

CHAPTER ONE:
INTRODUCTION

At the turn of the twentieth century, the movement to improve care of those afflicted with epilepsy reached Indiana. Reformers removed epileptics from jails and county poor houses throughout the state to an institution designed specifically for their care. In 1905, the Indiana legislature passed an act creating the Indiana Village for Epileptics, thus beginning the segregation of epileptics from the rest of the state's population. Placing epileptics in colonies was considered a progressive solution to a centuries old medical ailment. This thesis will examine the Indiana Village for Epileptics from its inception until the retirement of the first superintendent, Dr. Walter C. Van Nuys. Van Nuys' tenure was so long—he stepped down in 1952—that the Village had become an outdated and unnecessary institution because of advances in medical treatments for the disease. The age of segregation had ended and epileptics were no longer seen as a menace to society.

Some background information about epilepsy is useful to understand the creation of the Indiana Village for Epileptics and to grasp the circumstances surrounding it. Epilepsy is the term given to a disorder in which a person has seizures. More than one type of seizure can occur. A grand mal seizure is a common type of seizure in which the person loses consciousness, falls down, loses bladder or bowel control, and convulses. A petit mal seizure usually involves a brief, sudden lapse of conscious activity when the person may exhibit small jerks of the facial muscles, jaw, or hands. This type of seizure

only lasts for a few seconds but many may occur during a day. A person with petit mal seizures can usually resume normal activity right after the seizure is over.¹

Epilepsy is a disorder that has baffled physicians for millenia. A discussion of it was recorded in the Hippocratic collection of medical writings circa 400 B.C. Before this time, it was argued that epilepsy occurred when the body was invaded by gods or demons. This led to the disease being referred to as the “sacred disease.” Because of this, it was believed that the cure for the disease required supernatural powers.² The Hippocratic collection disputed these claims and stated that epilepsy was caused by problems in the brain. Yet the view that epilepsy was contagious prevailed. A person with epilepsy was seen as contaminated, and touching an epileptic meant the risk of being afflicted by demons. The disease was also connected with sin, making it a disgraceful thing to have. According to Temkin’s classic study, “To the ancients the epileptic was an object of horror and disgust....”³ The social stigma associated with epilepsy was completely negative, and having the disease was a life sentence of misery and degradation.

Treatments for epilepsy in ancient times reflected these negative attitudes toward the disease. Often, they were worse than the disease itself. In a procedure known as trephining, holes were drilled into the patient’s skull to release the demons. Some thought that ingesting a gladiator’s blood or wearing animal parts, like the penis of a seal, around their neck would stop the seizures. “Others drank revolting mixtures containing mistletoe

¹ S.C. Litin, editor, *Mayo Clinic Family Health Book*, 3rd Edition (New York: Harper Collins, 2003): 562-563.

² Owsei Temkin, *The Falling Sickness: A History of Epilepsy From the Greeks to the Beginning of Modern Neurology* (Baltimore, MD: Johns Hopkins University Press, 1971), 4.

³ *Ibid.*, 9.

(a poisonous substance), dog urine, or human bile. The aim of these was always the same: to drive out the evil spirits that were tormenting the afflicted person.”⁴

During the Enlightenment, ideas about epilepsy began to change. The belief that epilepsy was caused by demons slowly shifted to a vague sense of it being a mental infection. One unfortunate consequence was that epilepsy was still seen as a disease that could be passed from person to person. This idea persisted well into the nineteenth century and was a rationale to isolate epileptics.⁵

Treatment during the Enlightenment remained similar in many respects to that of ancient times. Trephining was still practiced, as was cauterization—placing a hot iron on different places on the head. Despite this, medicinal drug therapy was increasingly used. This, combined with a strict daily regiment of certain foods and beverages, was a more humane treatment of epilepsy.⁶

Significant changes in attitudes about and treatments for epilepsy occurred in the second half of the nineteenth century. For example, Sir Charles Locock, a British physician, theorized that the cause of epilepsy was excessive sexuality. To combat this problem, in 1857 he administered sodium bromide to his patients to treat seizures. We now know that the epileptics he treated demonstrated significant improvement, not because of the patient’s sexuality, but rather, because the sodium bromide interacted with chloride channels in the brain to stop the seizures. It was the first time a medication had an effect on seizure frequency, thus giving hope to epileptics.⁷

⁴ Dr. Donald Weaver, *Epilepsy and Seizures: Everything You Need to Know* (Buffalo, NY: Firefly Books, 2001), 1.

⁵ Temkin, *The Falling Sickness*, 227.

⁶ *Ibid.*, 233.

⁷ *Ibid.*, 4.

Another physician, British neurologist John Hughlings Jackson, led the way toward the modern understanding of epilepsy by proposing the first electrical theory of the disorder. In 1866, he proposed the word epilepsy should refer to the sudden and temporary loss of function in nerve tissue.⁸ He also offered a more rational definition of a seizure: “A convulsion is but a symptom, and implies only that there is an occasional, an excessive, and a disorderly discharge of nerve tissue on muscles.”⁹ More importantly, Jackson, like other neurologists of the time, believed that the “moral” causes of epilepsy, i.e., sin and possession by demons, were less plausible explanations for the disease. This turned attention toward irregularities in the central nervous system and the brain, pushing the study of epilepsy in the right direction.¹⁰

Although sodium bromide gave new hope to epileptics and was at first viewed as a wonder drug, it was not always a successful treatment for seizures. Different forms of bromide were used, such as potassium bromide and ammonium bromide. This initially optimistic stage lasted until the 1880s, when doubts about the overall effectiveness of bromides began to surface. According to a history of the therapy by Walter J. Friedlander, there were two main reasons that led to the change in attitude toward the drug. First, patients experienced many negative side effects while taking bromide. “These included slowing and blunting of mental functions, sometimes to the point of dementia, accompanied by a facial appearance of dullness or apathy; and skin eruptions, usually an acne-like rash.”¹¹ Patients typically developed these negative side effects because the

⁸ E.H. Reynolds, “Todd, Hughlings Jackson, and the electrical basis of epilepsy,” *The Lancet* 358 (August 18, 2001): 575.

⁹ As quoted in: JMS Pearce, “Early accounts of epilepsy: a synopsis,” *Journal of Neurology, Neurosurgery & Psychiatry* 64 (May 1998): 2.

¹⁰ Temkin, 353.

¹¹ Walter J. Friedlander, “The rise and fall of bromide therapy in epilepsy,” *Archives of Neurology* 57 (December 2000): 1783.

drug was administered in large doses and physicians were often careless and did not pursue an adequate follow up after giving the patient medication.

The second reason for the decreased interest in bromides was the increased popularity of creating specialized institutions, a colony-like environment, for the care of epileptics. At the colonies, emphasis was not placed on drug therapy for the epileptics. Instead, diet, hygiene, and work were viewed as the best treatments for the disease.¹² Prior to the nineteenth century, epileptics were placed in hospitals for the insane, housed in a jail cell, or simply not treated at all. Because of the constant possibility of having a seizure, employers rarely wanted to hire someone with epilepsy. Those afflicted with seizure disorders were doomed to live life in isolation, uneducated and unemployable.¹³

Rise of Colony Idea

Amidst the fear and negativity, people with epilepsy received better treatment in the new colony setting. In 1867, the first colony for epileptics was created in Germany. Formed by a philanthropic organization in the Lutheran church, the Bethel Colony in Bielefeld, Germany aimed to care for epileptics by removing them from insane hospitals and jails and segregating them in a separate environment tailored to their needs. The leaders believed housing epileptics in institutions for the insane was unproductive both for the epileptic and the insane. The colony provided a home-like atmosphere where epileptics could work, be educated, have a social life, and enjoy recreation.¹⁴

¹² Ibid.

¹³ Ellen Dwyer, "Stories of Epilepsy: 1880-1930," in *Framing Disease: Studies in Cultural History*, ed. Charles E. Rosenberg and Janet Golden (New Brunswick, N.J.: Rutgers University Press, 1992), 66.

¹⁴ William D.P. Bliss and Rudolph Michael Binder, *The New Encyclopedia of Social Reform* (London: Funk & Wagnalls Company, 1908), 110.

The colony idea spread quickly to other countries in Europe. Small institutions for epileptics were built in France, Italy, Russia, Holland, Denmark, and Switzerland. In England, the National Society for the Employment of Epileptics was created in 1892, to maintain a colony for epileptics. It should be noted that the colonies were largely private institutions, not administered by any government.¹⁵

In England, the David Lewis Manchester Epileptic Colony, one of four voluntary institutions in the country, accepted its first patients in 1904. It was run by a private charity. This colony, and others in England, differed from their counterparts in the U.S. at this time in some important ways. First, epileptics at the Manchester Colony were allowed to come and go as they pleased. Alan McDougall, director of the colony, wrote, “Any colonist is at liberty to leave at once if he wishes.”¹⁶ An epileptic was expected to pay for the accommodations if his or her financial situation allowed them to do so. If they could not afford the fee, they could apply for assistance through special funds allocated for the poor. Space allowed for 220 residents and by 1909, the colony was full with a waiting list.¹⁷

England’s Langho Colony opened two years after the Manchester Colony and operated in a strongly similar fashion to Indiana’s colony. First, Langho had the same superintendent from 1909 to 1942. The long tenure of this superintendent led to little innovation in the area of epilepsy treatments. Second, patients were expected to live the remainder of their lives at the colony with the main treatment being outdoor work and fresh air. Third, the colony did not contribute to the medical literature in the field of

¹⁵ Jean Barclay, *Langho Colony, Langho Centre, 1906-1984: A Contextual Study of Manchester’s Public Institution for People with Epilepsy* (Manchester, England: Manchester Social Services, 1988), 5-10.

¹⁶ Alan McDougall, “The David Lewis Manchester Epileptic Colony,” *Epilepsia* 1 (December 1909): 132.

¹⁷ *Ibid.*, 133.

epilepsy. Patients spent their lives at the colony with little hope of experiencing a seizure-free life.¹⁸

As mentioned above, epileptics at the David Lewis Manchester Colony and the Langho Colony enjoyed freedoms that were not available to epileptics in American colonies. They were allowed to leave the colony if they felt inclined to do so. They could interact with the opposite sex and were encouraged to do so at the Saturday night dances. Also, the best workers at the colony were allowed to work on neighboring farms and earn money. American colonies kept stricter control over epileptics, mainly because there was more focus on preventing epileptics from procreating.¹⁹

The colony movement reached the United States in the late nineteenth century, with the first epileptic colony established in 1891, at Gallipolis, Ohio. A year later, the New York legislature passed a law to build the country's second colony for epileptics. The New York colony at Sonyea, named Craig Colony, became a model institution that other states soon followed. The colony was built on two former Shaker settlements, with the buildings being reused for epileptics. The two settlements made the segregation of patients by gender an easy task. Epileptics were referred to as "colonists" instead of patients to emphasize a village-like atmosphere. The colony was to be supported by the work of the epileptics, allowing them to work and be productive members of the colony.²⁰

¹⁸ Barclay, *Langho Colony*, 48.

¹⁹ This "golden age" for epileptics in England did not last long. In 1913, the Mental Deficiency Act was passed, which attempted to give the state control over those labeled "mentally deficient." The major point to emphasize is that America began with state supported institutions that lacked the freedoms enjoyed by epileptics in private colonies. William A. Turner, "An Address Delivered Before the Meeting of the International League Against Epilepsy," *Epilepsia* a4 (December 1913): 354-357.

²⁰ Dr. William T. Shanahan, "The History of the Establishment and Development of the Craig Colony for Epileptics Located at Sonyea, N.Y.," *Epilepsia* a3 (February 1912): 154-7; Ellen Dwyer, "The

The first patient was admitted to Craig Colony on January 27, 1896, and by 1911 there were 1,401 male and female residents. The dormitories were segregated by gender with a separate infirmary for each sex. One hospital treated all colonists. Residents ate meals in their own building. A dining room was included in each dorm to save colonists from outdoor travel during inclement weather to eat. This also gave the dorms a more domestic and home-like feeling.²¹

Male and female patients were employed at Craig Colony. The men usually engaged in farm work and various trades like brick-making. Women worked on household tasks, garden maintenance, and sewing. If patients were young enough, they attended the colony school ten months of the year. In 1911, around 150 children of both sexes attended the school. Several teachers were employed to educate the students.²²

Craig Colony was well staffed. By 1911, eight assistance physicians, along with the superintendent and resident pathologist, tended to the medical needs of the patients. The total number of employees was 220, with a patient-to-employee ratio of 11 to 1. Craig Colony served as an example for other states, but unfortunately most, including Indiana, were unable to provide the level of care Craig did.²³

Indiana was the seventh state to create an epileptic colony after Ohio, New York, Massachusetts, Kansas, Texas, and New Jersey. See the following chart for inaugural years.

State and the Multiply Disadvantaged: The Case of Epilepsy,” in *Mental Retardation in America* (New York: New York University Press, 2004), 258-280.

²¹ Shanahan, “The History of the Establishment and Development of the Craig Colony,” 154.

²² *Ibid.*, 157.

²³ *Ibid.*, 158.

State	Year Opened ²⁴
Ohio	1891
New York	1896
Massachusetts	1898
New Jersey	1898
Kansas	1903
Texas	1904
Indiana	1907

At the same time that states began building epileptic colonies, discussion of marriage limitations for epileptics surfaced in state legislatures. In fact, many of the supporters of the colony movement pushed for the creation of marriage laws. Dr. H.M. Carey, of the State Institution for the Feeble-minded in Spring City, Pennsylvania, advocated state laws prohibiting marriage of the feeble-minded and epileptic. He used a plant analogy to support his point: “We must destroy the weed before it becomes thoroughly rooted, and not pick off the fruits after they have ripened.”²⁵ To those who objected to this idea because it violated basic human rights, Dr. Carey had a clear response. “I would state that a defective individual has no rights—at least no right to procreate his kind.”²⁶ Although

²⁴ Information for the table came from the following sources: Shanahan, “The History of the Establishment and Development of the Craig Colony for Epileptics Located at Sonyea, N.Y.,” 157; *New York Times*, “Great Progress Made in Curing Epileptics,” November 30, 1905; *Kansas: A Cyclopedia of State History* (Chicago: Standard Publishing Co., 1912), 595; *Fifth Annual Report of the Superintendent and Board of Members of the State Epileptic Colony at Abilene, Texas for the Year Ending August 31, 1908*, p. 12.

²⁵ Dr. H.M. Carey, “Compulsory Segregation and Sterilization of the Feeble-Minded and Epileptic,” *Epilepsia* 4 (December 1912): 87.

²⁶ *Ibid.*, 89.

many states had restrictive marriage laws, including Indiana, not everyone in the field agreed with the idea.

Dr. J.F. Munson, resident pathologist at Craig Colony, spoke about marriage laws at the National Conference of Charities and Correction in 1910. He agreed that epilepsy was hereditary, however, marriage laws and sterilization were not the answer because of the difficulty of enforcement and lack of knowledge in the field of heredity. “It is really too early to generally enforce any such laws,” he wrote. “Heredity is an only partially explored field and until we know definitely whether the tendencies which make the favorable soil for epilepsy tend to increase or diminish in the course of generations, we must not take to drastic measures.”²⁷

Dr. Munson’s solution to the heredity problem was segregation of epileptics by sex in colonies. That way, epileptics would be under constant supervision with limited access to the opposite sex. Epileptics could live the remainder of their lives in a community where they could be productive members of society while also preventing epilepsy from being spread to the next generation. He saw permanent segregation of epileptics from the world as a perfectly acceptable concept and less risky than restricting marriage or sterilization of patients.²⁸

As will be seen later, Dr. Walter C. Van Nuys, superintendent at the Indiana Village for Epileptics, apparently agreed with Munson’s idea on segregating epileptics. While Indiana passed a restrictive marriage law that included epileptics in 1905, Van Nuys left no record of being an outspoken advocate for it. Only men were housed at the Village until 1925, with little access to females. When women were finally admitted in

²⁷ Dr. J.F. Munson, “Public Care for the Epileptic,” *Epilepsia* a3 (November 1911): 40.

²⁸ *Ibid.*

1925, the sexes were segregated in separate areas of the colony, divided by the Blue River. Access to the opposite sex was restricted, thus making the marriage law (or sterilization) unnecessary.

Epilepsy Today

The Indiana Village for Epileptics ceased to exist shortly after the retirement of Van Nuys, when it was renamed the New Castle State Hospital. Indiana thus followed the trend of dissolving residential institutions for epileptics and focusing on the advances in medicine that occurred in the last half of the twentieth century. Today, epileptics are no longer placed in segregated colonies. Many treatments are available to help those with epilepsy control seizure frequency, including drug therapy, surgery, and vagus nerve stimulation. A few of the drugs commonly used to control seizures include Topamax, Dilantin, Depakote, and Lamictal. A person with epilepsy may need to be on medication for the rest of his or her life. However, seizures are not controlled by drug therapy in every case.²⁹

When the medications do not help, surgery is another treatment option. In order to do the surgery, the doctors must locate the part of the brain in which the seizures are occurring. This is done using magnetic resonance imaging (MRI) and electroencephalography (EEG). The third treatment option is vagus nerve stimulation. A stimulator is placed into the patient's chest under the collarbone. Wires from the stimulator are wrapped around the patient's vagus nerve in the neck. The device turns on and off according to an adjustable program. It is unknown why vagus nerve stimulation inhibits seizures, yet about one third of patients may benefit from the procedure.³⁰

²⁹ Litin, *Mayo Clinic Family Health Book*, 3rd Edition, 564.

³⁰ Ibid.

The Epilepsy Foundation of America (EFA), established in 1967, promotes education about the disorder. Public perception of epilepsy, however, lagged far behind new medical understanding. After years of being seen as the “unfortunate class,” the EFA helped to show that epileptics could and should be employed without fear. By 1974, a Gallup poll showed an improvement in public attitudes toward epilepsy. The organization emphasized equal employment rights, provided a place for epileptics to turn for support, and extensive seizure education. Today, the cause of epilepsy is still unknown, but the Epilepsy Foundation strives to end discrimination toward people with seizures and raises funds to find a cure for epilepsy for the over 3 million Americans who struggle with the disorder.³¹

Secondary Sources

The history of epilepsy is connected to the history of eugenics and stigmatized illnesses. Temkin’s classic study, *The Falling Sickness*, details the history of epilepsy from ancient times to the beginning of modern neurology. It discusses treatments for epilepsy throughout history, ranging from trephining to being placed in jail cells, and shows societal views of the disease, emphasizing the stigma connected with it. The book concludes at the late nineteenth century, precisely when the reform movement began that created the Indiana Village for Epileptics and the colony care concept.³²

Other histories of epilepsy cite Temkin’s broad study while focusing on narrower aspects. For example, *The History of Modern Epilepsy: The Beginning, 1865-1914*, by Walter J. Friedlander, discusses the beginning of modern epileptic treatments and changes in society’s views of the disease. *A Disease Once Sacred: A History of the*

³¹ Epilepsy Foundation website, www.epilepsyfoundation.org/aboutus, accessed April 26, 2008.

