nineteenth century and found that this perceived increase represented a change in how society approached mental health treatment, not actually increased rates. Industrialization and an increased workforce dismembered the social structure of

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homecare for the mentally ill, making them in need of state care (Peeler et al. 2018:11–13; Goodheart 2009:106–130). Large asylums quickly exceeded their original designed capacity and became more concerned with providing shelter than treatment (Yanni 2003:42–43). The Connecticut Valley Hospital (originally called the Connecticut General Hospital for the Insane) (1868, NRIS 85001920) in Middletown, Connecticut, followed this model; initially, one building housed the superintendent, patients, and staff and all services (Cunningham 1999:12).

Beginning in the late nineteenth century, asylum superintendents began to address overcrowding by adopting a new planning approach known as the ‘cottage plan.’ The cottage plan broke the monolithic hospitals of the linear plan into smaller parts spread over a large campus (Figure 9). Proponents of the cottage plan, including renown landscape architects Frederick Law Olmsted (1822–1903) and Calvert Vaux (1824–1895), argued that existing asylums were no longer nurturing or homelike. The cottage plan was employed in various ways; at some asylums, residential cottages were added almost haphazardly to the campus, while others grouped buildings in clusters or along interior roads. The first purpose-built asylum following the cottage plan in the United States was the Kankakee State Hospital (originally the Illinois Eastern Hospital for the Insane) (1879, NRIS 95000987) in Kankakee, Illinois. The hospital’s cottages were modest, masonry, two- or three-story buildings designed in the Romanesque Revival or Greek Revival styles and resembling college dormitories (Yanni 2003:43–44). Olmsted and Vaux, who were consulted for the improvement of the Hartford Retreat in the 1860s, advocated for the cottage plan and naturalistic landscapes on institutional campuses. This led hospital superintendents to employ landscape architects on the design of the grounds, which were considered an essential component of a patient’s treatment (Thomas 2022).

During the last decades of the nineteenth and the first decades of the twentieth centuries, institutional architecture in Connecticut followed national trends: a refinement of the Collegiate Gothic style and adaptations of medieval and classical styles with a tendency toward high-style expressions. After the 1876 Centennial Exposition in Philadelphia, the Colonial Revival style rose in popularity and became ubiquitous across building types and geographically. Initial variations of the style in 1880s and 1890s were fairly restrained and maintained a ‘correctness’

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of proportion and detail, while twentieth-century Colonial Revival architecture had larger massing, over-scaled roofs, and incorporated eclectic Queen Anne-style elements such as towers, bays, and oriels. The Colonial Revival style, with or without neoclassical detailing, was easily adapted to the needs of asylum and hospital architecture in terms of scale and layout. Unlike residential buildings, which generally favored wood-frame construction, the majority of institutional buildings were constructed of masonry for fire resistance and for their imbued aesthetic permanence (McAlester 2017:409–414).

In the early to mid-twentieth century, institutional architecture in Connecticut transitioned from Gothic Revival to Colonial Revival or Neoclassical Revival styles. The first buildings at Connecticut's Norwich State Hospital (1904, NRIS 87002424) were designed in the late Gothic Revival style, and later buildings used the Colonial Revival style. Often used concurrently with Colonial Revival architecture in institutional settings, Neoclassical Revival architecture (also known as Classical Revival) developed in the United States after the World's Columbian Exposition in Chicago in 1893. The Exposition's consortium of notable architects, landscape architects, and sculptors of the day assembled to design a model city based on classical precedents of Georgian and early Classical Revival architecture built in the United States in the eighteenth and early nineteenth centuries. The Neoclassical Revival style quickly became a favored design for early twentieth-century commercial and government buildings (Whiffen 1981:159–164; McAlester 2017:409–414).

Fairfield State Hospital Campus

Walter P. Crabtree Sr. (see biography below) designed the Fairfield State Hospital buildings exclusively in the Colonial Revival or Neoclassical styles. Both Fairfield and Norwich had large rural campuses and institutional buildings arranged in ordered axial plans. Fairfield's campus was designed to provide a domestic, home-like setting for patients—it had tree-lined drives, ample lawns and greens, stands of trees, and could be viewed from every building. Although Crabtree did not prescribe a formal landscape plan, he laid out of the campus with consideration for its patients and staff. Crabtree arranged the wards and treatment buildings around elliptical

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greens that evoked a stylish, academic atmosphere and maximized light and air exposure (Figure 5). The landscape design included picturesque, curvilinear drives and paths; woodland along the margins; and boulevards with garden islands, such as the **Green (1933)**. Open land surrounding the main campus was retained for recreation and agriculture. Administrative buildings were located in the geographical center of the campus and easily accessible from the patient wards and treatment buildings. Staff buildings, agricultural facilities, and service buildings were at the periphery. Later buildings designed by the Connecticut Bureau of Public Works and the architectural firm Fletcher-Thompson (see biography below) using Crabtree's plans employed the same styles (Cunningham 1999:12). By the second half of the twentieth century, institutional architecture started to use the International style, which had become popular in educational and commercial settings. The architecture firm Westcott & Mapes, Inc. (see biography below) designed the one International-style ward built at the Fairfield State Hospital.