³² Owsei Temkin, *The Falling Sickness: A History of Epilepsy From the Greeks to the Beginning of Modern Neurology* (Baltimore, MD: Johns Hopkins University Press, 1994).

Medical Understanding of Epilepsy by Mervyn Eadie and Peter Bladin examines the medical side of the history of epilepsy. New developments in treatments and technologies in the medical field changed doctors' views of the disease, but these changes only slowly trickled down to the rest of society and the stigma surrounding epilepsy. Perhaps the most important development in decreasing stigma involved the discovery of anti-convulsant drugs. *The History of Epileptic Therapy: An Account of How Medication was Developed* by D.F. Scott, provides a look at the development of anti-convulsant drugs, from the late nineteenth century to the mid-1990s, focusing on bromides, phenobarbital, phenytoin, carbamazepine, and the most recent, sodium valproate. By controlling seizures more easily, these drugs allowed epileptics to function normally in society. Despite the advances in treatments for epilepsy, stigma toward the disease did not immediately end.³³

Several studies have examined the role of stigma in disease and disability, that is a mark or brand given to an individual who possesses an undesirable characteristic, such as epilepsy, and is thus, devalued by society. *The Mark of Shame: Stigma of Mental Illness and an Agenda for Change* by Stephen P. Hinshaw, evaluates stigmas of diseases, mostly mental illnesses and AIDS. The author's overall conclusion is that stigma can only be overcome through education about the illnesses.³⁴

The only studies of the Indiana Village for Epileptics are master's theses. The first, entitled, "A History of the Care of Epileptics and Study of the School Children of the Indiana Village for Epileptics," was written in 1940 by a master's student, Louise

³³ Mervyn J. Eadie & Peter F. Bladin, *A Disease Once Sacred: A History of the Medical Understanding of Epilepsy* (Eastleigh, England: John Libbey and Company Ltd., 2001); Walter J. Friedlander, *The History of Modern Epilepsy: The Beginning, 1865-1914* (Westport, Connecticut: Greenwood Press, 2001); D.F. Scott, *The History of Epileptic Therapy: An Account of How Medication was Developed* (New York: The Parthenon Publishing Group, 1993).

³⁴ Stephen P. Hinshaw, *The Mark of Shame: Stigma of Mental Illness and an Agenda for Change* (New York: Oxford University Press, 2007).

Lynch.³⁵ She was acting principal at the Village school at the time she wrote this thesis. In addition to providing information about the creation of the Village, the thesis is also an excellent source about patient life at the school. She interviewed Dr. Van Nuys and used the students in her case studies. The thesis is limited, however, in that there is no written transcription of the Van Nuys interview, nor does it contain detailed bibliographic information on other sources used.³⁶

A second master's thesis on the Indiana Village for Epileptics was written in 1974.³⁷ It focuses mainly on the site selection process for the Village and the development of the physical facility. The author makes no comments on policies at the Village and merely lists them as facts with no analysis.

With these and extensive primary sources, this thesis will examine in-depth the Indiana Village for Epileptics. Between the years 1907 and 1952, Dr. Walter C. Van Nuys headed the institution and set the policies at the Village. Themes that will be covered include patient care, treatment for epilepsy, connection to the eugenics movement, problems and challenges at the Village, and the influence Van Nuys had during his tenure as superintendent.

Indiana's Village for Epileptics began as a small institution for men only. Steady growth of the population brought many challenges for Van Nuys. Irresponsible employees, lack of funding, patient misbehavior, personal illness, accusations of mistreatment, and overcrowding plagued Van Nuys' time at the Village. In the early years, public perception and opinion of the Village labeled it as a top institution in the

³⁵ Louise M. Lynch, "A History of the Care of Epileptics and Study of the School Children of the Indiana Village for Epileptics" (Master's thesis, Ball State Teachers College, 1940).

³⁶ Ibid.

³⁷ Marta Paul Flynn, "A History of the New Castle State Hospital (Formerly the Indiana Village for Epileptics) 1890-1920" (Master's thesis, Ball State University, 1974).

country and Van Nuys as a leading expert in the field of epilepsy. The prestige of the institution faded by the late 1930s. Van Nuys remained a respected medical professional but the methods in use at the Village eventually became outdated. When he retired in 1952, Van Nuys was praised as a dedicated and respected superintendent, whose expertise as head of the institution would be greatly missed. Major changes occurred at the Village a year later, however, after the governor of Indiana personally inspected it and was appalled by what he found. Van Nuys' policies were obsolete. In 1956, the Village was renamed the New Castle State Hospital.

CHAPTER 2

INDIANA VILLAGE FOR EPILEPTICS 1907-1925

Epilepsy treatment in nineteenth century America lagged behind Europe. Many American epileptics were held in jails, poor houses, or mental hospitals. Without sufficient medical knowledge on how to effectively treat the disease, epileptics were left without hope for a solution. This changed, however, when the emerging colony movement reached the United States in the late nineteenth century. This chapter will examine the beginning of the American epileptic colony movement and its introduction in Indiana. Focus will then turn to the creation of the Indiana Village for Epileptics, covering the first eighteen years of its existence, from 1907-1925. The Village experienced triumphs and tragedies during this time, while Superintendent Van Nuys worked to acquire funding to expand the institution.

In the late nineteenth century, a group of American physicians and sociologists interested in the treatment of epileptics in the United States formed the National Association for the Study of Epilepsy and the Care and Treatment of Epileptics at a meeting at the Academy of Medicine in New York City. The new association held its first meeting in Washington, D.C., in 1901. Five Hoosiers were present at this meeting, including Amos Butler, secretary of the Indiana Board of State Charities and Alexander Johnson, superintendent of the School for Feeble-Minded Youth in Fort Wayne.³⁸

At this meeting, there were reports on conditions in other countries but the focus was on the situation in America. By this time, four institutions for epileptics had been

³⁸ William Pryor Letchworth, *Transactions of the National Association for the Study of Epilepsy and the Care and Treatment of Epileptics at the first annual meeting held in Washington, D.C.* (Buffalo, NY: C.E. Brinkworth, 1901), 200-208.

established in the United States. The first was opened at Gallipolis, Ohio, in 1893, and was equipped with a pathology lab and a school building. Craig Colony in New York opened in 1894, operating under the law that insane epileptics could not be admitted nor could epileptics who had been treated at the colony be returned to a poorhouse. Massachusetts and New Jersey established colonies shortly thereafter. All other states reported that epileptics were being cared for in homes for the feeble-minded and insane asylums.³⁹

A discussion about the prevention of epilepsy concluded the meeting, precipitated by a letter from Dr. Oskar Medin, professor at the Karolinska Institute in Stockholm. According to Dr. Medin, Sweden had not allowed epileptics to marry for almost one hundred and fifty years. The results of the statistics being collected there “would be awaited with much interest” by the group.⁴⁰ At the time, many physicians thought epilepsy was inherited and that a marriage law would decrease instances of the disease. A few states already had prohibited marriage of epileptics. Most members of the association agreed that marriage laws could lead to the prevention of epilepsy. Dr. William Spratling, superintendent of Craig Colony for Epileptics in Sonyea, New York, ended the discussion by voicing his opinion: “I believe the time will come, and should come, when every state will enact laws to prohibit, if possible, the marriage and intermarriage of epileptics. I think such prohibition would be best for the epileptic, best for society at large, best for posterity, and best for the state for economic reasons.”⁴¹

The meeting of the new organization sparked interest in the treatment of epileptics in Indiana. In 1903, a senate committee, headed by Senator Harmon Purviance, was

³⁹ Ibid.

⁴⁰ Ibid., 184.

⁴¹ Ibid., 193.

formed to investigate the need for a state epileptic institution. The first Indianapolis newspaper article mentioning the treatment of epilepsy appeared in October 1903, entitled, “Care of the Insane,” in which epilepsy and inheritance were mentioned as prominent causes of insanity.⁴² The following year reports on overcrowding at insane hospitals linked the need for a separate institution for epileptics in Indiana to the growing movement for colony care. A November 29, 1904, article in the *Indianapolis News* suggested a solution to the overcrowding problem at the hospitals was to build a separate place for epileptics.⁴³

Senator Purviance and his committee presented their report to the 64th General Assembly of Indiana on January 10, 1905. In language indicating the urgent mood of the times, the committee argued for the creation of a separate institution for epileptics as follows: “The state should protect itself against the great army of epileptics, which is marching into the insane hospitals, jails and poor houses of the state and becoming expensive wards. By providing a home for them, where, experience has shown, by proper isolation of the sexes, the reproduction of epileptics will be retarded, five or six percent will be cured, and the condition of a large majority greatly improved....”⁴⁴ This report sent a strong and clear message to the legislature. Epileptics crowded the insane hospitals and cost the state money. To solve the problem, a separate institution needed to be constructed to stop these people from reproducing.

After this report was presented to the legislature, interest in colonies for epileptics grew in the news media. For example, three articles on colonies for epileptics in other

⁴² *Indianapolis Journal*, “Care of the Insane,” October 25, 1903, pg. 3.

⁴³ *Indianapolis News*, “Hospital for Insane has Many Epileptics,” November 29, 1904, pg. 7.

⁴⁴ H.M. Purviance, “Report to the 64th General Assembly of Indiana on the Need for a State Epileptic Institution,” January 10, 1905. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-8, Folder 4.

states appeared in the *Indianapolis New*, including a feature on Craig Colony in New York, complete with pictures of the residents and buildings. It estimated the number of epileptics in Indiana to be between 14,000 and 15,000 and also reiterated the eugenic lens through which the disease was viewed. “One great value of segregating epileptics in an institution like Craig Colony is that it cuts off, to a certain extent, an epileptic progeny, for the disease is handed down from parent to child in 16 percent of all cases.”⁴⁵ The concept of sex segregation was mentioned again in a January 26, 1905 article, describing the layout of a typical colony where men lived on one side of a stream and women on the other. “The stream is used as a natural line for the separation of the sexes.”⁴⁶ Marketing the need for a colony for epileptics as a way to relieve crowded conditions in mental hospitals reinforced an alternative reason to separate epileptics: eugenics. By this time, the eugenics movement, a movement to improve the human race by restricting procreation among “undesirables” in society, reached Indiana. The state of Indiana passed the first eugenic sterilization law in the country in 1907. Epileptics would be included in a later sterilization law but endured years of eugenic policy through the marriage law and the creation of the Village.

Creation of the Indiana Village for Epileptics

On March 6, 1905, the Indiana legislature passed two laws pertaining to epileptics. First, a marriage law stated that no epileptic would be issued a license to marry in the state of Indiana. “No license to marry shall be issued where either of the contracting parties is an imbecile, epileptic, of unsound mind or under guardianship as a

⁴⁵ *Indianapolis News*, “Plenty of Ground for Epileptics As Shown by Craig Colony, New York,” January 21, 1905. For more information on eugenics, see Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge, MA: Harvard University Press, 1995).

⁴⁶ *Indianapolis News*, “Colony Idea in Care of Insane and Epileptic,” January 26, 1905, pg 4.

person of unsound mind....”⁴⁷ Using the logic that epilepsy was a hereditary disease and following the lead of other states, Indiana attempted to prevent the disease through restricting marriage.

Second, a law established the Indiana Village for Epileptics, for the following purpose, as stated in the act: “the scientific treatment, education, employment and custody of epileptics.”⁴⁸ The second section of the bill addressed the location of the Village by directing the governor to appoint three commissioners to investigate locations and recommend the best site for the institution.⁴⁹

Site selection for the colony turned into a competition among several interested Indiana communities. Greencastle, Paoli, Winamac, Franklin, Elkhart, Plymouth, Noblesville, Loogootee, and Spencer were among the early contenders for the Village. The commissioners disagreed about many aspects of the selection process and by January 1906, they were no closer to choosing a site than they had been when they first started.⁵⁰

Leaders of fifteen institutions across the country were consulted in January, 1906, to gain insight into the successes and failures of colony logistics. Most recommended close proximity to a railroad and town, with the colony being built on fertile soil so patients could grow food for the village. Allowing patients to work outside in the fresh air was considered one of the best treatments for epilepsy at that time. Dr. Walter Fernald, superintendent of the Massachusetts School for Feeble-Minded, in a letter to Amos Butler dated February 2, 1906, outlined his ideas on patient work. “The feeble-minded, the insane, and epileptics are essentially parasitic. They can never be self supporting, even

⁴⁷ *Laws of Indiana* (1905), Chapter 126, sec. 3.

⁴⁸ *Laws of Indiana* (1905), Chapter 159, sec. 1.

⁴⁹ *Ibid.*

⁵⁰ Marta Paul Flynn, “A History of the New Castle State Hospital (Formerly the Indiana Village for Epileptics) 1890-1920” (Master’s thesis, Ball State University, 1974), 33.

under direction... It should be understood that all work must be done under direction and constant supervision by skilled supervisors. Without such supervision the work of any defective is useless and unprofitable....⁵¹

Dr. Owen Copp, secretary of the State Board of Insanity in Massachusetts, wrote Butler with similar opinions in a December 29, 1905, letter.

The epileptic usually is ignorant and untrained. He does not know how to work and has not formed habits of industry. It therefore becomes necessary that he should be persistently trained to such habits. This is not always an easy task, and it will be necessary to select your patients in the first instance with reference to their willingness and capacity to work. You should early establish a centre for the training of patients for work, and from this centre transfer to the different industrial groups.⁵²

Dr. Fernald advocated patients participating in certain types of work that would be most productive. "I believe the work of patients in an institution village or colony as outlined above can be most profitably applied to the preparation of the site for new buildings, the assembling of the materials and the actual doing of the rougher work in the construction of the buildings, the laying out of sewage areas, the digging of trenches for water supply... and after the institution is established, in the clearing of land, the raising of crops to be consumed in the institution...."⁵³

Aside from the benefits of a patient-supplied work force, the leaders stressed the other major benefit of putting epileptics into a colony: segregation, both of the epileptics from society and male and female patients from each other.⁵⁴ For example, Alexander

⁵¹ Letter to Amos Butler from Dr. Walter Fernald, February 2, 1906. Accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-8, Folder 3. For more information on Walter Fernald and his institution, the Massachusetts School for the Feeble-Minded, see Michael D'Antonio, *The State Boys Rebellion* (New York: Simon & Schuster, 2004).

⁵² Letter to Amos Butler from Dr. Owen Copp, December 29, 1905. Accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-8, Folder 3.

⁵³ Letter to Amos Butler from Dr. Walter Fernald, February 2, 1906.

⁵⁴ Letters to Amos Butler from Alexander Johnson, Associate Director of the School of Philanthropy in New York, January 31, 1906; Dr. Owen Copp, Secretary of the State Board of Insanity,

Johnson, former secretary of the Indiana Board of State Charities and Associate Director at the School for Philanthropy in New York, stated his opinion on epileptic colonies in a letter to Amos Butler, dated January 31, 1906. “The opinion of the civilized world is tolerably unanimous that the only safety for the state, as regards epileptics, is that they shall be permanently segregated. This is because of the hereditary nature of all nervous troubles of the kind. This is the essence of the colony plan.”⁵⁵

Dr. A.C. Rogers, superintendent of the Minnesota School for Feeble-Minded and Colony for Epileptics, wrote Butler on February 15, 1906, with a similar opinion.

...if the colony contemplates provision for both sexes, it is well to keep in mind the desirability of having, if possible, separation of the sexes by topographical features. As you know, at Sonyea, New York, the Craig Colony has located men on one side and its women on the other of a rocky ravine. At Gallipolis, Ohio, the same result is obtained, or at least has been proposed, by making the extensions of the colony so that women are largely distributed over a valley on one side of a precipitous hill and the men in a valley on the opposite side. These physical conditions make it much more easy [sic] to prevent intermingling than it otherwise might be...⁵⁶

Recommendations in hand, the commission continued to toil over site selection.

Three towns remained in the running by February 1906—New Castle, Monon, and Franklin. Commission members disagreed over the location but a compromise was reached. New Castle was chosen mainly because of the price of the land at \$100 an acre. Purchase of the land took place on April 1, 1906, to which the New Castle land owners willingly agreed.⁵⁷

Boston, Massachusetts, December 29, 1905; Dr. Walter Fernald, Superintendent of the Massachusetts School for the Feeble-Minded, February 2, 1906; Dr. A.C. Rogers, Superintendent of the Minnesota School for Feeble-Minded and Colony for Epileptics, February 15, 1906. All accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-8, Folder 3.

⁵⁵ Letter to Amos Butler from Alexander Johnson, January 31, 1906.

⁵⁶ Letter to Amos Butler from Dr. A.C. Rogers, February 15, 1906.

⁵⁷ *Indianapolis News*, “New Castle Gets Epileptic Village,” February 28, 1906, pg 1.

The board of trustees for the Village was appointed by Governor J. Frank Hanly on March 15, 1906. Three men were offered and accepted the position—Charles Henry, Enoch Hogate, and Silas Hale. Mr. Henry, an Indianapolis Republican, was well known throughout the state for his involvement in utilities companies. Mr. Hogate, a Bloomington Republican, was the dean of the Indiana University Law School. Mr. Hale, a Geneva Democrat, served on the board of trustees for the Eastern Indiana Hospital for the Insane in Richmond. One of the first tasks of the board was to choose a superintendent for the Village.⁵⁸

The trustees took their search for a superintendent very seriously. Recommendations were made to the board and a number of candidates were considered. The trustee selected was Dr. Walter C. Van Nuys, a native of Indiana and superintendent at the Kansas School for Feeble Minded.⁵⁹ Dr. Van Nuys was born in Waveland, Indiana. His father, Dr. John D. Van Nuys, practiced medicine, and his mother, Mary Crowe Van Nuys, was the granddaughter of the founder of Hanover College. At the age of 10, Walter Van Nuys moved with his family to Osawatomie, Kansas, but returned to Indiana to attend college at Hanover.⁶⁰ After one year, he transferred to Kansas University and went on to study medicine at Rush Medical School in Chicago. Upon completion of the program in 1902, he moved back to Kansas to work at the Topeka State Hospital for the

⁵⁸ *Indianapolis News*, "Board for Epileptic Village is Appointed," March 15, 1906, pg 1. & *Indianapolis News*, "Trustees of Epileptic Village are Puzzled," May 29, 1906, pg 3.