The plans Walter P. Crabtree designed for the Fairfield State Hospital showed the campus at its fullest extent and predetermined the placement of new buildings anticipated with an increase in patients. It was typical of Colonial Revival-style institutional campuses of the time; buildings matched in material, scale, and massing but varying levels of ornamentation distinguished their functions. Crabtree's initial vision for the campus called for high-quality fire-proof materials and proved expensive.¹⁶ Plans called for light mortar and 'Harvard Gonic' water-struck bricks that were supplied from Gonic, New Hampshire, and East Windsor, Connecticut. The buildings had limestone trim and elaborate wood paneling, cornices, and interior molding (Cunningham 1999:5–6). Despite the buildings' large scale, Crabtree used architectural devices such as angling or stepping back wings and breaking expansive facades into several components to make them human scale. The administrative buildings, **Shelton House (1933)** and **Newtown Hall (1933)** have Neoclassical Revival elements, such as colonnades and porticos, to elevate their visual impact and hierarchy. Their symmetrical facades with full-height pilasters and stacked windows are characteristic of the style. For **Bridgeport Hall (1933)**, Crabtree applied the Colonial Revival style on a highly utilitarian building—a combined kitchen facility and dining hall—as a

¹⁶ Crabtree's campus plan for Fairfield State Hospital was estimated to cost \$7.5 million in 1929. When construction began in 1931, only \$4.25 million had been appropriated by the state (Crabtree and Leak 1934:46).

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balance of form and function. He used decorative detailing, dormers, and one-story hyphens to imbue a human scale to an otherwise sprawling building (Cunningham 1999:14; Commission on State Institutions 1927:26). Staff buildings like **Stratford Hall (1933)**, **Norwalk Hall (1933)**, and **Stamford Hall (1933)** all follow a similar high-style, Colonial Revival-style form: a symmetrical, side-gable main block with end chimneys and long wings, sometimes with pedimented cross gables (Figure 10). The buildings have embellished limestone panels, keystones, and Neoclassical trim on windows and entrances. Pilasters and quoins are executed in brick embossing or limestone. Within the main campus, only subtle variations on form or ornamentation indicate different uses. Compared to service and ward buildings, administrative buildings received the most exterior and interior ornamentation (Cunningham 1999:13–14; McAlester 2017:409–414).

Crabtree continued the Colonial Revival-style aesthetic in the campus service area. The **Maintenance Shops (1931)**, **Firehouse and Garage (1931)**, **Laundry (1933)**, and **Store House (1933)** share the same massing, materials, and forms as the main campus buildings (Figure 11). Except the Store House, the buildings have one story sheltered under gabled roofs. The main entrances are less pronounced than those on the main campus buildings but still feature Colonial Revival-style elements: fanlights, pediments, classical surrounds, and arched openings. Housing for the campus doctors and administrators consists of Colonial Revival-style, two-story duplexes arranged around Washington Square. The extant duplexes (**Staff House Nos. 58, 59, 60, 61, and 63 [all 1933]**) have one of two plans: a conjoined, traditional, five-bay plan with an end chimney, porch, and gable roof; or a conjoined, three-bay, side-hall plan with a hipped roof, side wing, and an arched window above the entrance. **Staff House No. 28 (1931)**, built for the campus engineer, follows a traditional, reserved, Colonial Revival-style design typical of residential houses in that style. The building retains its original paneled wood door with crown glass lights, eight-over-eight sash windows, molded cornice and trim, and splayed brick lintels.

Buildings constructed after 1940 followed Crabtree's original campus layout but were designed by different architects. **Kent House (1940)**, a patient ward built by the Bureau of Public Works, is more institutional in character and massing than the earlier Colonial Revival-style buildings.

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Its broad wings are not stepped down in scale, and windowless appendages divide the otherwise balanced facade. Kent House has a centered, pedimented entrance bay, but the bay lacks additional ornamentation to distinguish it from the rest of the facade. Ornamentation appears in the architectural drawings (Figure 12) but was either never installed or later removed. Even with its hipped and gabled roofs, classical ornamentation, and belfry, the building reads visually like a modern institutional building. Other patient wards (not extant) built by the bureau of Public Works in the 1940s and 1950s were influenced more by the medical field's interest in new treatments than in the patient's environment.

Several patient wards and additions used the International style, which became the preferred architectural style for functional buildings such as hospitals and schools by the 1950s. It developed from European modernism that emerged in the 1920s and became increasingly popular during World War II. The post-World War II construction boom and a growing preference for functional, unadorned architecture marked the end of classically derived styles such as Neoclassical and Colonial Revival. Modern architecture, relying heavily on steel and concrete, influenced the form of International-style buildings and allowed for greater flexibility in the arrangement of interiors. Advancements in heating and the introduction of air conditioning eliminated the advantage of centrally massed buildings and allowed architects to design sprawling buildings. The most popular plan for institutional buildings in the 1950s was coined the 'finger plan,' in which rooms are arranged on single- or double-loaded corridors radiating from a central point. The finger plan's usage in hospital settings originated in the mid-to late nineteenth century in Europe and was influenced by medical reformer Florence Nightingale (1820–1910). Under modernist principles in the mid-twentieth century, architects adopted the finger plan for International-style institution buildings, like schools and hospitals (Baker 2012:10–13, 15; Hitchcock and Johnson 1995:35–37; Whiffen 1981:241–246; Burpee 2008:1–3).