⁵⁹ *Indianapolis News*, "Trustees of Epileptic Village are Puzzled," May 29, 1906, pg 3; *Indianapolis Star*, "State Village for Epileptics Monument to Humane Spirit," June 2, 1946, pg 4.

⁶⁰ *Indianapolis Star*, "State Village for Epileptics Monument to Humane Spirit," June 2, 1946, pg 4.

Insane. Three years later, he became superintendent of the Kansas School for the Feeble Minded.⁶¹

In early May, 1906, Van Nuys traveled to Indianapolis to interview for the superintendent position at the newly created Indiana Village for Epileptics. The trustees announced their decision to hire Van Nuys on May 29, 1906. He accepted and moved to New Castle, where he lived in a farm house on the village property.⁶² Shortly after he began his new job, Van Nuys married Miss Margaret Sword, whom he had met while in Kansas. The couple had three children, two sons and one daughter. One son, Dr. John D. Van Nuys, went on to become Dean of the Indiana University Medical School.⁶³

One of the superintendent's duties was to oversee the construction of the buildings. From the beginning, Dr. Van Nuys advocated designing the Village in a way to most efficiently separate the sexes. Following the model of institutions in other states, he saw the Blue River Valley as a topographical feature that could aid in his goal. As he said in an early annual report, "The Blue River Valley, three-quarters of a mile wide, should, in my opinion, separate the sexes."⁶⁴ He wanted, "as complete a separation of the sexes as might be obtained."⁶⁵ While Van Nuys pushed for segregation of the sexes at his institution, it should be noted separating patients by gender within institutions was common for this time period. Yet, many experts at the time thought epilepsy was hereditary, including Alexander Johnson, who was consulted by the Village site

⁶¹ *New Castle Courier-Times*, "Dr. W.C. Van Nuys, Indiana Village Founder, Dies at 77," December 5, 1955, pg 1.

⁶² *Indianapolis Star*, June 2, 1946, pg 4.

⁶³ *Ibid.*

⁶⁴ Third Annual Report of the Indiana Village for Epileptics, September 30, 1908, 17. The Annual Reports of the Village were used to glean information about yearly statistics and highlights. It should be noted these reports were prepared for the government and may provide a more positive view of the Village than is warranted. This was taken into account when writing this thesis and each report was viewed with a critical eye.

⁶⁵ *Ibid.*

committee. He wrote to the committee that epileptics should be separated by gender “due to the hereditary nature of their disease.”⁶⁶ This and the marriage law of 1905, led to the determination that patients at the Village be segregated by gender to prevent procreation.

Van Nuys’ plan consisted of building cottages for males on the east side of the valley and cottages for women on the west side. After patients were separated by sex, they were further classified and placed in one of three cottages. The first housed the “better class” of adults. The second handled the “better class” of school age children. The third was for the “low-grade” adults and children.⁶⁷

The Early Years 1907-1917

During the early years of the Village, the first ten years of its operation, Van Nuys oversaw major construction projects and watched over the patients. The population grew rapidly with only male patients accepted. Public optimism about the Village remained strong during this time. This era came to an end with America’s entry into World War I in 1917.

On July 1, 1907, Governor Hanly announced the Indiana Village for Epileptics would soon be ready to accept patients. The first two completed cottages were for male patients, and the first group, 55 men, was admitted to the Village in September 1907. At first, the law required Van Nuys to admit only men, whose labor could be utilized by the institution, such as in construction of future buildings. By the end of the institution’s first year, a total of 84 men were admitted, with 61 percent from other institutions, mostly

⁶⁶ Letter to Amos Butler from Alexander Johnson, Associate Director of the School of Philanthropy in New York, January 31, 1906.

⁶⁷ Ibid.

county poor asylums or jails, and 38 percent with no previous institutional experience.⁶⁸

Two additional structures were completed in April 1908 and construction on the custodial building was finished in December 1908. These buildings increased the capacity of the Village to 116 men. Three additional cottages were completed in 1911, allowing for a total of 186 patients.⁶⁹

From the beginning, Van Nuys emphasized the importance of providing space for female epileptics at the Village, something he repeated each year in the superintendent's section of the Annual Report of the Village. He stressed the importance of this because many female epileptics resided in county poor asylums and deserved a better chance at treatment, but as of 1912, no appropriations had been made for buildings for females.⁷⁰

In the meantime, the Village continued to grow and experience positive support from the public. An article in the *Indianapolis Star* in 1913 reported that two states, New Jersey and Michigan, sent representatives to inspect the Village. Both agreed that the Village was one of the best managed institutions in the country. The Michigan representatives decided to design their epileptic colony after Indiana's Village.⁷¹

By 1914, the Village had admitted 355 male patients since the opening of the institution. Annual report statistics on the source of patients admitted show that a large number of epileptics were being cared for privately, either by friends or family, prior to admittance to the Village [See Figure 1]. Only 30 percent of the new patients had previously been institutionalized [See Figure 2]. This shows a lack of treatment options

⁶⁸ *Indianapolis News*, "State Epileptic Village Ready for Patients," July 1, 1907, pg 4; Third Annual Report of the Indiana Village for Epileptics, New Castle, September 30, 1908, pg 12-13.

⁶⁹ Fourth Annual Report of the Indiana Village for Epileptics, September 30, 1909; Sixth Annual Report of the Indiana Village for Epileptics, September 30, 1911.

⁷⁰ Seventh Annual Report of the Indiana Village for Epileptics, September 30, 1912, pg 14.

⁷¹ *Indianapolis Star*, "Two States Follow Indiana Village Idea," November 24, 1913, pg 4.

for epilepsy at the time. Friends and family who cared for an epileptic had few options aside from the county poor houses and jails. The Village offered an alternative for epileptics and a glimmer of hope for effective treatment of the disease.⁷²

An overview of patient deaths through 1914 was also provided in the Annual Report [See Figure 3]. Thirty-five patients died between 1907 and 1914, and in his medical report, Dr. Van Nuys noted, “Of the total number of deaths, 9, or a little more than 25% occurred as a result of single epileptic seizures, while 30, or more than 85% were directly due to epilepsy. Five deaths only during more than seven years were due to other causes than epilepsy.”⁷³ By emphasizing the small number of deaths at the Village not caused by epilepsy, Van Nuys demonstrated his ability to manage an institution safely and effectively.

Seizure statistics for the entire institution were included in the 1914 Annual Report [See Figure 4]. The total number of seizures documented in 1914 was 40,009, with the percentage of grand mal seizures being 65 percent. According to reports of the average number of seizures per patient per year in 1908 and 1914, seizure frequency decreased on average between the two years [See Figure 5]. It seems in the early years of the Village, a change of environment and the opportunity to work helped to reduce the number of seizures patients had. While the number of seizures shown in the chart seems high by today’s standards, it is surprising that most patients were not having seizures every day given that highly effective anticonvulsant drugs were not available at the time.⁷⁴

⁷² Ninth Annual Report of the Indiana Village for Epileptics, September 30, 1914, 9.

⁷³ Ibid., 10.

⁷⁴ Ibid. and Third Annual Report of the Indiana Village for Epileptics, September 30, 1908, 12.

Dr. Van Nuys took pride in the fact that the overall health of his patients was good, aside from the epilepsy. He noted two serious accidents, both involving fractures, and a number of less serious injuries as a result of falling during seizures. “None of the serious injuries mentioned above occurred while the injured person was at work. As has been noted in previous reports, no patient at the Village ever suffered a serious injury while engaged in outside work.”⁷⁵ It was important for Van Nuys to mention that no injuries occurred while working because this was the main strategy in the treatment of epilepsy.

The Annual Reports of this time period (1909-1917) contained lists of what caused epilepsy in the patients and they revealed how little understanding there was of this crucial question. These causes ranged from use of substances such as alcohol and tobacco, to diseases with little relation to seizures, like diabetes, measles, and pneumonia. Sexual excess and masturbation were also suspected of causing seizures. A few were more plausible, such as a prenatal injury and head trauma. Overall, causes were given for 47 percent of those admitted to the Village. However, 53 percent of cases did not fall into any of the above mentioned categories and were listed as “cause unknown.” This illustrates the uncertainty the medical community experienced while trying to diagnose and treat epilepsy at that time.⁷⁶

Patients worked on the farm and grew much of the food for the Village, making it nearly self-sustaining at the beginning, according to claims in the Annual Reports. The population grew from 82 male patients in 1908 to 337 males in 1917. No major difficulties were reported during this time period. Although two patients committed

⁷⁵ Ninth Annual Report of the Indiana Village for Epileptics, September 30, 1914, 11.

⁷⁶ Fourth-Twelfth Annual Reports of the Indiana Village for Epileptics, 1909-1917.

suicide between 1907 and 1917, it seems from the Annual Reports that the overall population was satisfied with life at the Village.⁷⁷ This “golden era” would not last, however, as many new problems arose.

Turbulent Times, 1917-1925

On the brink of America’s involvement in World War I, the Indiana Village for Epileptics remained an institution for men only. Van Nuys continued to try and draw attention to the needs of his institution. He did this by advocating buildings for women in the Annual Reports, but he also tried to build broader support by becoming a member of two newly created organizations in Indiana, dedicated to mental health—the Indiana Society for Mental Hygiene (ISMH) and the Indiana Committee on Mental Defectives (CMD).⁷⁸

The Indiana Committee on Mental Defectives came first. Governor Samuel Ralston, acting on recommendations from the Board of State Charities, created the CMD in 1915, to investigate the problem of feeble-mindedness in the state of Indiana. “Mental defectives” were thought to be a burden on society and the CMD studied the problem and recommended a course of action.⁷⁹

Shortly thereafter, the Indiana Society for Mental Hygiene, was formed by concerned citizens in October 1916. The purposes of the organization, as outlined in its bylaws, were: “To work for the conservation of mental health; for the prevention of mental diseases and mental deficiency and for improvement in the care and treatment of

⁷⁷ Third-Twelfth Annual Reports of the Indiana Village for Epileptics, 1908-1917.

⁷⁸ Program for the First Annual Meeting of the Indiana Society for Mental Hygiene, December 7, 1916. Accessed at the Indiana State Library, Ip 362.2.

⁷⁹ Robert L. Osgood, “The Menace of the Feeble-minded: George Bliss, Amos Butler, and the Indiana Committee on Mental Defectives,” *Indiana Magazine of History* 97 (December 2001): 264.

those suffering from nervous or mental diseases or mental deficiency.”⁸⁰ The ISMH’s first meeting included sessions on mental defectives and their influence on different aspects of society, such as the court and public school system. The chairman of the CMD, Rev. Francis Gavisk, updated the IMHS on the status of the Committee’s report on mental defectives. Any Indiana resident could join the IMHS, as long as they paid the two-dollar membership fee. Through the IMHS, ordinary citizens could join the fight against mental defectiveness.⁸¹

The first report by the CMD on the state of mental defectives in Indiana was written in 1916 and named epilepsy as a major cause of mental defectiveness. In fact, the report defined the term “mental defective” as “the epileptic, the insane and the feeble-minded.”⁸² It acknowledged the causes of epilepsy were not known but claimed heredity played a role in transmission of the disease. According to the report, “segregation under state supervision is admittedly and unquestionably the best method of treatment, care and prevention....”⁸³ The problem with segregating all epileptics in Indiana was paying for the care of the estimated 4,000 epileptics in state institutions. The committee recognized this was unfeasible and some attention should turn to the prevention of the disease. The method of prevention, beyond segregation, had not yet been determined, although the marriage law and a sterilization law were already in place.⁸⁴

Judging from the time and resources spent studying the needs of epileptics in Indiana, Dr. Van Nuys made his voice heard. The recommendations of the Committee on

⁸⁰ The Indiana Society for Mental Hygiene: Constitution and Bylaws, Adopted October 17, 1916, accessed at the Indiana State Archives, Indiana Conference on Mental Hygiene files, Box 13-V-5.

⁸¹ Program for the First Annual Meeting of the Indiana Society for Mental Hygiene, December 7, 1916, accessed at the Indiana State Library, Ip 362.2.

⁸² “Mental Defectives in Indiana” Report of the Committee on Mental Defectives, November 10, 1916, pg 3, accessed at the Indiana State Archives, Board of State Charities file, Box 13-V-6.

⁸³ Ibid., 4.

⁸⁴ Ibid.

Mental Defectives echoed Van Nuys' desires for his institution. The committee recommended two strategies for dealing with epileptics in Indiana. First, the Indiana Village for Epileptics should receive funding to provide for the care of female epileptics. Second, the Village itself should be expanded to a maximum capacity of 1,200. The committee also stressed a need for larger medical facilities at the Village. Van Nuys was able to emphasize the needs of the Village and build support for his legislative bids to expand the size of his facility through his participation with these organizations.⁸⁵

Even with the backing of the Indiana Society for Mental Hygiene and the Indiana Committee on Mental Defectives, the appropriations were slow to materialize. One reason is that by 1918, America was fully involved in World War I and state spending had been put on hold for the war effort, including funding to expand the Village. Yet, Van Nuys continued to pursue his agenda, as reflected in a speech about the state of epileptics in Indiana to the Indiana Society for Mental Hygiene at its annual meeting in December 1918.⁸⁶

In his address Van Nuys outlined strategies for improving treatment of epilepsy and offered insight into what it was like to work with epileptics. He estimated there were 5,000 epileptics in Indiana with 1,200 of them “at large” and “a menace to the communities in which they live and should now be receiving institutional care.”⁸⁷ However, the Village for Epileptics could help relieve this problem if only it were expanded to handle a larger population of both male and female patients. At the time, the

⁸⁵ Ibid., 32.

⁸⁶ Program for the Third Annual Meeting of the Indiana Society for Mental Hygiene, December 19, 1918. Accessed at the Indiana State Library Ip 362.2 no. 13.

⁸⁷ Dr. Walter C. Van Nuys, speech to the Third Annual Meeting of the Indiana Society for Mental Hygiene, December 16, 1918, pg. 2. Accessed at the Indiana State Archives, Indiana Conference on Mental Hygiene files, Box 13-V-5.

Village housed 348 male epileptics. Dr. Van Nuys ended his address with three additional recommendations to improve treatment of epileptics in Indiana:

1. The best diagnostic and hospital facilities should be provided and the physicians of the state invited to bring or send cases of suspected epilepsy for early diagnosis advice or treatment, and this should be without cost or commitment.
2. Clinics should be held open to any epileptics in the state and open to physicians. Through cooperation with physicians and social agencies in the larger cities of the state, clinics could be held by members of the staff of the institution.
3. An effort should be made to reach the county medical societies and local social agencies and to impress upon them the causes of epilepsy and the importance of early recognition and prompt treatment.⁸⁸

These ideas suggest a superintendent who was sympathetic to the importance of expanding the treatment of epilepsy, but, later in his speech, Van Nuys emphasized the notion that epileptics were mentally defective in a way that clearly stigmatized them.

Many persons think of the epileptic as an individual who has occasional fits or seizures, but who is otherwise normal. This is a misconception. It is important to recognize an underlying mental defect that prevents normal reaction to his environment...experience has shown that even when the seizures are stopped entirely, the epileptic individual is still an epileptic. That is, he has mental characteristics or defects that make him undesirable in the community.⁸⁹

The final point in his 1918 speech discussed prevention of mental defectiveness. Noteworthy by its absence was a call for segregation of the sexes in institutions. Instead Van Nuys spoke in praise of the state government for enacting alcohol prohibition legislation and endorsed passage of other vice legislation in Indiana. “The enactment of prohibition by the state, when strengthened by national prohibition legislation, will in time decrease the number of our mental defectives...Alcoholism and venereal diseases

⁸⁸ Ibid.

⁸⁹ Ibid., 3.

are among the great cause of mental defectiveness. This conference should realize its influence as a representative body and endorse this important legislation.”⁹⁰

When he was not representing the Village at conferences and meetings, Dr. Van Nuys tried to maintain a high standard of care for his patients. However, World War I brought reductions in resources for the Village. The other assistant physician at the Village, Dr. C.A. Marsh, left for the army in January 1918, and Van Nuys became the only physician on site, with no prospects to fill the position during the war. The Village also experienced a shortage of staff attendants to supervise the colony buildings. Patient care began to slide as noted by a report of the Board of State Charities in July 1919.⁹¹

Van Nuys’ frustration over the situation was evident in the 1919 inspection report. When the Indiana Board of State Charities (BSC) representatives discussed with Van Nuys the possibility of creating a school and industrial training for patients, they noted Van Nuys’ clearly drew a line. “He was very decided in the statement that he would not do anything towards the establishment of a school or industrial training until the legislature provided the proper buildings and equipment. He said he had done all the pioneering he was going to do, that he had asked for these things for years and unless they were supplied he thought he had done his part.”⁹²

The inspection of the Village revealed the continued frustration of Van Nuys despite the return in the summer of 1919 of assistant physician Dr. Marsh. Because of lack of help, the boys group was virtually run without attendants. For example, patients had been drafted as night watchmen over the boys group. The inspectors did not approve

⁹⁰ Ibid., 4.

⁹¹ Inspections of the Indiana Village for Epileptics by the Board of State Charities, July 22, 1919 & October 16, 1919, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.

⁹² Inspection of the Indiana Village for Epileptics, July 22, 1919.

of this practice and requested it be remedied as soon as possible. “The poor service results in poorer care of the patients. The housekeeping is not what it should be. I think that is evident....”⁹³

To make matters worse, three terrible accidents involving patients occurred in November and December of 1919. A patient fell into a boiling kettle of water while butchering hogs on November 7, 1919. He was pulled from the water and received medical attention but had four seizures during the night and died the following morning. This story immediately made the front page of the *New Castle Daily Times*.⁹⁴ Ten days later, a patient was struck and killed by a train when he was crossing the railroad bridge at the Little Blue River, near the Village. Dr. Van Nuys commented in the inquiry file that he “was lucky it had not happened before because of the lack of attendants present.”⁹⁵ This accident appeared on page six of the *New Castle Daily Times* the next day.⁹⁶

The year ended with another horrendous accident. A patient was killed when he fell into a corn shredder on December 22, 1919. “He was thrown head first, into a shredding machine. He was working with several other men near the machine when he was overcome with a seizure and the fan belt caught his arm and threw him against the

⁹³ Inspection of the Indiana Village for Epileptics, October 16, 1919.