In 1947, the state appropriated funding to add facilities to the Fairfield State Hospital and hired the architectural and engineering firm Westcott & Mapes, Inc. (see biography below), to complete the designs. The **Cochran House (1954)** is a sprawling, International-style patient

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ward executed in brick to blend with the existing brick Colonial Revival-style buildings on the campus. The Classical detailing found on all the other buildings was omitted in favor of stark elevations and a simplified entrance surround with fluted metal pilasters supporting a cantilevered canopy. The Cochran House was a relatively reserved International-style commission for Westcott & Mapes in that it lacked large expanses of glass or ribbon windows typical of the style. Overhead lighting, which became safe and affordable in the 1940s–1950s, compensated for fewer and smaller windows (Cunningham 1999:15–16).

Plymouth Hall (1956), a recreation facility built by the firm Fletcher-Thompson (see biography below), is another mid-twentieth-century application of Colonial Revival-style features and materials on a modern-scaled utilitarian building. Like Kent House, Plymouth Hall has a stark, flat facade with Colonial Revival-style elements limited to the center pedimented bay. Its rear addition is a further diversion that uses International-style elements including a flat roof, ribbon windows, asymmetrical fenestration, and minimal ornamentation (Cunningham 1999:15–16).

Walter P. Crabtree Sr.

Walter Percival Crabtree Sr. (1873–1962) was born in Rochester, New York, and received architectural training at an unnamed school near Holyoke, Massachusetts, likely Amherst College or the University of Massachusetts at Amherst. In 1901, he began his career as an apprentice in the New Britain, Connecticut, architectural office of William H. Caldwell (b. 1863). After three years, Crabtree Sr. established his own practice in New Britain, which he shared briefly with his son Walter P. Crabtree, Jr. (1900–1975) in the 1920s. By 1927, the elder Crabtree moved his office to Hartford, Connecticut (Cunningham 1999:13). Before the Fairfield State Hospital, Crabtree Sr.'s work consisted primarily of commercial buildings in West Hartford and New Britain, almost exclusively executed in the Colonial Revival style. His work included the Masonic Temple (1929) in New Britain, the B.P.O. Lodge (1911) in Bristol, the Wallingford Armory (1920), and the Bristol Trust Company Building (1907) in Bristol. He likely received the Fairfield State Hospital commission after designing a nurses' dormitory (Shephard Home, 1925) at the Connecticut Valley Hospital in Middletown. Crabtree Sr. retired in 1942 and moved to

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Southampton, Massachusetts, where he resided until his death (Cunningham 1999:13; *Hartford Courant* 1962).

Walter Crabtree Jr., followed in his father's footsteps and was a prolific architect of residential buildings in the Hartford area, favoring eccentrically detailed Tudor and Colonial Revival designs. He graduated from Syracuse University in 1921 and attended the Graduate School of Architecture at Yale University. His public commissions included the William Hall High School in West Hartford, the World War II Memorial building (1959) in New Britain, the Westfield School (1962) in Middletown, and the Senior Civic Center in Bristol. He also designed the intensive treatment hospital (Merritt Hall, 1961) at the Connecticut Valley Hospital (*Hartford Courant* 1975).

Fletcher-Thompson, Inc.

Fletcher-Thompson (also known as Fletcher Thompson, Inc.) was an architectural firm based in Bridgeport, Connecticut, in the mid-twentieth century that designed civic and commercial buildings in southwest Connecticut. Founded in 1910 by architects Charles L. Thompson and Edwin L. Fletcher, the firm grew into a large architectural company that continues to produce buildings for clients across the United States. The Fairfield State Hospital's Plymouth Hall, a late Colonial Revival-style building with an International-style recreational facility wing, was atypical of the firm's designs at that time. During J. Gerald Phelan's presidency (1942–ca. 1960) of the firm, most of Fletcher-Thompson's commissions were International-style educational, civic, or commercial buildings that used concrete as a primary material (*Bridgeport Post* 1957, 1960).

Westcott & Mapes, Inc.

Westcott & Mapes (Westcott & Mapes, Inc.) is an architectural and engineering firm in New Haven, Connecticut, which designed a large number of institutional, commercial, and industrial buildings during the mid-twentieth century. Founded in 1916, the firm now focuses on

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engineering project development and consulting. Like Cochran House, most of Westcott & Mapes' commissions were International style or adaptations of contemporary architecture. The firm's comparable work includes a continuing education center (1970) at the University of Connecticut. Common features of the two buildings are geometric and symmetrical floor plans, flat roofs, brick cladding, centered entrances under flat canopies, and stacked fenestration (Westcott and Mapes, Inc. 2023).