⁹⁴ Investigations of the Indiana Village for Epileptics, inquiry regarding the death of a patient, November 7, 1919, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.; *New Castle Daily Times*, “Death of Patient at Village,” November 7, 1919, pg. 1.

⁹⁵ Investigations of the Indiana Village for Epileptics, inquiry regarding the death of a patient, November 17, 1919, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.

⁹⁶ *New Castle Daily Times*, “Inmate of the Village Killed by Locomotive,” November 18, 1919, pg 6.

machine, breaking his neck.”⁹⁷ This accident made the newspapers as far away as Fort Wayne and Richmond.⁹⁸

These high profile incidents notwithstanding, after World War I treatment of epileptics in Indiana improved significantly. First, Dr. Van Nuys received the long sought after funding for female accommodations at the Village, and construction on the first buildings for women began in 1922.⁹⁹ In addition, the first effective medication finally became available for patients with seizures: a new anticonvulsant drug developed in Germany in 1912. Prior to this, the only anticonvulsant available was bromide, which had been used since the mid-nineteenth century and caused numerous side effects including a rash and slowed mental functions. This new drug, known as luminal or Phenobarbital, was originally used as a sedative. Then, a young German doctor, Alfred Hauptmann, administered luminal to his epileptic patients as a tranquilizer and discovered the drug’s anticonvulsant quality. Many of his patients were able to reduce their intake of bromide, and resume almost a seizure free life on luminal. While the drug did not work for everyone and was not free of all side effects, the introduction of luminal as an anticonvulsant launched the beginning of the modern era of drug therapy for epilepsy.¹⁰⁰

Van Nuys took full advantage of the new drug once it was available in the United States. When the Village was inspected by the Board of State Charities on September 14, 1920, the use of luminal caught the attention of the inspector. “The superintendent told us

⁹⁷ *New Castle Times*, “Inmate of Village Victim of Fatal Accident: Caught in Belt of Shredder,” December 22, 1919, pg 1.

⁹⁸ Investigations of the Indiana Village for Epileptics, inquiry regarding the death of a patient, December 22, 1919, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.

⁹⁹ Seventeenth Annual Report of the Indiana Village for Epileptics, September 30, 1922, 10.

¹⁰⁰ D.F. Scott, *The History of Epileptic Therapy* (New York: The Parthenon Publishing Group, 1993), 65-7; Martin J. Brodie & Patrick Kwan, “Phenobarbital for the Treatment of Epilepsy in the 21st Century: A Critical Review,” *Epilepsia* 49 (May 2004): 1141.

of an interesting medicine which has been available since the war for the treatment of epilepsy. It is called luminal, and the results are interesting and apparently quite satisfactory.”¹⁰¹

Over a year later, luminal continued to produce positive results at the Village. Amos Butler, secretary for the Board of State Charities, inspected the Village on December 7, 1921, and was especially interested in the medical work being done. “They have also been using Luminal as a treatment for epilepsy. In their experience this has resulted in a lessening of seventy percent in the number of seizures and in their severity.”¹⁰²

Despite seizures being controlled more easily with luminal, Van Nuys continued to classify epileptics as “mental defective” in speeches he made at conferences in Indiana during this time period. For example, on December 15, 1921, he spoke at the Indiana Conference on Mental Health.

The term “mental defective” is properly used to define those individuals whose minds have never been normal or who have suffered arrested development at a very early age... Ever since the organization of the Indiana Committee on Mental Defectives to study the problem of the insane, feebleminded and epileptic in Indiana, we have been accustomed to use the term “mental defectives” to define somewhat loosely all three of these classes.¹⁰³

Van Nuys explained how ideas on the three classes of defectives had evolved from being distinct to being similar. “We realize the problem of the insane, feebleminded and epileptic are very much the same. They are in the home, they pass through the schools,

¹⁰¹Inspections of the Indiana Village for Epileptics by the Board of State Charities, September 14, 1920, accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-x4, Folder 1.

¹⁰² Inspections of the Indiana Village for Epileptics by the Board of State Charities, December 7, 1921, accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-x4, Folder 1.

¹⁰³ Dr. Walter C. Van Nuys, speech to the Indiana Conference on Mental Health Sixth Annual Meeting, December 15, 1921, pg 1, accessed at the Indiana State Archives, Indiana Conference on Mental Hygiene files, Box 13-V-5.

they are in the community, in the courts, in the correctional institutions, in the special institutions for the insane, feeble-minded and epileptic.”¹⁰⁴ Van Nuys ended his speech by emphasizing that new institutions for “mental defectives” were not needed. Instead he advocated improvement of the existing institutions, including his own Indiana Village for Epileptics, “to have these institutions as good as it is possible to have them.”¹⁰⁵

Van Nuys continued to be an advocate for his institution. With treatment for both sexes on the horizon, his attention turned to the medical and educational facilities at the Indiana Village for Epileptics. Dr. Chester A. Marsh had been the only assistant physician at the Village since its opening, but the expanding patient population required a larger medical staff. Before an additional physician could be hired, however, Dr. Marsh resigned in August 1922, to run another institution. Marsh’s absence sped up the process of hiring new medical staff, and by April 1923, two assistant physicians were hired to work full time to care for the patients. In addition, a dentist was employed for a half day each week, and doctors from New Castle held a clinic each week for the boys colony. Van Nuys’ goal of improved medical care finally came to the Village.¹⁰⁶

The 1923 and 1924 Committee on Medical Defectives reports advocated further expansion of the Village’s medical facilities. Building a hospital or clinic on the grounds was made a priority. In fact, the appropriations had been made for a medical building and separate hospital facilities for men and women in the 1915 legislative session.

Construction was delayed, however, due to a complicated property issue and then

¹⁰⁴ Ibid.

¹⁰⁵ Ibid., 2.

¹⁰⁶ Inspections of the Indiana Village for Epileptics by the Board of State Charities, April 19, 1923, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.

because of World War I. Construction finally began in 1923, along with the buildings for women.¹⁰⁷

The need for educational facilities at the Village, as called for by the Board of State Charities, continued to be a weak point for the Village. With many children being treated at the Village education jumped to the forefront of problems to be solved. A teacher was employed to provide very basic instruction for a small number of patients. It was not a formal school but more like a tutoring program, yet it was a foundation that would be built upon in later years.¹⁰⁸

1925: A Turning Point at the Village

The year 1925 brought many changes to the Village, the most important of which was the admission of female epileptics. Over the course of three years, twelve buildings were constructed to hold 220 female patients, bringing the total population to 701. The first female patients were admitted on July 20, 1925, and Van Nuys' vision of treating both female and male epileptics at the Village was finally realized.¹⁰⁹

After eighteen years the Village had been described in the Annual Reports as a model state institution that treated both male and female epileptics. But evidence in the records of the Village indicates that complaints reached as least the desks of Indiana's governor and the editor of the *Indianapolis Star*. In August 1925, the secretary of the Board of State Charities, Mr. John A. Brown, received a memo from the governor's office stating four letters had been forwarded by the *Indianapolis Star* from patients at the

¹⁰⁷ Indiana Village for Epileptics Biennial Report to the Legislature Visiting Committee for the period ending September 30, 1918, accessed at the Indiana State Archives, Board of State Charities files, Box 218-D-2.

¹⁰⁸ Inspections of the Indiana Village for Epileptics by the Board of State Charities, October 6, 1923, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.

¹⁰⁹ Inspections of the Indiana Village for Epileptics by the Board of State Charities, March 7, 1922 & April 19, 1923, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.

Indiana Village for Epileptics. The letters described poor conditions and outlined numerous complaints about the facility.¹¹⁰

While only four letters were found, the authors claimed to be speaking for many other patients who were not able to read or write. This was not surprising since the Village lacked educational facilities. The *Indianapolis Star* did not publish the letters, choosing instead to turn them over to the governor's office. The patients who wrote the letters were labeled as trouble-makers by the inspector, but an involved investigation took place.¹¹¹

The handwritten patient letters depicted scenes of injustice being carried out at the Village. The number one complaint was the food. Food was grown and prepared by the residents, according to the letters, and was often unsuitable for consumption. They ate the same thing, day in and day out. Most meals consisted of a type of potato and gravy. The menu was set by the superintendent and was not to be changed unless he authorized it. "They are permitted to make some substitutions, but never to reduce the diet. For instance, they can substitute one vegetable for another, or one fruit for another, etc. they cannot make any other changes without consulting the superintendent."¹¹²

Patients also wrote of dangerous jobs being done by inmates with lack of safety procedures. Many residents worked on the farm and handled machinery that could cause death if one were to have a seizure and fall. Patients told of men driving teams of horses

¹¹⁰ While these were the only patient letters found in the archives, it is possible other complaints were made without a record surviving.

¹¹¹ Inspections of the Indiana Village for Epileptics by the Board of State Charities, August 18, 1925, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.

¹¹² Ibid.

with the wagon seats set too high and risking serious injury or even death if a seizure caused a fall.¹¹³

Letters from patients also described abuse by attendants. Residents were often locked in solitary confinement with only bread and water for up to two months. Some were choked until they passed out. One man claimed an attendant would jump on the abdomen of patients with his knees, causing internal bleeding. “If one of them goes giving insults to the attendant, he will knock him down, choke or kick him until he is almost senseless, drag him across the floor, lock him up, half starve him a month or two....”¹¹⁴

The inability to leave the institution and go home also concerned the patients. Some tried to run away, but most were caught and brought back to the institution. When patients wrote to Van Nuys to let them out, the letters stated, “He will tell them they are doing very well but it would not be good policy to take them home now that they would be right back where they were in a few days and they take his word for it and it might be the man had not had a seizure for the past five years.”¹¹⁵ Another patient had an idea as to why the men were rarely recommended to return home—Van Nuys needed them on the farm. “He would lose a good hand to work and maybe have to take one in his place that has fits every day.”¹¹⁶ The man said the seizure-free men wanted to get away, “but cannot, have to stay and work their lives away for their board and what they wear.”¹¹⁷

¹¹³ Letters from patients at the Indiana Village for Epileptics to the Indianapolis Star and the Governor of Indiana, August 13, 1925, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Ibid.

¹¹⁷ Ibid.

When visitors came to the Village, the authors of the letters claimed the staff told them to ignore what the patients told them about the conditions of the institution. “If the patient people comes [sic] to visit him they tell them not to pay any attention to what he tells them about the place. They take them through the buildings show them the bright side of everything where it has been polished by some poor epileptic so they think he has got a good deal.”¹¹⁸

The policy of censoring patient mail was also addressed in the letters. Van Nuys had a policy of checking patient mail for inappropriate content before it left the institution. “All mail is supervised and patients are told they may write anything they wish but must stick to the truth. Any letter which the censor feels should not go out is returned to the patient with an explanation why it is not sent.”¹¹⁹ The patients saw it a different way. “All letters go through the main office. If they do not like the way they sound they throw them in the wastebasket.”¹²⁰

The final issue discussed in the patient letters involved Dr. Van Nuys and his alleged neglect of the patients. “He never visits a cottage to find out how the patients are treated or how they feel. He just wants the drives to be kept clean, the lawns to be kept mowed, the buildings to be kept clean, brass to be kept shined, floors to be kept shined, so the sightseers, automobile drivers and visitors will speak well of the place.” The letter-writers felt Van Nuys did not care about the patients’ feelings but merely about the image of the institution. “He smokes his cigar, signs his paycheck, and holds his job. He does

¹¹⁸ Ibid.

¹¹⁹ Correspondence of the Indiana Village for Epileptics, Letter from John A. Brown, Secretary of the Board of State Charities, to the Board of State Charities, August 18, 1925, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.

¹²⁰ Letters from patients at the Indiana Village for Epileptics to the *Indianapolis Star* and the Governor of Indiana, August 13, 1925, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.

not care for the poor patient...He has had the job so long he thinks he about owns the place.”¹²¹

The patient letters were received by the *Indianapolis Star* and forwarded to the governor’s office. The secretary to the governor then sent the letters to John A. Brown, Secretary of the Board of State Charities, who visited the Village in response to the letters. When Brown arrived at the Village on August 18, 1925, he found Van Nuys absent from the institution. He was in the New Castle hospital recovering from surgery for appendicitis. This may be the reason the letters were not caught by censors and arrived at their destination. Brown visited Van Nuys in the hospital but said nothing to him about the complaints. He visited the Village unannounced and was led around by the assistant physician. Brown investigated each complaint outlined in the letters and wrote a complete report for the governor. The topics included the food, employment, correspondence privileges, mistreatment of patients by attendants, and lack of interest in patients on the part of the superintendent.¹²²

Brown described the procedure followed for food preparation at the Village. He confirmed that the superintendent created dietary guidelines for each dining room and those in charge of preparing the meals were required to follow them. Reductions to the diet were not allowed but substitutions could be made for one vegetable for another or one fruit for another, etc. However, changes could not be made to the menu without Dr. Van Nuys’ approval. “The noon day meal at Colony #2 was seen on day of this visit. It consisted of vegetable soup, boiled potatoes, green beans cooked with fat pork, corn

¹²¹ Ibid.

¹²² Correspondence of the Indiana Village for Epileptics, Letter from John A. Brown, Secretary of the Board of State Charities, to the Board of State Charities, August 18, 1925, accessed at the Indiana State Archives, Board of State Charities files, Box 13-u-x4, Folder 1.

bread and butter. It was well prepared and generally satisfactory.”¹²³ Despite the overall positive review of the food at the Village, Brown ended this section by admitting the food might not always be acceptable. “While there may be an occasional meal not up to the standard, the general provision of food is of good standard.”¹²⁴

Because food was prepared at each colony three times a day, Brown clearly had limited time and used the lunch meal at Colony #2 as the basis for his report. It is unclear whether the patients who wrote the letters even resided at that colony. Hence, it is questionable whether the report was thorough enough to support Brown’s conclusion that “the general provision of food is of good standard.”¹²⁵

The next topic covered in the report was patient employment. All able-bodied patients were required to work. Almost all of the jobs were outdoor labor—on the farm, in the garden, and in the dairy barn. Brown found that patients did drive teams of horses and operate farm equipment. “Care is always exercised in choosing patients who do this kind of work. They are always under the supervision of employees. Accidents have been exceedingly rare. This has been due to the wise selection of patients assigned to this work.”¹²⁶

Again, Brown’s collection of information was limited and overlooked important details in the employment section. He failed to mention how many hours the men worked per day or per week. No detail was given as to how patients were selected for certain jobs. The ratio of patients to supervisors was also absent. The kind of supervision

¹²³ Ibid.

¹²⁴ Ibid.

¹²⁵ Ibid.

¹²⁶ Ibid.

provided was not included. The report did not state exactly what jobs the patients were doing, providing instead just a general overview of the type of work.

On the question about censorship, according to the report, patient correspondence with relatives was encouraged, but Brown acknowledged that all patient mail was censored. “Any letter which the censor feels should not go out is returned to the patient with an explanation why it is not sent.”¹²⁷ No statistics on how often this happened were provided, nor was the process of how letters were censored divulged. It is unclear whether letters were read by each colony supervisor or by one censor at the administration office. There was no indication of how many letters a patient could send out in a week or what the average number of letters read by the censors in a day was.

Brown mentioned patients would get upset when relatives would not write back to them. Some felt it was because their letter was never sent. When a patient complained of not receiving a letter from his or her family, according to the report, the staff would write to them and urge them to correspond with the patient. Again, no statistics were provided as to how often this occurred and if they found success with this method.¹²⁸

Throughout the report, Brown placed no blame on Van Nuys for these problems. For example, he noted that when relatives visited the Village many patients wanted to go home with them. “Relatives confer with the superintendent and act upon his advice. When patient can not go, the relatives are always glad to escape responsibility by placing blame on the superintendent.”¹²⁹ It is unknown how often Van Nuys recommended a patient return home with relatives. Yet if the relatives acted on Van Nuys’ advice, it seemed that the blame for patients not going home could be placed on him.

¹²⁷ Ibid.

¹²⁸ Ibid.

¹²⁹ Ibid.

Mistreatment of patients by attendants was covered next. The report found that attendants were instructed not to abuse patients, but unfortunately some attendants failed to abide by the rules. According to the report, any attendant found abusing a patient was immediately fired. The report put some of the blame on the patients. "Patients frequently become disturbed as seizures come on. Such patients often attack other patients and attendants. It is necessary at times to overpower and restrain them."¹³⁰ Patients were locked in rooms when they became unruly, violated the rules, ran away, or were disturbed from a seizure. The patients were fed the same meals as the rest of the colony when confined. Brown guessed that the letters came from patients in Colony 2, since that was the colony that handled difficult patients.¹³¹

The final topic addressed in the investigative report dealt with the complaints about the superintendent's lack of interest in the patients. Brown dismissed this complaint for a few reasons. First, the Village was undergoing many changes at that time, and overseeing new construction of the buildings for women occupied much of Van Nuys' time. He directed all building operations and new admissions. Also, the population of the Village had grown from 82 men in 1908 to 441 male patients in 1925, and Van Nuys had less time to get to know patients or spend time with them. When the Village opened, he was the lone doctor and dealt with all medical needs of the patients. An assistant physician was hired shortly thereafter to alleviate the amount of medical work Van Nuys had to do. By 1925, two assistant physicians had been hired, and the routine medical work was turned over to them. Van Nuys thus had less personal interaction with the patients, but Brown noted that the patients who wrote the letters obviously missed Van

¹³⁰ Ibid.

¹³¹ Ibid.