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Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # _____
- recorded by Historic American Engineering Record # _____
- recorded by Historic American Landscape Survey # _____

Primary location of additional data:

- State Historic Preservation Office
 - Other State agency
 - Federal agency
 - Local government
 - University
 - Other
- Name of repository: _____

Historic Resources Survey Number (if assigned): CT SR #3846-3941

10. Geographical Data

Acreege of Property 155 acres

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates (decimal degrees)

Datum if other than WGS84: _____

(enter coordinates to 6 decimal places)

- | | |
|------------------------|----------------------|
| 1. Latitude: 41.409538 | Longitude: 73.281440 |
| 2. Latitude: 41.404745 | Longitude: 73.277888 |
| 3. Latitude: 41.403225 | Longitude: 73.287421 |
| 4. Latitude: 41.402294 | Longitude: 73.283956 |
| 5. Latitude: 41.399845 | Longitude: 73.285463 |

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- | | |
|------------------------|----------------------|
| 6. Latitude: 41.397637 | Longitude: 73.287518 |
| 7. Latitude: 41.402223 | Longitude: 73.292530 |
| 8. Latitude: 41.403190 | Longitude: 73.287740 |
| 9. Latitude: 41.405949 | Longitude: 73.290110 |

Or

UTM References

Datum (indicated on USGS map):

NAD 1927 or NAD 1983

- | | | |
|----------|-----------|-----------|
| 1. Zone: | Easting: | Northing: |
| 2. Zone: | Easting: | Northing: |
| 3. Zone: | Easting: | Northing: |
| 4. Zone: | Easting : | Northing: |

Verbal Boundary Description (Describe the boundaries of the property.)

The National Register district boundary encompasses 155 acres on the north and south sides of Mile Hill Road/Wasserman Way, as shown on Figure 2. The district occupies a portion of four contiguous parcels in the center of the historic campus, which extends over approximately 15 parcels, many of which have been redeveloped since its closure. The northern section (portion of parcel no. 37-3-15 and no. 37-3-1.E) is bounded by Trades Lane to the west, Old Farm Road to the north, parcel lines and Craft Street to the east, and Wasserman Way to the south. Lines of convenience are drawn around resources west of Trades Lane and Old Farm Road (portion of parcel no. 37-3-12). The southern section (portion of parcel no. 37-3-1D) roughly follows D.G. Beers Boulevard to the northeast, Primrose Street to the southeast, Mile Hill Road South to the west, and Mile Hill Road to the north.

Boundary Justification (Explain why the boundaries were selected.)

The National Register district boundary corresponds to the extant and intact property that was historically part of the Fairfield State Hospital campus during the period of significance.

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Portions of the former campus excluded from the district boundary do not retain integrity sufficient to convey their significance due to the loss of resources, incompatible development, and alteration to the landscape. The boundary excludes reservoirs and land at the periphery of the original campus, some of which has intrusive new construction such as the Reed School (3 Trades Ln), housing developments off Mile Hill Rd S, and the Newtown Volunteer Ambulance building (6 Washington Sq). The boundary follows parcel lines and lines of convenience to append contributing resources and exclude a noncongruent parcel south of Mile Hill Road.

11. Form Prepared By

name/title: Jill Miller/Architectural Historian; Kathryn Whitehill/Associate Architectural Historian

organization: The Public Archaeology Laboratory, Inc.
(edited by Jenny Scofield, CT SHPO)

street & number: 26 Main Street

city or town: Pawtucket state: Rhode Island zip code: 02860

e-mail: jamiller@palinc.com

telephone: 401-728-8780

date: August 2023

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo

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date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: Fairfield Hills Campus

City or Vicinity: Newtown

County: Fairfield County State: Connecticut

Photographer: Eryn Boyce (PAL)

Date Photographed: September 8, 2021, and October 11, 2022

Description of Photograph(s) and number, include description of view indicating direction of camera:

- 1 of 32. Landscape near the intersection of Keating Farms Avenue and D.G. Beers Boulevard, looking east toward Kent House.
- 2 of 32. Bridgeport Hall, looking southwest from Primrose Street.
- 3 of 32. The Green, looking east toward Shelton House.
- 4 of 32. Shelton House, looking northeast.
- 5 of 32. Newtown Hall, looking west.
- 6 of 32. Stratford Hall, looking west across Keating Farms Avenue.
- 7 of 32. Stamford Hall, looking northeast from Homestead Lane.
- 8 of 32. Norwalk House, looking west.
- 9 of 32. Norwalk House, looking southeast.
- 10 of 32. Staff House No. 63, looking southwest.
- 11 of 32. Staff House No. 63, looking southeast.
- 12 of 32. Staff House No. 61, looking south.
- 13 of 32. Staff House No. 28, looking southwest.
- 14 of 32. Kent House, looking east.
- 15 of 32. Cochran House, looking northeast.
- 16 of 32. Cochran House, looking southwest.
- 17 of 32. Plymouth Hall, looking south.
- 18 of 32. Plymouth Hall first floor interior, gymnasium, looking south.
- 19 of 32. Maintenance Shops, looking northeast.
- 20 of 32. Firehouse and Garage, looking northwest.
- 21 of 32. Laundry, looking southeast.
- 22 of 32. Store House, looking north.
- 23 of 32. Machinery Building, looking northeast.
- 24 of 32. Machinery Building, System of Fences, and Maintenance Lumber Shed, looking southwest.
- 25 of 32. Cow and Dairy Barn, looking south.

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- 26 of 32. Cow and Dairy Barn and System of Fences, looking southeast.
- 27 of 32. Piggery, looking south.
- 28 of 32. Abattoir, looking northeast.
- 29 of 32. Shelton House interior, entrance foyer detail.
- 30 of 32. Newtown Hall interior, first floor.
- 31 of 32. Stamford Hall interior, first floor.
- 32 of 32. Kent House interior, administration area, looking into ward area.

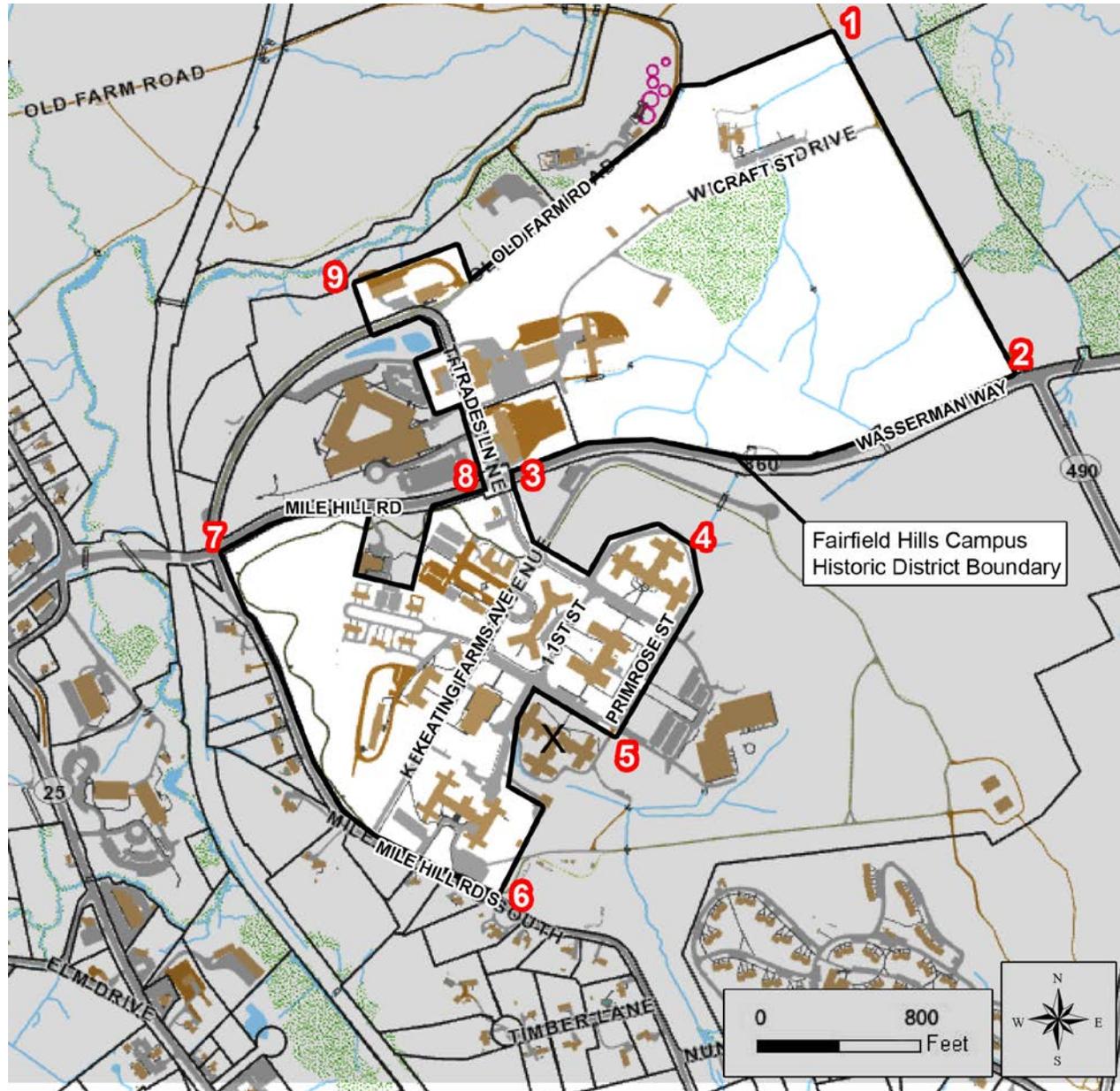
Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

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GRAPHICS



Fairfield Hills Campus Historic District, Locational Map

Coordinates:

- | | |
|--------------------------|--------------------------|
| 1. 41.409538, -73.281440 | 6. 41.397637, -73.287518 |
| 2. 41.404745, -73.277888 | 7. 41.402223, -73.292530 |
| 3. 41.403225, -73.287421 | 8. 41.403190, -73.287740 |
| 4. 41.402294, -73.283956 | 9. 41.405949, -73.290110 |
| 5. 41.399845, -73.285463 | |

Figure 1. Fairfield Hills Campus District locational map. Newtown, USGS Quadrangle, 1963/revised 1984.