Nuys' visits and this was why they were upset. He emphasized in his report that Van Nuys cared about his patients and was doing everything he could to provide for their proper care.¹³²

Brown's report concluded with a summary of the conditions at the Village in 1925. The report gave the impression that Brown supported Van Nuys, and his writing reflected recognition but tolerance of the imperfections at the Village. The overall sense was that things at the Village were not perfect and that Van Nuys was doing the best he could with what he was given. If Brown had written a harsher report to the governor, perhaps the Village would have been granted additional funding to improve the problems the patients complained about.¹³³

Brown also mentioned that Van Nuys was in the New Castle hospital at the time of the inspection recovering from an operation for appendicitis that occurred before the letters reached the *Indianapolis Star* and the governor's desk. As mentioned above, Van Nuys' illness may have caused a temporary breakdown in the censorship protocols, which led to a failure to read complaint letters before they were sent. Van Nuys' sickness also delayed acceptance of new patients to the Village. Brown noted in his report that 23 female patients had been admitted since the opening of the women's colony in July 1925, but because Van Nuys was in the hospital, the Village had accepted no other patients for admission. His absence halted new admissions and slowed ordinary office tasks as illustrated by the lack of censorship in patients' letters.¹³⁴

The first twenty years of the Indiana Village for Epileptics brought many changes in the way epilepsy was treated in Indiana. People with epilepsy had a chance to live and

¹³² Ibid.

¹³³ Ibid.

¹³⁴ Ibid.

work in an environment that allowed them a more normal life than they had in the outside world. The Village originally treated only men and appeared to be a model institution. From the start, Dr. Van Nuys called for funding to build a colony for female epileptics. He eventually got his wish and in 1925 the Village admitted the first female patients. By this time, however, patients were making their feelings known about living at the Village when handwritten letters of complaint arrived at the *Indianapolis Star* and the governor's office. It appeared not all was well. In addition to this, Van Nuys was in the hospital with appendicitis and unable to address these concerns right away. In subsequent years, Van Nuys encountered more difficulties at his institution, more violence, new laws that applied to the treatment of epileptics, less funding, and another major personal illness. All of this brought even more changes to the little Village in New Castle, Indiana.

CHAPTER 3

INDIANA VILLAGE FOR EPILEPTICS, 1926-1952

Van Nuys had to deal with both personal and professional challenges after 1925. He had to address the eugenics movement and its effect on epileptics in Indiana after missing most of the legal proceedings due to illness. The absence of sterilizations at his institution was rooted in the basic premise of the Village layout; patients were already segregated by gender and had no contact with each other, thus making sterilizations unnecessary. Another milestone was achieved in the 1930s, when the first formal school was established at the Village, giving epileptic children an opportunity for an education. Van Nuys' retirement in 1952 marked the end of the first era at the Village. Even though he left the institution well respected after forty-five years of leadership, major changes implemented soon after he left illustrated a need to update policies and procedures that had become outdated.

The second half of his tenure at the Village began in 1926, when the institution had a patient population of 606, with women comprising 29 percent of that number. Van Nuys had finally achieved his ultimate goal of caring for both male and female patients at the Village. Now his attention concentrated on effectively treating epilepsy. Significant advances occurred in neurology during the second half of Van Nuys' tenure at the Village, and adapting to them proved difficult.

Continuing Complaints

Before this happened, another letter written by a patient reached the governor's desk in January 1926. He outlined his complaints of mistreatment and hoped the governor would intervene. "Not only my self [sic] but 50 other men will ask you if you will please

lend us a helping hand. And make a secret investigation of this epileptic village and see how poorly it is run and how mean the patients are treated. It is all most [sic] a place of man slaughter.”¹³⁵

Allegations of patient abuse topped the list of complaints in the two-page letter. “Over at the dormitory one boy who was a patient was beaten up with a club by the tenant Mr. Stark. That he only lived two days afterward [sic]. Another man was hit in the jaw and got it broken here at the custodial building by the tenant then he was locked in a side room and kept there until he died with the pneumonia.”¹³⁶

The patient also wrote of the poor work environment, the terrible quality and limited quantity of food, and the lack of religious services. “We have to work like slaves and get very little to eat and it is very poorly cooked. We are cursed and kicked around like a dumb brute... We are not allowed to have any religious service except the Catholic priest comes out every month.”¹³⁷

His main complaint, however, dealt with his own health. “I have not been sick for over three years and the doctor ask [sic] me to write and have my people come and take me home. But Van Nuys says no. He will not even let me have a vacation.”¹³⁸ This patient drove a team of horses on the farm and wanted to move to the farm colony. The farm colony was the building near the farm where patients doing farm labor could live. His request was denied because of his reputation as a troublemaker at the Village.

¹³⁵ Letter from Ora Evans to Governor Jackson, January 16, 1926, accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-4, Investigations of the Indiana Village for Epileptics folder.

¹³⁶ Ibid.

¹³⁷ Ibid.

¹³⁸ Ibid.

The letter ended with a plea to the governor to investigate the Village. “We hope and pray to the good Lord you will make a secret investigation of how business is run how the stock is fed. One year horses worked all summer on nothing to eat but straw. We would like for you to have a talk with several of the patients. So Mr. Jackson we will put our trust in you and the good Lord to help us out. And please not let this be known.”¹³⁹

This letter quickly led to another investigation of the Village, carried out again by John A. Brown, the secretary for the Board of State Charities. Brown wrote a report on his findings on March 9, 1926, that was again supportive of Van Nuys and the Village. He immediately noted that the writer of the letter was not known for his good behavior. “He has been in the institution a long time and is known as a trouble maker. Because of this, he is confined in this colony where all disturbed and troublesome patients are kept.”¹⁴⁰

Mr. Brown interviewed the patient as part of his investigation. “He was interviewed and given every opportunity to tell his troubles. His only complaints were that the meals were not well cooked and that he was not transferred to the farm cottage. In his letter he complained of patients being abused but he would not confirm this statement, but he thought patients were handled roughly sometimes.”¹⁴¹

Brown talked to a supervisor and one of the physicians regarding the attendant accused of mistreating patients in the letter. He found no evidence to support the accusations, although the supervisor admitted the attendant was known to use strict discipline when dealing with patients. “They have never known of his abusing any

¹³⁹ Ibid.

¹⁴⁰ Inquiry in Regard to Complaints at the Village by John A. Brown, secretary for the Board of State Charities, March 9, 1926. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-4, Investigations of the Indiana Village for Epileptics folder.

¹⁴¹ Ibid.

patient.”¹⁴² Brown investigated the complaint regarding a patient being locked in a room and dying of pneumonia soon after. His finding was, “Patients who have seizures must frequently be confined in single rooms. Often they are disturbed and considerable force is often necessary to control the patients and place them in these rooms. Sometimes status epilepticus develops and patients die in these rooms.”¹⁴³

This was the extent of the commentary on the matter. Brown’s tone indicated the practice of solitary confinement for patients was common but not unacceptable. “That there are rare instances of abuse of patients by attendants is not denied. But it is the exception and not the rule. Attendants are promptly discharged for any abuse to patients. During the superintendent’s illness, [August 1925-September 1927] two attendants were discharged for such abuses.”¹⁴⁴ While the policy of discharging employees at any sign of abusing patients was admirable, it did not negate the fact of the abuse in the first place. Brown’s report discredited the complaining patient because of his reputation. It echoed the first report which minimized most complaints, except those by “troublesome” patients.

Without blatant evidence of wrong-doing, things appeared to return to normal after the investigation until another letter arrived at John A. Brown’s office less than a month later in April 1926. This time, the letter was from the mother of a patient at the Village. Mrs. A.E. Aldrich of South Bend wrote to Brown on April 2, 1926. “I had occasion to recently stay at the epileptic colony at New Castle for a few days, and was very much surprised at conditions existing there, and feel the state should make a

¹⁴² Ibid.

¹⁴³ Ibid. “Status epilepticus” occurs when a person has multiple seizures with no interruption.

¹⁴⁴ Ibid.

thorough investigation for the benefit of the people compelled to stay there.”¹⁴⁵ Mrs. Aldrich briefly described what she saw at the Village. “My son died there and while there I saw many things which I am positive would not come up to state requirements among them brutal treatment of old defenseless men, breakfast consisting of no milk, butter nor sugar, and various other complaints hard to put in writing.”¹⁴⁶ She asked if someone could visit her and her husband at their residence to discuss the matter further.

This time another representative of the Board of State Charities was sent to South Bend on April 7, 1926, to talk with Mrs. Aldrich. The report documenting the conversation noted that Aldrich’s son, James, was a feeble-minded fourteen-year-old epileptic. She said she had visited him two or three times at the Village. “James complained he didn’t get milk, butter, sugar or coffee. On her second visit, Mr. McHenry [supervisor of the boys colony] refused to let Mrs. Aldrich see the boys while eating. On one occasion, Eugene Aldrich, a grown son, went with James to cottage number five and saw a boy tied. Mrs. Aldrich said she never found the children playing out, although the weather was good.” Mrs. Aldrich stated that her son was always clean but she felt he was not dressed warmly enough. She also said James was whipped seven or eight times, but she could provide no proof to support her allegations.¹⁴⁷

Mr. and Mrs. Aldrich then discussed the circumstances surrounding James’ death. The family was notified when he became ill with the flu. He was sent to the Village hospital on February 18, 1926. Mr. and Mrs. Aldrich arrived at the Village a few hours

¹⁴⁵ Letter from Mrs. A.E. Aldrich to John A. Brown, secretary of the Board of State Charities, April 2, 1926. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-4, Investigations of the Indiana Village for Epileptics folder.

¹⁴⁶ Ibid.

¹⁴⁷ Report regarding James Aldrich and Complaints Concerning the Epileptic Village by K. H. Millikan, representative for the Board of State Charities, April 7, 1926. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-4, Investigations of the Indiana Village for Epileptics folder.

before James died. The Board of State Charities representative noted in the report, “They claim the man nurse was about 83 years old and was keeping the fires in two buildings at 3 a.m. The hospital was cold, the window open but the boy was shielded. He was cold, however, and had only one blanket. Was given more cover and later perspired. Bed was changed and boy grew worse.”¹⁴⁸

The Aldrichs’ said that while on the premises they spoke with a few patients about the Village. “Some of the old men complained of the food and asked to be taken away. Said they as well as the boys had to work too hard. Knew of one man inmate knocking down another. Mr. Aldrich said he saw this...Inmates said several things would be different if Dr. Van Nuys wasn’t ill.”¹⁴⁹

The report ended with recommendations to the Aldrichs. “Writer insisted Mr. and Mrs. Aldrich write out their complaints and go before a notary. They willingly promised and had plenty of time before writer left. As far as known, they have never mailed in the promised statement.”¹⁵⁰

When these complaints surfaced in 1926, Van Nuys had been away from the Village due to illness. In August 1925, he had appendicitis and was admitted to the New Castle hospital for an operation. Records indicate Van Nuys’ health did not improve after this operation and in 1927, he was treated at Mayo Clinic. After the operation at Mayo Clinic, his health improved significantly and he was able to return to light work in

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

September 1927. In his absence, the Village struggled to maintain proper care of patients, thus prompting the complaint letters.¹⁵¹

When Van Nuys returned to the Village, he made sure to document with the investigation committee his rules for employees of the Village.

All employees of the institution are expected to so govern themselves that they shall command the respect of the patients in their charge. They will be expected to cultivate self respect, to have regard for personal cleanliness and neatness in attire, to be truthful, kind and courteous to patients and other employees. Loud talk, profanity, vulgarity and loud and boisterous conduct will not be tolerated.

No person known to be immoral or addicted to the use of stimulants will be retained in the service of the institution.

No employee of the institution will be allowed to shake, strike, choke or otherwise abuse a patient. The discovery of any infraction of this rule will be followed by instant dismissal.

All employees must be respectful to visitors, give them courteous attention and politely answer their questions. They must not, however, talk about the patients, alluding to their condition, doings or saying, or mention incidents or events occurring at the institution, but shall refer them to the superintendent as the proper person to consult upon such subjects. Employees shall not escort company about the buildings without the consent of the superintendent, or the officer on duty at the office.¹⁵²

Other rules forbade employees from mailing letters for patients, accepting money from or buying things for patients, or loaning keys to the institution to anyone. And only safety matches could be used. The rules attempted to prevent the patients from receiving anything from the outside world that was not previously approved by the superintendent.

Yet, Van Nuys made sure to emphasize that patient abuse of any kind would not be

¹⁵¹ Reports to the Board of State Charities by John A. Brown, secretary for the BSC, August 18, 1925 and September 23, 1927. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-x4, Correspondence of Village for Epileptics, Folder 1. The first evidence of Van Nuys' absence from the Village was in August 1925. Sources are unclear as to whether he tried to return to work after his first operation. Inspection reports note his health did not improve and he was treated at Mayo Clinic in 1927, after which he did return to his job in September 1927.

¹⁵² Indiana Village for Epileptics General Rules, 1928. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-4, Investigations of the Indiana Village for Epileptics folder.

tolerated. While this policy was respectable, it could not prevent patient abuse entirely. Without a system of accurately checking prospective employees' backgrounds, people who presented the possibility of abuse were not screened out.¹⁵³

Epilepsy and Sterilization

The admittance of female patients to the Village renewed the fear of patients procreating and passing on their defect to the next generation of epileptics. Eugenics was a popular topic in Indiana at this time and much attention was paid to preventing “defectives” from reproducing. The Committee on Mental Defectives and the Indiana Mental Hygiene Society were at the forefront of the eugenics movement and most of their members advocated sterilizing those labeled as defectives. From an early date epilepsy was included on the list of conditions that warranted sterilization for eugenic purposes, however a 1907 law was soon suspended and eventually found unconstitutional. In the early 1920s the legislature was encouraged to adopt a constitutional law to prevent procreation by mental defectives. In 1925, a bill was submitted for the sterilization of socially inadequate persons and the appointment of a state eugenicist. The law did not pass. The bill was revised and resubmitted in 1927. This time, the law passed, making sterilization of the feeble-minded official policy in Indiana.¹⁵⁴

The 1927 law specifically mentioned epileptics in the list of those included as feeble minded. The superintendent of an institution that housed those considered to be feeble minded had the power to declare a patient a candidate for sterilization. The superintendent would then present a petition to the governing board of the institution outlining the reasoning of the case. A copy of the petition was served to the patient and to

¹⁵³ Ibid.

¹⁵⁴ Indiana Bulletin, Indiana General Assembly, Engrossed Senate Bill No. 86, February 9, 1925. *Laws of Indiana* (1927) Chapter 241.

the patient's guardian or next of kin. A hearing was then held with the patient present, if he or she so desired, to determine if sterilization should occur. The specific language of the law was as follows:

The said board may deny the prayer of the said petition or if the said board shall find that the said inmate is insane, idiotic, imbecile, feeble-minded or epileptic, and by the laws of heredity is the probable potential parent of socially inadequate offspring likewise afflicted, that the said inmate may be sexually sterilized without detriment to his or her general health, and that the welfare of the inmate and of society will be promoted by such sterilization, the said board may order the said superintendent to perform or to have performed by some competent physician to be named in such order upon the said inmate, after not less than thirty days from the date of such order, the operation of vasectomy if a male or of salpingectomy if a female, or any other more suitable operation or treatment having sure sterilizing results: Provided, That nothing in this act shall be construed to authorize the operation of castration nor the removal of sound organs from the body.¹⁵⁵

The power to take away reproductive rights of patients began with the superintendent and ended with the governing board. One goal of the law was explicitly to prevent epilepsy based on the theory that the disease was hereditary. Yet, despite the existence of a state institution devoted to those with the disease, there are no records of any sterilizations being performed at the Indiana Village for Epileptics.

Why did Dr. Van Nuys not take advantage of the legislation aimed to prevent the very disease he had dedicated his life to treating? A few reasons may explain the lack of sterilizations at the Village. First, Van Nuys' illness mentioned earlier probably affected his ability to attend meetings and offer his opinion on the sterilization law. He was sick from August 1925 through August 1927. This long illness coincided with the passing of

¹⁵⁵ "Sterilization of Mental Defectives," *Laws of Indiana* (1927) Chapter 241.

the eugenic sterilization law, meaning Van Nuys would have been absent from the proceedings that got this law passed.¹⁵⁶

Second, the medical facilities of the Indiana Village for Epileptics were inadequate and understaffed. With the large number of seizures and seizure-related injuries occurring at the Village, the medical staff, typically made up of one or two doctors, had their hands full. Sterilizing patients would add to the already overwhelming work load the physicians had to tackle. Finally, the evidence indicates that Van Nuys did not feel the need to sterilize his patients. From the beginning, he advocated segregation of male and female patients at his institution. Because male and female patients did not interact with each other, there was no possibility of procreation. It seems reasonable Van Nuys thought sterilization was an unnecessary procedure at the Indiana Village for Epileptics.

Shortly after the new law was passed, the Board of State Charities took notice of the lack of sterilizations at the Village. In a letter dated January 15, 1929, Amos Butler, secretary of the Board of State Charities, wrote to Dr. Van Nuys inquiring why the sterilization law was not being utilized at the Village. He requested to hear Van Nuys' reasons, his opinion on the law, and suggestions on changing the law. Unfortunately, Van Nuys' reply to Butler has yet to be found, but from his action (or lack thereof) it can be ascertained that he did not sterilize his patients.¹⁵⁷

¹⁵⁶ Reports to the Board of State Charities by John A. Brown, secretary for the BSC, August 18, 1925 and September 23, 1927. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-x4, Correspondence of Village for Epileptics, Folder 1.

¹⁵⁷ Letter from Amos Butler, secretary of the Board of State Charities to Dr. Van Nuys, January 15, 1929. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-x4, Correspondence of Village for Epileptics, Folder 1.

Education at the Village

Although epileptic children lived at the Village, educational facilities were glaringly absent from the institution. The first formal request for a school to be built at the Village came in 1920. The need for a school house was justified in the 1920 Indiana Village for Epileptics Biennial Report to the Legislature, as follows: “The epileptic is a citizen. As a citizen he has a right to an education. The responsibility of the state is not decreased because of the disability of the individual. He is entitled to a training that will make him less of a burden. If the epileptic child cannot obtain these things in the public schools, it is the duty of the state to provide them elsewhere....”¹⁵⁸ The report stated epileptic children at the Village should be trained in habit formation and kindergarten work. This would help teach the children discipline which “can do wonders for even a feeble-minded epileptic child.”¹⁵⁹

A school and recreational building was constructed along with the cottages for women in 1925. “The recreation building provides an auditorium with seating capacity of 320, with stage and picture booth, two school rooms and toilet facilities.”¹⁶⁰ Van Nuys’ illness between 1925-27, delayed major advancements in educational facilities at the Village. When he returned to work in September 1927, however, his immediate goal was securing additional funding for three more cottages for female patients. The funding was approved on April 1, 1928, and Van Nuys’ focus remained on the new construction project.¹⁶¹ Only in the spring of 1930, after the new cottages for women opened and

¹⁵⁸ Indiana Village of Epileptics Biennial Report to the Legislative Visiting Committee for the period ending September 30, 1920, accessed at the Indiana State Archives, DV 75, Box 1 of 1, 218-D-2.