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Figure 2. Fairfield Hills Campus District, Newtown, Connecticut, sketch map.

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Figure 3. Fairfield Hills Campus District, Newtown, Connecticut, photograph key. Note: Photographs 29–32 are interior views and are not depicted in the key.

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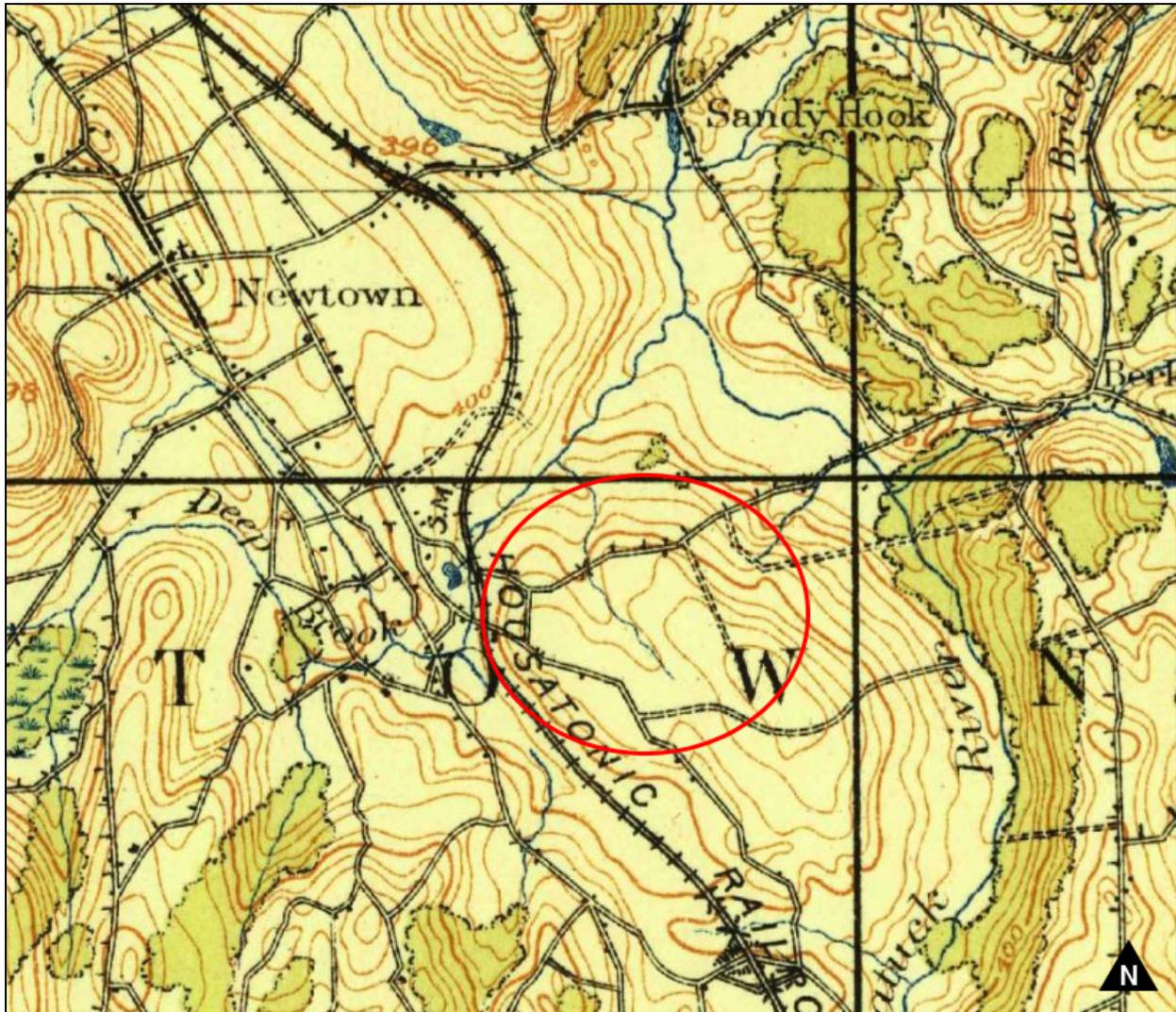


Figure 4. Mile Hill in Newtown, Connecticut, before construction of Fairfield State Hospital. Red outline (added by author) showing approximate location of district (USGS 1921).

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Figure 5. Aerial of Fairfield State Hospital during construction in the early 1930s (NETR 1934).

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County and State

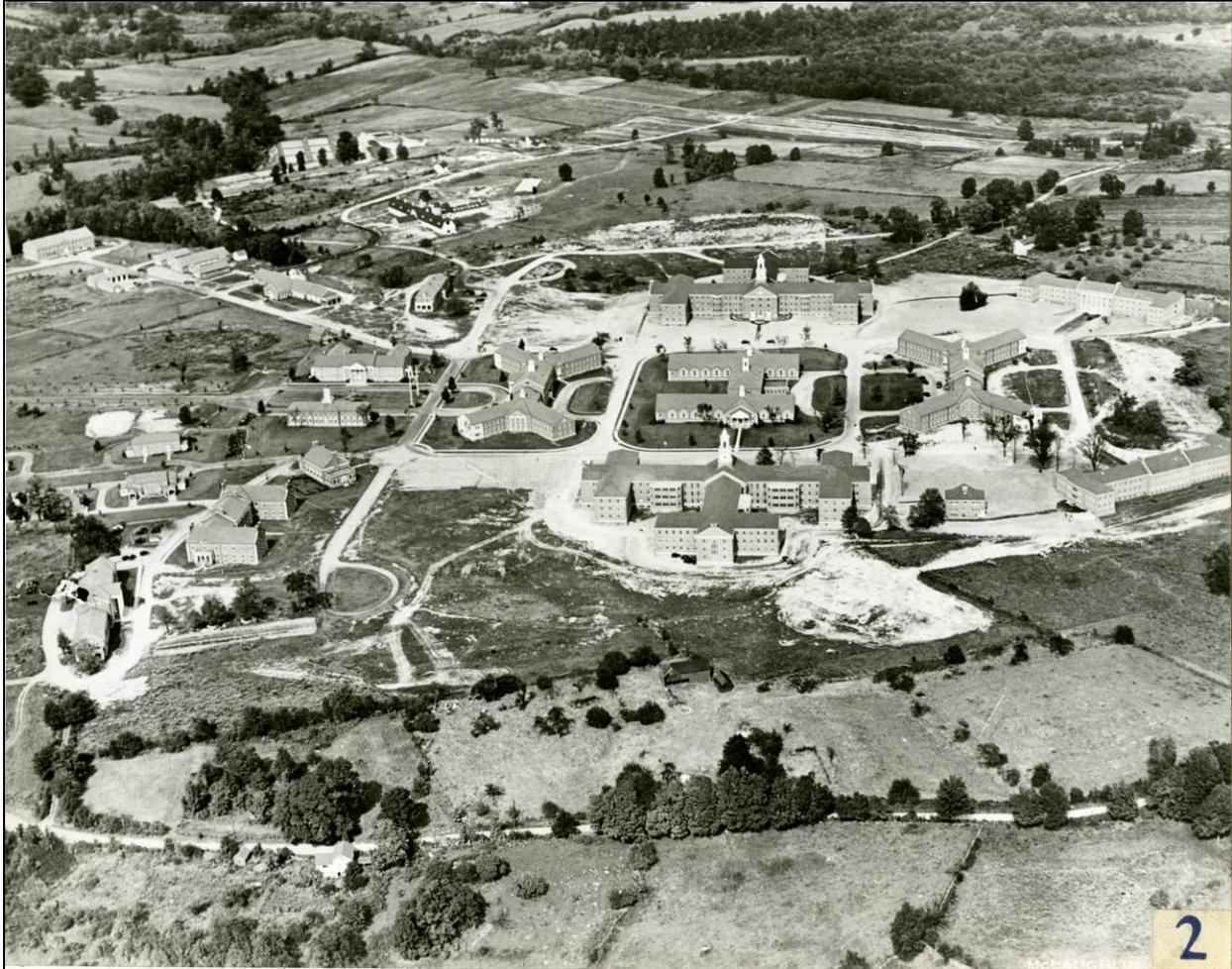


Figure 6. Birdseye view of Fairfield State Hospital looking north in the 1940s (Courtesy of Newtown Historical Society).

Fairfield Hills Campus Historic District
Name of Property

Fairfield County, CT
County and State



Figure 7. Aerial of Fairfield State Hospital in 1968 (NETR 1968).

Fairfield Hills Campus Historic District
Name of Property

Fairfield County, CT
County and State



Figure 8. Aerial of Fairfield Hills Campus in 1985, with district boundary overlay (NETR 1985).

Fairfield Hills Campus Historic District
Name of Property

Fairfield County, CT
County and State



Figure 9. Example of the ‘cottage plan,’ as employed by Olmsted and Vaux in 1907–1937 at Eastern New York State Custodial Asylum, Rockland County, New York (Courtesy of the National Park Service, Frederick Law Olmsted National Historic Site).

Fairfield Hills Campus Historic District
Name of Property

Fairfield County, CT
County and State



Figure 10. Stratford Hall in the 1930s (Courtesy of Newtown Historical Society).

Fairfield Hills Campus Historic District
Name of Property

Fairfield County, CT
County and State



Figure 11. Store House in the 1930s (Courtesy of Newtown Historical Society).