¹⁵⁹ Ibid.

¹⁶⁰ Indiana Village for Epileptics Annual Report, 1925, pg 10, accessed at the Indiana State Archives, DV 75, Box 1 of 1, 218-D-2.

¹⁶¹ Indiana Village for Epileptics Board of Trustee Report, May 11, 1928, accessed at the Indiana State Archives, 218-D-3.

capacity for female patients at the Village increased to 359, did the education of the children at the Village become a priority. Additional funding for educational and recreational supplies was approved quickly and in September 1930, \$816 was spent on school supplies.¹⁶²

There soon followed a formal school at the Indiana Village for Epileptics, which was established in 1931. Two teachers were employed with one, Louise Lynch, being named the principal. She had experience as a teacher in public schools in Indiana as well as the school for feebleminded in Fort Wayne. Lynch wrote a masters thesis on educating epileptics at the Village in 1940, based on her experience there. Her writing outlined the creation of the school and provided case studies of the school children at the Village.¹⁶³

She began her work by trying to assess each student's ability. Children completed intelligence tests so they could be categorized into groups. Children of similar abilities were placed together for class work.¹⁶⁴

When inspecting the Village in December 1931, John A. Brown, secretary for the Board of State Charities, noted the progress at the school. "Eighty-six boys and girls are in school one and one-half hours each day...The school work is similar to that of the school for feeble-minded [in Fort Wayne]. A good beginning has been made, and it has added interest to the life of the children and improved discipline."¹⁶⁵

¹⁶² Indiana Village for Epileptics Board of Trustees Report, September 29, 1930, accessed at the Indiana State Archives, 218-D-2. (Note: The 1930 sum of \$816 is roughly equivalent to \$9,200 by today's standards after calculating inflation.)

¹⁶³ Inspections of the Indiana Village for Epileptics by the Board of State Charities, December 23, 1931; Louise Lynch, "A History of the Care of Epileptics and Study of the School Children of the Indiana Village for Epileptics" (Masters thesis, Ball State Teachers College, 1940). Little else is known about the children at the Village school except for Lynch's study. Further research revealed no additional sources on the school.

¹⁶⁴ *Ibid.*, 17-8.

¹⁶⁵ Inspections of the Indiana Village for Epileptics by the Board of State Charities, December 23, 1931, accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-4.

Lynch mentioned the goals of educating the students. The children would not receive the same education as they would at a public school. The Village school taught students life skills and how to care for themselves if they returned to their home community. Since a very low percentage returned to their home communities and cared for themselves (2.4% of patients in 1931 were discharged as “improved”), Lynch noted the value of an education inside the Village. “If he remains in the institution his training will be of use to him and to his associates, in that he may derive some pleasure from cooperative effort... Thus, they learn to the extent that their handicaps will permit, something of social living with those of their own sex only.”¹⁶⁶

Lynch described in her thesis the work the children did at the school. Lessons were adjusted to fit the abilities of the students. They learned reading, writing, and arithmetic. Emphasis was placed on teaching the children to write so they could compose their own letters to relatives. Music and physical education were also offered to students. Both male and female students participated in chorus, while orchestra lessons were offered to older female students. Physical education consisted of folk dancing lessons and drills that stressed hand work. Lynch emphasized that students who could not succeed in academics could at least learn how to work with their hands during physical education.¹⁶⁷

The students also participated in special programs throughout the year. Holiday programs at Thanksgiving, Christmas, and Easter allowed residents to hear the school choruses perform. All students participated in a Field Day program at the end of the

¹⁶⁶ Ibid.

¹⁶⁷ Lynch, “A History of the Care of Epileptics,” 18.

school year. Each student had a part in at least one of the programs. The purpose of these programs was to give the children recognition for their achievements.¹⁶⁸

The school at the Village was completely necessary, Lynch argued, because epileptic children were typically barred from public schools once they had a seizure. She recognized that some had no mental disabilities yet were deprived of an education in public schools. By keeping them uneducated, Lynch argued, the children were doomed to grow up in ignorance and possibly succumb to a life of crime or moral deterioration.¹⁶⁹

After the epileptic children were expelled from public school, social problems began to develop. After being labeled an epileptic, Lynch found these children were treated differently by their parents and their community. They were barred from participating in other activities, thus isolating the children from society. Without an education or social opportunities, these epileptic children began to lash out and demonstrate unhealthy social behaviors. Lynch maintained that epileptic children often participated in petty burglary and other misdemeanor offenses because of their idleness. The solution to this problem, according to Lynch, was to place children with epilepsy in separate classrooms so “no one would be shocked by a seizure and the children could have their own games, sports, and entertainments.”¹⁷⁰

This eventually happened but until special classes for epileptics were created in public schools in Indiana, those with epilepsy (at the Village) had to settle for the classes offered at the Village. Lynch argued that colonization of epileptics was advantageous in the following ways.

¹⁶⁸ Ibid., 177.

¹⁶⁹ Ibid., 19.

¹⁷⁰ Ibid.

1. It makes arresting the disease more probable by regulating their diet, rest, work, and recreation.
2. It often prevents them from doing something harmful to themselves or to others.
3. It furnishes employment which is not taken away from them as soon as they have a seizure. This adds to contentment and lessens irritability.
4. It places them with those of similar abilities and disabilities, another factor in contentment.
5. It educates them within their abilities.
6. It often decreases their ego-centricity by awakening within them an interest in, and sympathy for their fellow patient.
7. Segregation of the sexes is a part of the program. This prevents passing on to another generation a tendency toward their affliction.¹⁷¹

Lynch outlined goals that schools in institutions should strive to achieve.

Teaching personal hygiene to the patients was the first goal. Routine and structure, with normal day to day activities, were thought to be beneficial to the children. Even if the children were mentally slow, Lynch wanted them to find one thing they could do well. These goals reflect a desire to help the children at the Village. Lynch felt strongly about how the children were basically being ignored by the government and she said so in her thesis. She thought little was being done to care for them and that Indiana laws should apply to these and other handicapped children in the state. She argued it would be cheaper to keep them in regular school than to send them to an institution to be educated. Overall, she noted a shift in attitude toward these children would have to occur before anything would be done to help them.¹⁷²

Lynch provided a long list of conclusions about educating epileptics. Her basic premise regarding educational practices is admirable for the time period. A major attitude shift would have to occur to create special education classes for epileptics in public

¹⁷¹ Ibid., 25.

¹⁷² Ibid., 25.

schools. She did acknowledge that an enormous injustice was carried out when epileptics were denied a formal education in public schools.

Lynch recognized the weaknesses of her school at the Village in the conclusion of her thesis. A lack of teachers and funding prevented the school from giving proper attention to the students, both those with special needs and those with higher abilities. She reasoned that children of higher mental ability would benefit from occupational instruction, such as home economics and shop work. The school did not have the space or equipment to give proper instruction in these areas.¹⁷³

Despite contending epileptic children exhibited normal qualities and should be educated, Lynch lacked faith in her students' abilities to constructively contribute to society. "It is probably true that none of them will contribute anything toward the general improvement of society, but they will be less of a detriment to society if given all possible consideration. Proper training tends to produce happier, more efficient patients. This in turn, pays not only in human values but even in dollars and cents."¹⁷⁴ Her argument that educating epileptics translated into saving money at the Village went on as follows: "Happy, trained patients require fewer supervisors and become real assets to any institution. Thus, in a very limited way, the institution may make a real contribution to socialized living for the less fortunate members of society."¹⁷⁵

Lynch supported Van Nuys' procedure of segregating the patients by gender within the colony. She seemed to support more equal educational opportunities for people with epilepsy yet lacked the ability to see that living a life in segregated quarters was not

¹⁷³ Ibid., 179.

¹⁷⁴ Ibid., 179.

¹⁷⁵ Ibid.

socially gratifying. The reason behind this may have had something to do with her belief that epilepsy was hereditary.

In her thesis, Lynch wrote case histories of her students at the Village to identify why some exhibited “problem behavior.” She clearly stated in her introduction that heredity is partially to blame for the problem. “The study reveals the fact that the same factors which produce other problem children have been influential in the lives of children of the Indiana Village for Epileptics. The influence of heredity, of the home, of the community and school environment, and of the attitude of the public in general toward these children is revealed in the case histories.”¹⁷⁶

The case histories included a comprehensive list of information about each student studied. Lynch investigated the children’s family history, medical records, institutional records, intelligence test results, and school work record. Fifty-one students at the Village participated in the study. Each was given an intelligence test to determine IQ, with two students not being able to complete the test due to being deaf and mute. Lynch took a family history of each student by interviewing parents or guardians. She made an effort to discover if there was a family history of epilepsy or any “problem behavior” that could explain her students’ behavior.¹⁷⁷

The lack of knowledge about the causes of epilepsy is portrayed in the case histories of the students. “F. was distinctly feeble-minded before the onset of epilepsy. Some authorities claim that feeble-mindedness, insanity, and epilepsy have a common cause. If this is true one does not need to look further to account for the child’s epilepsy.

¹⁷⁶ Ibid., iii.

¹⁷⁷ Ibid., 27-8.

Either hereditary feeble-mindedness or the fractured skull, which he had when quite young may be the cause of his seizures.”¹⁷⁸

According to the student’s case history, he fell from a slide and fractured his skull when he was seven years old. His first seizure occurred four years after the head injury. There were seven other students who suffered severe head injuries and had seizures at a later date. The delayed onset of seizures after the head injuries may account for the uncertainty of the medical staff at the Village as to the cause of the child’s epilepsy.¹⁷⁹

Lynch used her research to ascertain the causes of her students’ epilepsy. She stated 75 percent of the children “inherited a tendency toward nervous instability.”¹⁸⁰ This instability was defined as a family history of alcoholism, epilepsy, insanity, or venereal disease. Alcoholism was blamed for 25 percent of the cases. Venereal diseases comprised 7 percent. Further dissection of the family histories conducted by Lynch reveals that only 9 percent of the students had a family history of epilepsy. However, Lynch listed insanity and epilepsy together in the same category and the percentage of students with either insanity or epilepsy in their family history was 50 percent. This number is misleading and the two categories are more telling when they are separated.¹⁸¹

Physical trauma to the children was also listed as a cause of epilepsy. Seventeen percent of the children experienced difficulty during birth that resulted in head injuries or trauma. Fifteen percent of the students suffered head injuries later in childhood. Many resulted from accidents like falling down stairs, bicycle crashes, and falling into a well.¹⁸²

¹⁷⁸ Ibid., 41.

¹⁷⁹ Ibid.

¹⁸⁰ Ibid., 168.

¹⁸¹ Ibid., 169.

¹⁸² Ibid.

Lynch discussed the socio-economic status of her students in her conclusion as well. Many of the families she researched had hit hard times because of the Great Depression. She labeled 87 percent of her students as coming from “totally inadequate environments.”¹⁸³ Thirty-three of the fifty-three students studied came from broken homes. The broken homes category included death of a parent, divorce, desertion, prison, and illegitimacy. When broken down, the statistics are even more telling. Seventeen percent of the broken homes were the result of the death of a parent. The same percentage of homes dealt with the desertion of one parent, typically the father. Illegitimate births comprised 14 percent. Only 9 percent of the broken homes were actually classified as divorced. (This is a reflection of the Depression years, when most couples could not afford divorce and instead settled for abandonment.) Six percent of the children had a parent in prison.¹⁸⁴

Economically, Lynch described the families as overwhelmingly poor. “Economic conditions of eighty percent of these homes often caused the children to be undernourished and poorly clad. This may have lowered their vitality and caused epilepsy to occur.”¹⁸⁵ One example of the extreme poverty was that of student W. Before the child was born, his father had been out of work for some time. Nine years later the family was destitute and petitioned for their epileptic son to be admitted to the Village. “When he first came to the institution W. was decidedly undernourished and was having many seizures. After a few months of sufficient food and rest he began to gain weight and to

¹⁸³ Ibid., 173.

¹⁸⁴ Ibid.

¹⁸⁵ Ibid.

have fewer seizures...W. comes from a home of extreme poverty and illiteracy yet the family is increasing almost yearly.”¹⁸⁶

Lynch made an effort to write a thesis that would bring much needed attention to the plight of epileptics. Her conclusions regarding the education of epileptic children tried to reassure the reader that epileptics should not be treated as outcasts in society and especially in the educational system. “...the probable causes of the problem behavior of the school children of the Indiana Village for Epileptics are the same as causes of similar behavior in other children.”¹⁸⁷ She listed poor living conditions, emotional and mental instability, lack of social outlets, and the attitude of society toward epileptics as the reasons for the challenging behavior exhibited by the students at the Village. “Inasmuch as these factors, which are so influential in forming the lives of epileptic children, are the same as those which shape the lives of other children one might well conclude that epileptic children should be given fully as much consideration in every way as are all other children.”¹⁸⁸ Overall, Lynch illustrated a sympathetic attitude toward epileptics in her thesis and advocated for a change in the educational system to better accommodate children with epilepsy.

Lynch’s school study coincided with the end of the eugenics movement in the 1930s. No evidence of patients undergoing sterilization at the Village exists. Further proof that Van Nuys never sterilized any patients was provided in Lynch’s thesis. In two of her student case studies, sterilization is specifically mentioned in the record. “D.’s father wrote to the institution and requested that she be sterilized. Institution regulations are such that the two sexes are kept apart, therefore the institution has never sterilized any

¹⁸⁶ Ibid., 90-1.

¹⁸⁷ Ibid., 181.

¹⁸⁸ Ibid., 182.

patients.”¹⁸⁹ In the other case, the family did not want their child sterilized.

“Accompanying L’s commitment papers was a legal order signed by the judge, L’s father and the medical examiners, that she should not be sterilized. Inasmuch as sterilization of either sex is never done at the Indiana Village for Epileptics this was unnecessary.”¹⁹⁰

This supports the conclusion that no sterilizations were done at the Village because the patients were already segregated by gender and the procedure was deemed unnecessary.

Allegations of Patient Neglect and Abuse Resurface

As the new school at the Village was finishing its first academic year, new allegations of patient abuse emerged. On April 28, 1931, Mr. and Mrs. Smith came to the Village to visit their epileptic daughter who had been housed there for two and a half months. They found bruises all over her head and a bruise shaped like a hand print on her hip. The Smiths immediately removed their daughter from the institution and took her to Riley Hospital in Indianapolis to be examined. While at the hospital, Mr. Smith called John Brown at the Board of State Charities. Mr. Brown kept a typed report of their phone conversation. “Since her admission the parents have visited the child weekly. According to his statement, the superintendent and physicians objected to the frequent visits because it disturbed the patient. They advised him that visits every thirty days was enough.”¹⁹¹

Mr. Smith further stated he had been in contact with a former employee at the Village. This employee told the Smiths that patients were frequently abused at the Village. “...attendants pulled out the hair of patients and shook it in their faces; that patients were struck with a board and also with a rubber hose; that a patient working in

¹⁸⁹ Ibid., 70.

¹⁹⁰ Ibid., 73.

¹⁹¹ Report of phone conversation between John Brown at the Board of State Charities and Mr. Smith, April 28, 1931. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-5, Investigation files of the Village.

the laundry fell and broke her collar bone and received no medical attention; one woman patient had bad teeth which received no treatment although the patient had the money to pay for it.”¹⁹² This former employee also stated that one attendant had the habit of placing patients in single rooms without their clothes and turned the heat off in the winter. “Mr. Smith did not report to Dr. Van Nuys about any complaints. He said Dr. Van Nuys on a recent visit refused to grant him an interview and Mr. Smith was told by a clerk in the office that Dr. Van Nuys was too busy to see him.”¹⁹³

After complaining to the Board of State Charities, Mr. Smith wrote an emotional letter to Van Nuys on May 2, 1931, outlining the reasons for his anger. See Appendix A for the complete text of the letter.

This letter is an important illustration of a parent of a patient at the Village contacting Van Nuys directly with complaints. Mr. Smith placed some of the blame for his daughter’s condition on Van Nuys. “You remember, April 22nd, we called to get Martha Smith, but you would not give us your attention, and walked out not even speaking to us.”¹⁹⁴ Most of his anger is directed toward the assistant physician at the Village, Dr. Sexhauer. “That day, we found Martha in a very bad condition, (and Dr. Sexhauer had the nerve to tell me she was better), and I wanted to get her to a place where she would have medical attention, for it was plain to be seen that she was not receiving proper attention.”¹⁹⁵ This letter cast Van Nuys in a bad light by illustrating his lack of communication with the Smiths. Moreover, the importance of this letter was enhanced because it includes commentary from physicians outside the Village. Mr. Smith

¹⁹² Ibid.

¹⁹³ Ibid.

¹⁹⁴ Letter from Mr. L.A. Smith to Dr. Van Nuys, May 2, 1931. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-5, Investigation files of the Village.

¹⁹⁵ Ibid.

included quotes from physicians at the Indianapolis hospital: “They examined the bruised knots on her head and made the remark, ‘How does New Castle get by with such business.’ The other one answered, ‘All they do out there is just let them have fits.’”¹⁹⁶ The comments regarding treatment of patients at the Village in the letter were extremely negative, but allegations of patient abuse were nothing new. None of the previous complaints, however, included comments from physicians outside the institution. This revealed questions about the Village in the medical community, which had never been present in the record up to this point.

The complaints regarding the treatment of Martha Smith prompted an immediate investigation of the Village. On May 9, 1931, a report was written by Mr. Brown, secretary for the Board of State Charities, the same man who first heard the Smiths’ complaint. Mr. Brown outlined his conversation with Mr. Smith in the beginning of the report, and then refuted every one of the Smiths’ complaints.

First, he stated, the patient was considered a challenge to care for in language showing little sympathy. “The child is a low grade patient. Records show that she had infantile paralysis in infancy and was an idiot. She could not talk. Although partially paralyzed, she could walk.”¹⁹⁷ Brown reported that Martha Smith had a high number of seizures in the month of April 1931. “Most of her seizures were of the *petit mal* type. Records show she had 47 seizures from April 1 to 28, two of which were *grand mal*...on April 18th the attendant in charge reported that Martha bruised her head by bumping it on

¹⁹⁶ Ibid.

¹⁹⁷ Investigations of the Indiana Village for Epileptics by the Board of State Charities, May 9, 1931. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-5.

a table. She was visited by Dr. Sexhauer who reported the injuries were slight and needed no attention.”¹⁹⁸

The reported bruise does not match the bruises Martha’s parents found on her on April 28th, which they said were on the front and back of her head. To obtain bruises on both sides of her head, Martha would have had to hit the front of her head on the table, then flip her body over and hit the back side of her head. If this was the result of one of Martha’s two grand mal seizures in this time period, it is highly unlikely this scenario could have played out in the manner described. Most epileptics lose consciousness during a grand mal seizure. It is highly unlikely Martha hit the front of her head on the table while falling into a seizure, then remained upright and high enough to turn her body around and bruise the back of her head, while unconscious. However, Brown found no fault with the reported bruise and drew the following conclusion. “There was no evidence discovered that this child had been mistreated or was neglected.”¹⁹⁹

Mr. Brown also dismissed the allegations of other patients being abused. “No evidence was found of patients being struck with boards or hose. It is the rule of the institution that patients should not be struck except in self-defense. The attendant accused of pulling patients hair and dragging them across the floor by the hair, has been an employee of the institution for many years and bears a good reputation. The superintendent reports there have never been any complaints in regard to her.”²⁰⁰ The matter was not investigated further because of the employee’s past reputation. Mr. Brown

¹⁹⁸ Ibid.

¹⁹⁹ Ibid.

²⁰⁰ Ibid.

ended his investigative report by refuting the all complaints. “There was no evidence found to support the charges made by Mr. Smith.”²⁰¹

In the short run, the Smiths had even worse news than the report findings. Thirteen days after being admitted to Riley Hospital for Children, Martha died. The doctors were unable to revive her after her heart and breathing stopped. There is no further evidence of the Smiths taking action after Martha’s death.²⁰²

Medical Advances in the Field of Epilepsy 1930-1952

Advances in the treatment of epilepsy began to appear during the Depression decade. For example, a new method for detecting the disease, the electroencephalogram, became available in the United States in the early 1930s. In addition, by 1938, a new anticonvulsant, phenytoin, was developed to treat epilepsy and was utilized at the Village fairly quickly after its introduction in the market.²⁰³

An electroencephalogram (EEG) measures the brain’s electrical activity. It was first developed in Germany by Hans Berger in 1929. Originally, Berger wanted to detect mental diseases using the EEG. Berger utilized patients who suffered head injuries during World War I to record electrical activity in the brain. Needles were inserted into the skin on the scalp to record the brain waves.²⁰⁴ Berger’s work with recording the brain’s electrical activity was soon applied to the field of epilepsy. He was able to record a number of minor seizures but failed to capture a grand mal seizure, the most severe convulsion in which consciousness is lost. Berger’s most valuable contribution to the

²⁰¹ Ibid.

²⁰² Investigation file of the Indiana Village for Epileptics, Riley Hospital for Children medical records for Martha Smith, May 10, 1931. Accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-5.

²⁰³ D. F. Scott, *The History of Epileptic Therapy* (New York: Parthenon Publishing, 1993), 87.

²⁰⁴ Ibid., 74.

field of diagnosing epilepsy, however, was illustrating epileptics' brain waves as having sharp spikes even between seizures. Normal EEG readings involve a softer curve without sharp spikes.²⁰⁵ The EEG became a commonly used test in the United States by the 1950s and greatly aided in detecting abnormal brain waves in patients. EEGs are still used today to detect epilepsy and other neurological disorders.²⁰⁶

The second advance in the field of epilepsy at this time was the development of a new anticonvulsant, phenytoin. This drug was developed in the United States by two doctors, Putnam and Merritt, who experimented on animals to test the effectiveness of the new anticonvulsant. With promising results in animals, phenytoin moved to human trials. A major breakthrough occurred when Putnam and Merritt found phenytoin could control seizures with fewer side effects than phenobarbital. Phenytoin also did not exhibit the same sedative effect that Phenobarbital did at the same dosage. By 1938, phenytoin, under the name "dilantin sodium," was marketed in the United States.²⁰⁷

Phenytoin was given to patients at the Village shortly after its introduction on the market. Lynch's thesis, based on research conducted in 1939, documented a student at the Village receiving the drug. "Since it is thought that the drug which has been used to quiet the nerves of epileptics tends to dull the mind, the physicians decided to give E. a comparatively new drug, dilantin."²⁰⁸ In this instance, the Village's medical staff appeared to be keeping up with the latest drug therapies for epilepsy.

By 1935, the Van Nuys family was well established and well known in the New Castle area and beyond. Walter Jr., the eldest son of the Van Nuys', worked at the

²⁰⁵ Ibid., 81.

²⁰⁶ D.R. Stoler & B.A. Hill, *Coping with Mild Traumatic Brain Injury*, Penguin Putnam Inc., New York, 1998, p 27.

²⁰⁷ Scott, *The History of Epileptic Therapy*, 87-95.

²⁰⁸ Lynch, "A History of the Care of Epileptics," 54.

Department of Agriculture in Washington, D.C. Mary, the only daughter of the family, also lived in Washington, D.C., working with social services. John Van Nuys was a student at the Indiana University Medical School in Indianapolis. The children of the well known epilepsy doctor had thrived after leaving New Castle.²⁰⁹

Van Nuys' wife, Margaret, lived a socially active lifestyle. Unfortunately, she became ill at a conference on May 17, 1935. Six days later she died from pneumonia with her family by her side. She was 53 years old. Her obituary praised her service in social and church organizations. Van Nuys returned to work shortly after his wife's death, ever the dedicated superintendent.²¹⁰

World War II and After

Things were fairly quiet at the Village for the remainder of the 1930s. No large scale investigations occurred and the Village stayed out of the public eye and press. Money for improvements to the structures at the Village fell off sharply. One financial highlight of the Depression was the approval for a new infirmary building in 1938. The federal Public Works Administration provided the funds for the construction. The employee turnover rate slowed dramatically during this time period as jobs became scarcer.²¹¹

When America entered World War II, the Village helped in the war effort. War bonds were purchased and Van Nuys offered employees the opportunity to have war bond funds directly deducted from their paychecks starting in March 1943. This raised

²⁰⁹ "Mrs. W.C. Van Nuys, Prominent Woman, Dies of Pneumonia," *New Castle Courier Times*, May 23, 1935, pg 1.

²¹⁰ Ibid.

²¹¹ Indiana Village for Epileptics Board of Trustees Reports, 1930-45, accessed at the Indiana State Archives.

over \$1,000 for the war bond account.²¹² The Village became a shelter for other institutionalized Hoosiers in the spring of 1943 after the Evansville State Hospital experienced a fire that forced relocation of some patients. Thirty men were transferred to the Village where they remained until the Evansville institution was able to rebuild.²¹³

During the war, the occupational therapy and school department at the Village continued to be run by Louise Lynch. The students used their craft of sewing and quilting to earn revenue for the institution. In the war years, the average revenue the students provided for the Village amounted to \$654 per year.²¹⁴ Between 1935 and 1945, one new building was constructed, increasing the capacity of the Village. The infirmary building, a PWA project, opened in 1940 and was able to house around one hundred patients. This era of slow growth led to an increase of 84 patients between 1935 and 1945, for a total of 999 patients.²¹⁵

In 1946, Van Nuys began his fortieth year as superintendent of the Village. He proposed raises for his staff in September 1946, “from \$60 for women and \$65 for men to \$75 for women and men, effective October 1, 1946.”²¹⁶ Van Nuys notably pushed for equal pay for men and women, which was uncommon at the time. The board of trustees approved the raises.²¹⁷ Van Nuys himself was awarded a large raise in 1948 and his salary grew from \$6,000 per year to \$8,000 per year. The justification was as follows:

²¹² Indiana Village for Epileptics Board of Trustees Report, April 1943, accessed at the Indiana State Archives, 218-D-4. The \$1,000 amount listed above is equivalent to approximately \$11,000 today factoring in inflation.

²¹³ Indiana Village for Epileptics Board of Trustees Reports, February-May 1943, accessed at the Indiana State Archives, 218-D-4.

²¹⁴ Indiana Village for Epileptics Board of Trustees Reports, 1941-1945, accessed at the Indiana State Archives. The \$654 amount listed above is equivalent to approximately \$7,200 today factoring in inflation.

²¹⁵ Indiana Village for Epileptics Board of Trustees Reports, 1935-1945, accessed at the Indiana State Archives.

²¹⁶ Indiana Village for Epileptics Board of Trustees Report, September 1946, accessed at the Indiana State Archives, 218-D-4.

²¹⁷ Ibid.

“Because of his qualification and long experience as superintendent of the Village we recommend that his salary be increased to the maximum established for this position by the Indiana Council for Mental Health.”²¹⁸

One of Van Nuys’ final acts as superintendent was a proposal for a new building for female patients at the Village. There was a fairly large waiting list for female patients and by the end of 1949, Van Nuys suggested constructing a building for 125 new female patients. The board of trustees agreed with Van Nuys and set out to secure funding. Half a million dollars was tentatively approved for the project by mid-January 1950.²¹⁹

When Van Nuys retired in March 1952, the new building for women had not yet opened. No evidence of problems with construction was mentioned in the board of trustees’ reports. One possible reason for the delay, however, could have been Van Nuys himself. He had originally wanted to retire from his post in 1949 when he was 72 years old but left the decision to the governor. The governor refused but finally relented in 1952 and Van Nuys was allowed to retire. Van Nuys probably did not have the energy to push for a speedy construction of the building and was merely biding his time until his retirement.²²⁰

Van Nuys’ retirement was big news in the New Castle area. A front page article ran in the *Courier Times* at the top of the page. The newspaper applauded his efforts at the Village, where he built the institution from the ground up and became known as one

²¹⁸ Indiana Village for Epileptics Board of Trustees Report, March 1948, accessed at the Indiana State Archives, 218-D-4; Indiana Village for Epileptics Board of Trustees Report, April 1948, accessed at the Indiana State Archives, 218-D-4. The \$2,000 raise Van Nuys received is equivalent to approximately \$20,000 by today’s standards factoring in inflation.

²¹⁹ Indiana Village for Epileptics Board of Trustees Report, December 1949-January 1950, accessed at the Indiana State Archives, 218-D-4.

²²⁰ “Dr. Van Nuys Resigns Superintendency of IVE Here,” *New Castle Courier Times*, March 12, 1952, pg. 1.

of the leading authorities on epilepsy. At the age of 75, Van Nuys left the Village in the hands of Dr. Robert C. Fincher, who had been his assistant for six months.²²¹

Van Nuys attended his last board of trustees meeting on April 3, 1952. A letter of praise for Van Nuys was submitted in the official record. It began as follows:

Whereas, Dr. Walter C. Van Nuys has seen fit to tender his resignation as superintendent of the IVE after nearly a half century of meritorious service and Whereas, it is the desire of the board of trustees of the institution to express, in some manner, their appreciation of the long service of Van Nuys and the cooperation and pleasant association through the years, and the steadfastness of his attention to his duties, never deviating from his aim to give the highest in personal service and never losing sight of the welfare and happiness of the patients in his care.

Be it therefore resolved, that in the retirement of Van Nuys the institution and the community is definitely suffering the loss of a valuable executive and worthy citizen, whose ability and efficiency will not easily be replaced...²²²

The legacy Van Nuys left behind at the Village was valued, however, the new superintendent did not wait long before voicing his opinion that things needed to change. In the 1953 Annual Report, Dr. Fincher outlined the needs of his institution. The Village lacked qualified professional staff, such as a neuropsychiatrist, physicians, dentists, social workers, and psychologists. A diagnostic and therapeutic facility was a priority as was more space for educational resources. The policy of housing employees on the grounds was questioned. This required large amounts of space and resources to uphold an antiquated policy. The new superintendent remained positive about the Village, but he ended the report with the following statement of warning.

Close scrutiny of the institution's history might reveal that it has fluctuated with regard to being abreast of the latest developments. However, at the present time, it can only be concluded that it is on the threshold of a transitional state lying between that of being a purely

²²¹ Ibid.

²²² Indiana Village for Epileptics Board of Trustees Report, April 3, 1952, accessed at the Indiana State Archives, 218-D-4.

custodial institution and that of becoming a progressive, diagnostic, and therapeutic institution with unlimited opportunities for service to the people of Indiana who are so unfortunate as to be afflicted with epilepsy. The course has been plotted, and it is believed that we will receive the necessary backing to successfully accomplish this transition within the next few years.²²³

Not long after Fincher wrote this report in June 1953, the new governor, George Craig, personally inspected the Village. He was not pleased with the conditions he observed. By December 1953, major changes were implemented under the governor's orders. After undergoing physical examinations, 180 of the 939 patients were discharged from the Village. Those in need of immediate medical care were transferred to either the New Castle public hospital or the Indiana University Medical Center in Indianapolis. Patients with tuberculosis were sent to sanitarium. Eight patients were diagnosed with severe mental illness and were divided among the mental hospitals in the state.²²⁴

Governor Craig applied severe scrutiny to conditions at the Village during his inspection. Following his visit, according to a newspaper report, "the staff has been increased from 174 to 242 employees and attendants from 87 to 134. Pre-employment indoctrination lectures and tours have been introduced. Censorship of patients' mail has been abolished and restrictions on the number of outgoing letters have been removed. Menus also have been standardized in the institution where the Governor charged patients were being starved."²²⁵

Dr. Walter C. Van Nuys died on December 5, 1955, almost four years after his retirement from the Village. His obituary gave a final review of his life which, not surprisingly, was very positive. He was credited with building the Village from the

²²³ Superintendent's Annual Report was included in the Indiana Village for Epileptics Board of Trustees Report, June 30, 1953, accessed at the Indiana State Archives, 218-D-4.

²²⁴ "180 Epileptic Patients Discharged at Village," *Indianapolis Star*, December 9, 1953, p. 16.

²²⁵ Ibid.

ground up. Despite changing attitudes about the Village, he was praised for his efforts.

“The development of this institution into one of the models of the world is directly attributed to Dr. Van Nuys.”²²⁶

²²⁶ “Dr. W.C. Van Nuys, Indiana Village Founder, Dies at 77,” *New Castle Courier Times*, December 5, 1955, pg. 1; “State School Ex-Chief Dies,” *Indianapolis Times*, December 5, 1955, p. 13.

CHAPTER 4

CONCLUSION

The Indiana Village for Epileptics opened in 1907 to provide alternative care for epileptics in Indiana. Shunned by society for millennia, epileptics rarely led normal lives. Unable to hold a job or attend school, epileptics were often sent to jails, county poor houses, and insane asylums. At first, colonies allowed people with epilepsy to escape an oppressive system and live a better life. The potential stigma associated with living in an institution was an afterthought that was not seriously considered at the time. For almost fifty years, the Village operated without governmental pressure to change policies or procedures.

Even though the government did not press for major changes until the 1950s, the Indiana system was flawed. Indiana offered no facilities for female epileptics for the first eighteen years of the Village's existence. Excluding women left half the epileptic population without an opportunity to benefit from the new method of care. The state of Indiana additionally limited the benefits by not providing sufficient funds for the facilities at the Village from its inception.

Following the admission of women to the Village in 1925, sparse funding continued to keep the institution from properly caring for its patients. Patient population grew without enough staff to keep up. Neglectful care became commonplace for epileptics. Patients worked on the farm with little supervision. In some instances, patients supervised other patients because of the lack of attendants. Serious accidents occurred, with a few leading to patients' deaths. Patients themselves complained about the quality and quantity of food, as well as abusive behavior by the attendants. These complaints

prompted investigations of the Village by the Board of State Charities. A few family members of patients expressed their dissatisfaction with the treatment of their loved ones. The public was relatively silent on the issue and the standard of care was allowed to continue for almost fifty years.

The man in charge of the Village, Walter C. Van Nuys, spent 46 years as superintendent. In that time, he oversaw construction projects, provided medical care to patients, managed the staff, and advocated for additional funding. Van Nuys embraced the colony environment and rarely wavered from the strict daily schedule he created.

Van Nuys' policies worked well at the beginning. During the first eighteen years, the male-only institution accepted able bodied patients first for admission. These men worked and contributed to the upkeep and maintenance of the Village. The early years at the Village lacked the controversy and complaints of its later years. Aside from tough times during World War I, the Village prospered and had a positive reputation.

When female patients were first admitted the Village entered a new era. The admittance of women in 1925 added to heightened attention because of deliberation about eugenic sterilization and the effort to revise Indiana's eugenic sterilization law. Epilepsy was considered an undesirable trait and was specifically targeted in the 1927 sterilization law. This did not guarantee sterilizations would occur at the Village because the decision to sterilize was left to the superintendent of each institution. Van Nuys did not support sterilizing his patients mainly because the Village was short staffed and under-funded. Plus, patients had been segregated by gender from the start. There is no evidence of any patient at the Village being sterilized, making the institution unique in Indiana's history.

Even though patients were not in danger of being sterilized, the colony environment still lacked the elements needed to live a satisfactory life. The segregation of patients by sex prevented normal social interaction. The Village lacked proper educational facilities for patients until the 1930s. When the school opened in 1931, the purpose was to provide instruction so the patient would be able to care for him or herself if he or she returned home. Since less than 5 percent of patients improved enough to return home, the school's goals were rarely achieved.

Soon after the school opened, two new advances in medicine offered hope to epileptics. The EEG, which recorded brain wave activity, aided in diagnosing the disease. Phenytoin, a new effective anti-convulsant drug, became available in 1938. This new drug was utilized at the Village, as evidenced in the Inspection Reports and Lynch's thesis. These advances in medicine allowed more epileptics to live a seizure-free life. Even though the epileptics at the Village were segregated from normal society, patients were able to control their seizures better by using the new treatments.

By the end of his tenure, Van Nuys' policies had become obsolete. Epileptics no longer needed to be institutionalized. The new anticonvulsant, phenytoin, prevented seizures in many patients, which meant they could live a more normal life outside an institution. Thus, the colony environment became outdated by the 1950s.