Fairfield Hills Campus Historic District
Name of Property

Fairfield County, CT
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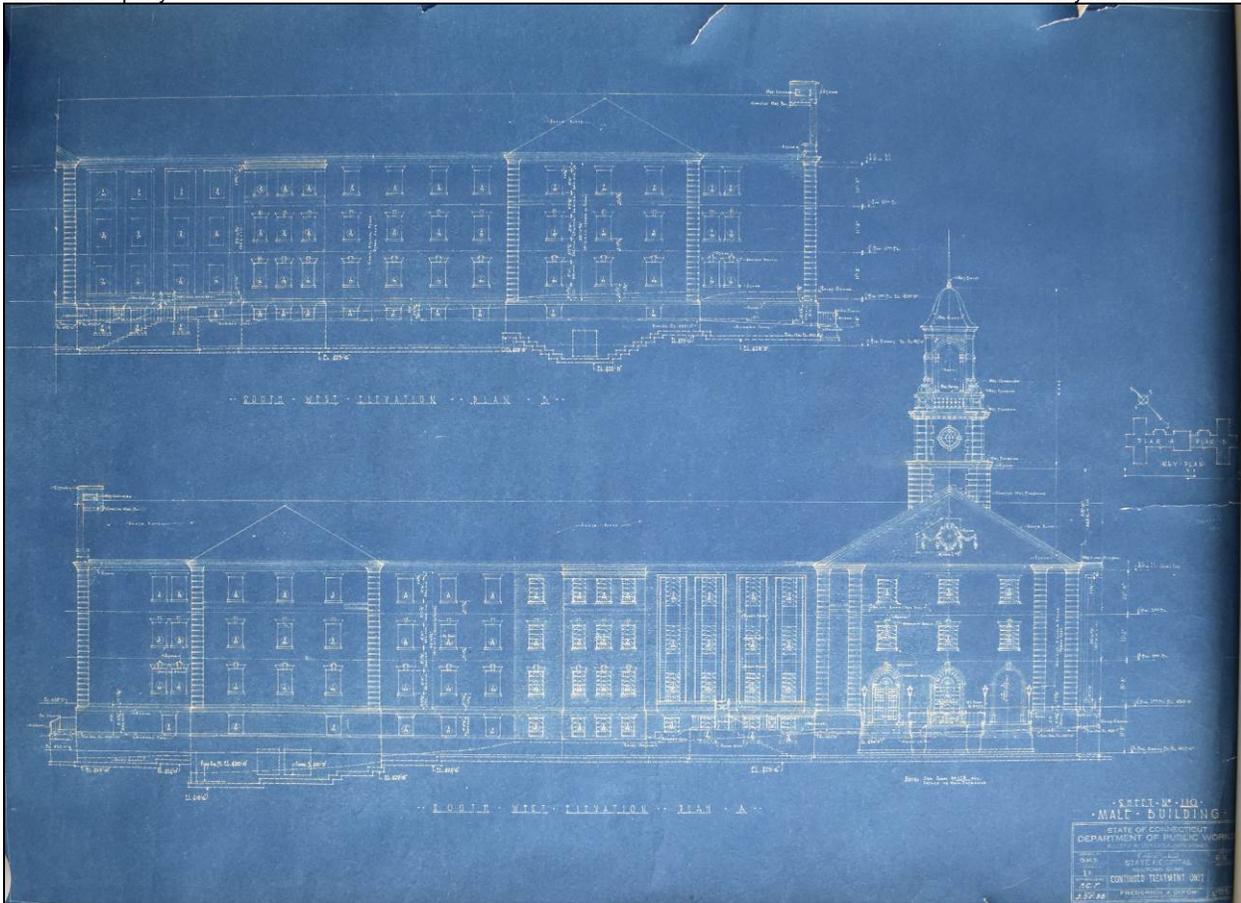


Figure 12. Architectural drawings of the southwest elevation of Kent House, 1938 (Courtesy of Newtown Historical Society).

Fairfield Hills Campus Historic District Photographs



1 of 32. Landscape near the intersection of Keating Farms Avenue and D.G. Beers Boulevard, looking east toward Kent House.



2 of 32. Bridgeport Hall, looking southwest from Primrose Street.



3 of 32. The Green, looking east toward Shelton House.



4 of 32. Shelton House, looking northeast.



5 of 32. Newtown Hall, looking west.



6 of 32. Stratford Hall, looking west across Keating Farms Avenue.



7 of 32. Stamford Hall, looking northeast from Homestead Lane.



8 of 32. Norwalk House, looking west.



9 of 32. Norwalk House, looking southeast.



10 of 32. Staff House No. 63, looking southwest.



11 of 32. Staff House No. 63, looking southeast.



12 of 32. Staff House No. 61, looking south.



13 of 32. Staff House No. 28, looking southwest.



14 of 32. Kent House, looking east.



15 of 32. Cochran House, looking northeast.



16 of 32. Cochran House, looking southwest.



17 of 32. Plymouth Hall, looking south.



18 of 32. Plymouth Hall first floor interior, gymnasium, looking south.



19 of 32. Maintenance Shops, looking northeast.



20 of 32. Firehouse and Garage, looking northwest.



21 of 32. Laundry, looking southeast.



22 of 32. Store House, looking north.



23 of 32. Machinery Building, looking northeast.



24 of 32. Machinery Building, System of Fences, and Maintenance Lumber Shed, looking southwest.



25 of 32. Cow and Dairy Barn, looking south.



26 of 32. Cow and Dairy Barn and System of Fences, looking southeast.



27 of 32. Piggery, looking south.



28 of 32. Abattoir, looking northeast.



29 of 32. Shelton House interior, entrance foyer detail.



30 of 32. Newtown Hall interior, first floor.



31 of 32. Stamford Hall interior, first floor.



32 of 32. Kent House interior, administration area, looking into ward area.