Throughout his time at the Village, Van Nuys remained relatively isolated from the national medical community. There is no evidence he published any articles in the field of epilepsy or the colony movement. He was also absent from national conferences and meetings. This lack of national involvement is surprising yet the reason for this isolation is unknown

After Van Nuys retired, rapid and dramatic changes came to the Village. The number of full time employees increased from 187 in 1953 to 397 in 1954. Job duties shifted as well. Prior to 1953, colony supervisors were available or on-call 24 hours a day, six days a week. Attendants worked either 5 a.m. to 8 p.m. or 8 p.m. to 5 a.m. six days a week. In September 1953, the shifts were changed to three eight-hour shifts per day. A full time dentist was hired. More staff meant patients spent less time in seclusion. In June 1953, patients spent 14,000 hours in seclusion, as compared to 1,100 hours in June 1954.²²⁷

The Indiana Village for Epileptics ceased to exist, in name, in 1956 when the institution was renamed the New Castle State Hospital. Focus shifted from long-term patient care to short-term rehabilitation and integration back into society. The facility no longer treated only epileptics; mentally handicapped patients became the focus. Farming operations ceased in 1969 and patient numbers dropped dramatically in the 1970s. Two sets of colony buildings closed in the 1980s. The buildings were demolished and the land turned over to the Department of Natural Resources.²²⁸

In 1985, the name changed again to the New Castle State Developmental Center. The population continued to shrink and quality of patient care was questioned by the state. The institution closed on August 15, 1998, with the remaining patients moved to other facilities. The land currently houses a correctional facility.²²⁹

Overall, placing epileptics in colonies was a temporary solution to a long-standing problem. The idea of permanently housing epileptics away from society proved costly and inefficient. Instead of focusing on finding a cure for seizure disorders, colony life

²²⁷ New Castle State Hospital Monthly Newsletter, "From Then to Now," Vol. 6, No. 1, July 1980.

²²⁸ Newsletter of the Friends of the Indiana State Archives, Vol. 3, No. 4, Winter 1999.

²²⁹ Ibid.

provided an alternative to epileptics ending up in jails or poor houses. Keeping epileptics out of jail was a positive outcome but more could have been done to improve their way of life. If the proponents behind the colony movement had not been so focused on eugenics, perhaps the colonies could have turned more attention to effective seizure management.

Colonizing epileptics in Indiana or elsewhere made little contribution to the medical field. The development of new drug treatments for seizures, like phenobarbital and phenytoin, did not come about because of research and treatments being conducted in colonies. Phenobarbital, discovered in Germany, was found to be an effective anticonvulsant only after administering it for use as a sedative. No medical articles were written by Van Nuys and when he did speak at a few conferences in Indiana, he mainly spoke about why epileptics should be placed in colonies, and did not mention medical research of the disease. Colony proponents thought the solution to fighting the disease was to segregate epileptics to prevent procreation, thus wiping out epilepsy in future generations. The colony environment served the underlying eugenic purpose of the movement. There was no need to fund studies and provide state-of-the-art medical care if future epileptics could be prevented from being born.

The Indiana Village for Epileptics began as a promising institution and gave potential hope to epileptics for a better quality of life. Hope quickly faded and the overwhelming problem at the Village became neglect. Epileptics were often neglected by their families, friends, and society as a whole. Once in the Village, neglectful care was standard for a few reasons. First, there was a lack of physicians at the Village. In a few instances, Van Nuys was the only doctor at the Village, providing care for hundreds of patients.

Second, the staff turnover rate was high, except during the Depression. The job was tough, with long hours and the requirement of attendants living on the premises. Not many wanted the job and those who remained were not always the best or most qualified to care for people with seizures. Without a proper background check system in place, some employees ended up being fired for abuse of patients.

Third, the patient to staff ratio was high during the Van Nuys era. A lack of staff led to neglect and proper care was not always given. This also contributed to the frustration of the employees, which occasionally led to mistreatment of patients.

Finally, and perhaps the worst consequence of the neglect, was the lack of empathy for patients especially during a seizure. Because the Village was short staffed, employees saw so many seizures that they became accustomed to patients falling and hitting things. The fact that someone could become seriously injured during a seizure became an afterthought and patients were expected to get back up as if nothing had happened. The saddest example of this was the case of Martha Smith, the teenage epileptic whose condition deteriorated at the Village. Martha did not survive the injuries she sustained while at the Village. Perhaps Martha could have survived had she not been a victim of neglectful care.

The ultimate evidence of Van Nuys' tenure as superintendent going on too long is the fact that the problems of neglect at the Village were quickly remedied when he retired. With the personal attention of Indiana's governor, George Craig, the Village changed from an epileptic colony to a state hospital for the developmentally disabled in the 1950s. How did the Indiana experience differ from other states' epileptic colonies?

Compared to Craig Colony in New York, the Indiana Village for Epileptics shifted away from being an epileptic-only institution years earlier. Craig converted to a state school for the mentally challenged in 1965, over ten years after changes occurred at the Village. Craig was a much larger institution than the Village. In the 1950s, Craig's population reached 2,300, while the population at the Village during the same period averaged around 950 patients. The challenges of relocating a larger population meant it would require more time and effort to change the structure of the institution.²³⁰

Perhaps the biggest difference between Craig and the Village was government involvement. The Village was inspected when a complaint reached the Board of State Charities, and a report was written. Van Nuys was in frequent contact with the BSC regarding management and financial operations of the Village. He constantly fought for increased funding for his institution. At Craig, a governing body appeared to not be as involved as at the Village. One reason for this may be the superintendents' focus on eugenic legislation rather than improving the institution. Also, Craig started as a better equipped institution than the Village. For example, Craig admitted both male and female patients from the beginning, whereas the Village did not get funding for female patients until 1925, eighteen years after the colony opened. Craig had school facilities for its patients in the 1910s and conducted intelligence tests beginning in 1910. The Village struggled to provide education for its patients and a formal school was not created until

²³⁰ Annual Reports for the Indiana Village for Epileptics, 1950-1953; Ellen Dwyer, "The State and the Multiply Disadvantaged: The Case of Epilepsy," in *Mental Retardation in America* (New York: New York University Press, 2004), 258-280.

the 1930s. Because the Village lacked proper facilities, unlike at Craig, Van Nuys was in close contact with the BSC, always trying to improve his institution.²³¹

Epileptic colonies abroad also came under government scrutiny around the same time as the Village. The Ministry of Health inspected the Langho Colony in Manchester, England, in 1945. The inspectors criticized the overcrowded conditions, the lack of bathing facilities in the dormitories, and the outdated kitchen. Inspectors took notice of Langho's lack of trained staff, inadequate meals, and unsuitable recreation facilities. Problems with the colony environment existed both in America and in Europe.²³²

The British handled the colony problems differently from the Americans. After World War II, more attention was paid to epilepsy in England because of the number of soldiers with head injuries that resulted in seizures. The EEG was more widely used to diagnose the disease. Dilantin (known as Epanuton in Great Britain) allowed many veterans to control seizures and maintain employment. The drug was also used at Langho and many patients were discharged after the drug was found to control their seizures. Better seizure control meant more frail patients were left at Langho. The productivity of the farm and occupational therapy declined because of the lower abilities of the residents.²³³

The Langho Colony remained open longer than its American counterparts. Improvements were made to the buildings in the 1970s, but patient population continued to decline. In 1984, the process of closing Langho began. The cost to stay open was too

²³¹ Ibid., 260-3. The superintendents at Craig were highly involved in the eugenics movement. Dr. William Spratling, Craig's first superintendent, actively campaigned for restrictive marriage laws for epileptics in New York. Both Spratling and his successor, William Shanahan, strongly advocated for eugenic sterilization laws, to the point they focused more on eugenics than aiding their epileptic patients with seizure control.

²³² Jean Barclay, *Langho Colony, Langho Centre, 1906-1984: A Contextual Study of Manchester's Public Institution for People with Epilepsy* (Manchester, England: Manchester Social Services, 1988), 97.

²³³ Ibid., 105-108.

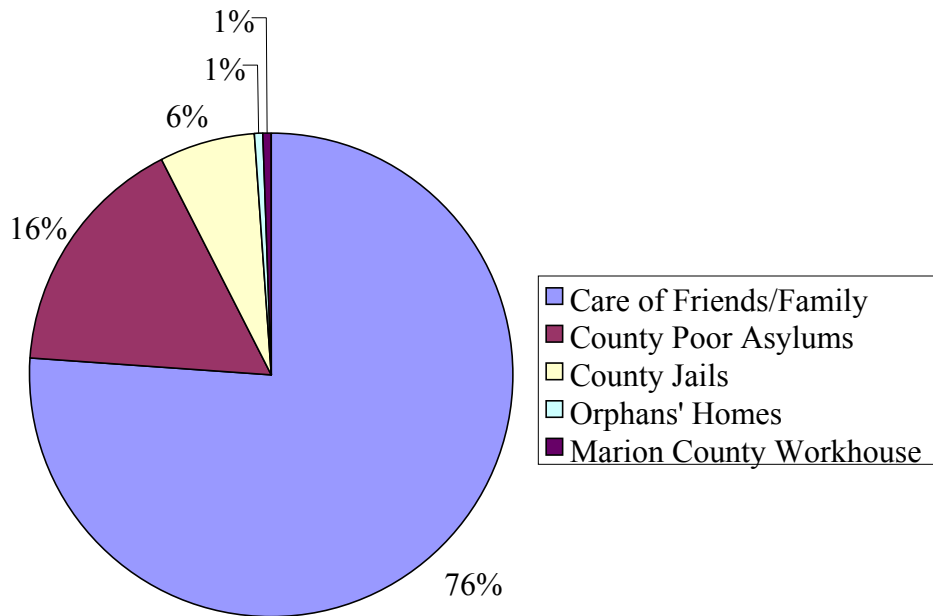
much for the few residents who remained. Social workers evaluated the patients and recommended either home care or placement in another facility. Langho Colony officially closed in 1985, almost eighty years after it opened.²³⁴

The Indiana Village for Epileptics remains a distinctive institution in the history of epileptic colonies. Van Nuys practiced an alternative method to eugenics rather than sterilization. The Village ceased to exist as an epileptic-only institution in the mid-1950s. The end of the Village signified the beginning of life outside the walls of an institution for Indiana's epileptic population. While the stigma associated with the disease did not end with the closing of the Village, people with epilepsy were able to manage their seizures and live a normal life in society. Educating society about epilepsy lessens the negative view of the disease. This effort continues today, largely through the support of the Epilepsy Foundation of America. For the 3 million Americans who struggle with epilepsy today, hope that a cure will be found is still very much alive. When looking back at the history of the Village, those with epilepsy can take comfort in how far we have come since 1907.

²³⁴ Ibid., 148.

Figure 1

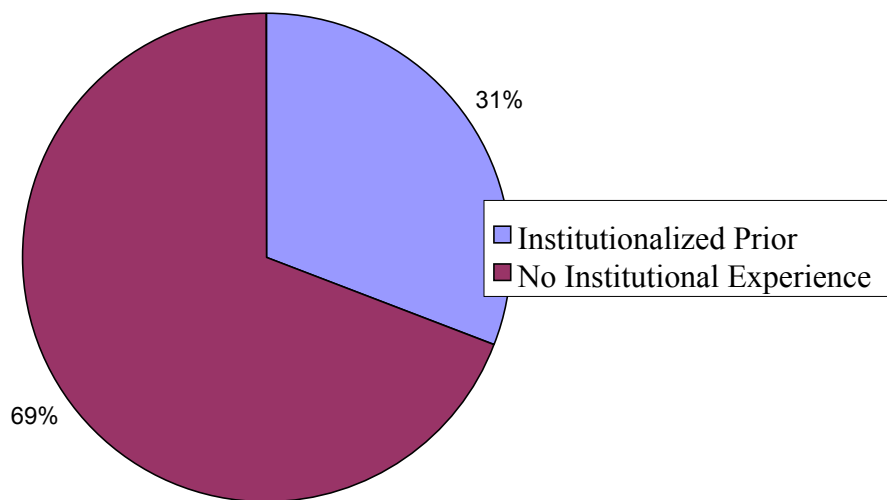
Source of Patients Admitted to the Indiana Village for Epileptics, 1914



Source: Ninth Annual Report of the Indiana Village for Epileptics, September 30, 1914, pg 9.

Figure 2

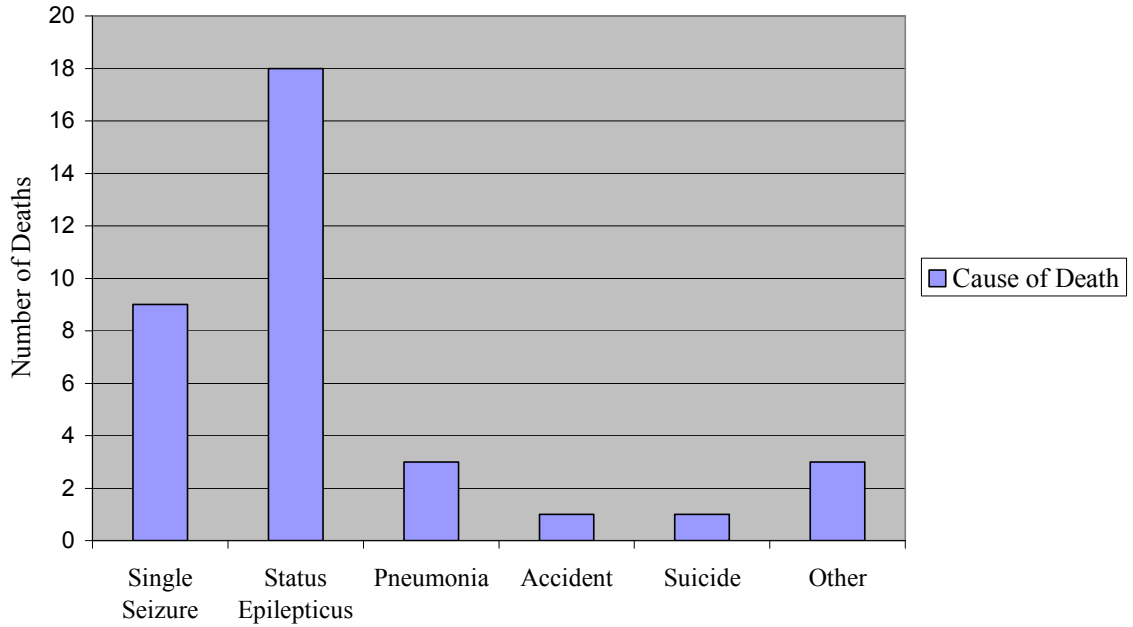
Indiana Village for Epileptics, New Patient Prior Institutional Experience, 1914



Source: Ninth Annual Report of the Indiana Village for Epileptics, September 30, 1914, pg 10.

Figure 3

Cause of Death of Patients at the Indiana Village for Epileptics, 1907-1914



Source: Ninth Annual Report of the Indiana Village for Epileptics, September 30, 1914, pg 10.

Figure 4

Indiana Village for Epileptics Seizure Statistics, 1914

Type	%	Number of Seizures
Grand Mal	65	25,994
Petit Mal	35	14,015

Source: Ninth Annual Report of the Indiana Village for Epileptics, September 30, 1914, pg 9.

Figure 5

Indiana Village for Epileptics Average Seizures per Patient

Year	1908	1914
Average Number of Seizures per Patient	227	183

Source: Third Annual Report of the Indiana Village for Epileptics, September 30, 1908, pg 12, & Ninth Annual Report of the Indiana Village for Epileptics, September 30, 1914, pg 9.

Appendix A

Mr. Van Nuys:

You remember, April 22nd, we called to get Martha Smith, but you would not give us your attention, and walked out not even speaking to us. That day, we found Martha in a very bad condition, (and Dr. Sexhauer had the nerve to tell me she was better), and I wanted to get her to a place where she would have medical attention, for it was plain to be seen that she was not receiving proper attention. That day she had the use of her left arm and had more of a chance to get well.

Last Tuesday, we found her in a worse condition, having lost the use of her left arm, and lying constantly in left-sided convulsions. Why didn't Dr. Sexhauer see this?

As soon as we arrived in Indianapolis, I called two physicians, one being one of the best nerve specialists in the state (paying only \$28 for examination).

They said she had cerebral hemorrhage caused from a head injury. They examined the bruised knots on her head and made the remark, "How does New Castle get by with such business." The other one answered, "All they do out there is just let them have fits." You see what some physicians think.

Today Martha lies in a hospital in Indianapolis in a very critical condition. An operation is our only hope.

Nearly every time we visited Martha, we were greeted with the same remark, "Martha has fallen and caused some little bruises." We hardly ever saw her without being bruised and one time (I almost rave to think of it) we found a purple hand print on her left hip.

After Martha became so ill, why didn't Dr. Sexhauer do something for her, or call us, so we could? Why didn't she have some girl care for her, so she would not fall? The morning we got her, she had several bad bruises on her head. She should have been in bed.

We talked with several physicians and nurses at the hospital and they thought it was terrible that she was permitted to get in such a condition and then not even notify us, and then when we did find out her condition your not permitting us to have her.

This case and several others have been reported to the State Board of Charities.

I certainly regret ever putting Martha out there and that place will never have my recommendation.

During our visits, we have seen and heard many unfavorable reports.

L.A. Smith²³⁵

²³⁵ Letter from Mr. L.A. Smith to Dr. Van Nuys, May 2, 1931, included in the Investigation file of the Indiana Village for Epileptics, accessed at the Indiana State Archives, Board of State Charities file, Box 13-u-5.

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CURRICULUM VITAE

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Education

Aug. 2003-Dec. 2008 Indiana University-Purdue University Indianapolis, IN
Graduate Public History Program

Aug. 1999-May 2003 Illinois State University Normal, IL
Major in History, Minor in Politics and Government

- Cumulative GPA: 3.82/4.00

Work Experience

May 2004-Present Indiana Historical Society Indianapolis, IN
Coordinator, Indiana Junior Historical Society

- Manage state-wide history club with over 1700 members
- Create and present Indiana history programs to schools
- Organize field trip opportunities for clubs
- Promote IJrHS and recruit new clubs and sponsors

January 2003-May 2003 McLean County Museum of History Bloomington, IL
Volunteer Office Assistant

- Assist volunteer coordinator with planning events, office work and organizing volunteers

Volunteer Experience

June 2001-January 2003 McLean County Museum of History Bloomington, IL
Museum Volunteer

Internship Experience

August 2003-May 2004 Indiana Historical Society Indianapolis, IN
Public Programs Intern

- Lead school tours, research material for public programs

January 2002-May 2002 McLean County Museum of History Bloomington, IL
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- Researched and wrote synopses on characters for Cemetery Walk 2002 project

Affiliations

April 2005-Present American Association for State and Local History Member

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