

NJS Presents**The 2021 Paul A. Stellhorn New Jersey History Award Winning Undergraduate Paper****In This Issue:*****Eugenics in New Jersey:******How the New Jersey State Village for Epileptics Perpetuated Eugenics throughout the State*****By Emily Borowski****DOI: <https://doi.org/10.14713/njs.v8i1.269>**

The Paul A. Stellhorn Undergraduate Paper in New Jersey History Award was established in 2004 to honor Paul A. Stellhorn (1947–2001), a distinguished historian and public servant who worked for the New Jersey Historical Commission, the New Jersey Committee (now Council) for the Humanities, and the Newark Public Library. The award's sponsors are the New Jersey Studies Academic Alliance; the New Jersey Historical Commission, New Jersey Department of State; Special Collections and University Archives, Rutgers University Libraries; and the New Jersey Caucus of the Mid-Atlantic Regional Archives Conference. Click [here](#) for more information. The following paper by Borowski was an undergraduate thesis submitted to the American Studies Department at Rutgers University. Dr. Carla Cevasco advised.

Introduction

The New Jersey State Village for Epileptics at Skillman opened in 1898. The Village was founded in response to physicians at the State Lunatic Asylum in Trenton advocating for a separate institution to treat patients with epilepsy, separate from people with other disabilities, who up until the establishment of the Village, were being housed together in asylums. The New Jersey State Village was an epileptic colony, an institution set up to be a self-sufficient town run by the patients and away from the rest of society.

In 1897, Governor Foster Voorhees signed a bill allocating money for the building of a colony. The following year, the New Jersey State Village first opened with eight patients. With the Village proving to be functional, in 1907 the Village expanded with new housing and a community center. During the 1930s and 1940s, the Great Depression and World War II resulted in staffing shortages and declining quality of care at the Village. During the 1950s, substantial gains were made in creating drugs to control seizures, and epileptic patients were welcomed back into society. With the combination of the Village declining in their capacity to care for people with epilepsy and the invention of new drugs, the New Jersey State Village for Epileptics became obsolete. In 1952, the New Jersey State Village became the Neuro-Psychiatric Institute. By the 1990s, the facility lay vacant, and in the early 2000s, the buildings were knocked down.

Disability studies is an interdisciplinary framework that centers the experiences of disabled people throughout history and in the present. Disability “. . . encompasses a broad range of bodily, cognitive, and sensory differences and capacities. It is more fluid than most other forms of identity in that it can potentially happen to anyone at any time, giving rise to the insiders’ acronym for the nondisabled, TAB (temporarily able-bodied).”¹ The field of disability studies emerged out of the creation of institutions in the nineteenth century, when people with different disabilities were, in a way, living together for the first time and now shared common experiences, which set the ground for activism.² The eugenics movement directly impacted the way people with disabilities lived their lives: “Just as the eugenics movement attempted to rid the world of many disabilities through sterilization and segregation, disability terminology emphasized backwardness, atavism, and

¹ Rachel Adams, Benjamin Reiss, and David Serlin, *Keywords for Disability Studies* (New York, New York: New York University Press, 2015), 5.

² Rachel Adams, Benjamin Reiss, and David Serlin, *Keywords for Disability Studies* (New York, New York: New York University Press, 2015), 7.

interruption . . . Hereditary explanations stressed the degenerate threat disability posed to the white race.”³ Race was and continues to be the main factor the eugenics movement sought to assert control over. People of non-white races, especially Black and Latinx people, were and continue to be targets of eugenics as a means to maintain a purely white race. People of all races with disabilities were seen as threats to the white race, although it should be acknowledged that people of color would have had a worse experience living in institutionalized care. It is important to use a disability studies framework when analyzing eugenics, because eugenics was historically inflicted upon disabled people without their consent, and disability studies gives disabled people a stake in interpreting a site of eugenics, such as the New Jersey State Village for Epileptics.

This thesis examines the history of the Village through the lens of disability studies to argue that while the New Jersey State Village for Epileptics was intended to be a form of care that was more humane compared to asylums, believing that the Village did so successfully does not take into account how disabled people felt about the care they received. Instead of society becoming more accommodating for people with epilepsy, temporarily able-bodied people forced people with epilepsy into colonies that stifled their freedom.

At times, sources from the nineteenth, twentieth, and twenty-first centuries describe people with disabilities using terminology that is ableist, which is discrimination based on a person’s disability. Oftentimes, terminology used to describe disabilities was not coined by disabled people themselves and certain terms were intended to demean. When used by temporarily able-bodied people, they inflict harm. For my thesis, it’s crucial that when interpreting these terms that I don’t inflict the same harm that was inflicted when they were first used and when I come across ableist terminology, I highlight how it’s harmful.

³ Rachel Adams, Benjamin Reiss, and David Serlin, *Keywords for Disability Studies* (New York, New York: New York University Press, 2015), 6.

New Jersey, and the Village, in particular, were crucial experimental sites for eugenicists in the early years of the twentieth century. The field of eugenics promotes the idea that people with disabilities lead lives that are too burdensome or painful to live, which sets forth the myth that preventing the spread of epilepsy is both desirable and possible. Key players in the eugenics movement included Henry H. Goddard, the director of Research at the Vineland Training School for Feeble-minded Girls and Boys in southern New Jersey. A strong advocate for eugenics and segregation, in 1912, Goddard published *The Kallikak Family: A Study in the Heredity of Feeble-mindedness* after he observed Deborah Kallikak as a child at Vineland. His study concluded that Deborah, a woman determined to be feeble-minded, should never reproduce.

Harry H. Laughlin was the superintendent of the Eugenics Record Office (ERO) from 1910 to 1939. The ERO was a place for eugenicists across the nation to assemble and produce literature to promote eugenics. Through the ERO, Laughlin advocated for compulsory sterilization by partnering with institutions all over America to test the limits of their state's individual sterilization laws.

Alice Smith was a patient at the New Jersey State Village for Epileptics. Committed to the Village at 21 in 1902, ten years later, Smith was scheduled to be released with the stipulation that she would be sterilized by the Board of Examiners, who closely worked with the ERO. The New Jersey Supreme Court ruled that sterilizing Smith would be a violation of the Fourteenth Amendment. Smith's participation in the court case resulted in her humanity being picked apart in eugenicist literature by Harry H. Laughlin himself.

Alice Smith is mentioned in each chapter, as she acts as a throughline for the thesis. Her experience as a patient is visible (despite individual patient stories generally being challenging to find) because she was involved in a state supreme court case. This visibility granted her a place in

eugenic literature, just like Deborah Kallikak, that advocated for her not to have children. In chapter 1, I explain that Smith was used by the ERO to test the limits of sterilization laws in New Jersey. In chapter 2, I discuss how Smith's sexuality was policed through her being chosen for the test case. This policing is visible through the eugenicist literature that she was mentioned in, where there is evidence that Smith attempted to resist the Village's control. In the third chapter, I write about how Smith and the other people buried at the Village cemeteries have been forgotten. Additionally, I also make the point that there needs to be a middle ground where patients are remembered but not in a way that turns them into figures of ghost stories. Alice Smith, a woman who went from being hyper-visible to invisible, needs to be remembered for her personhood and her experiences as a disabled woman, which are inseparable from who she was.

This thesis moves chronologically through the history of the Village, from its founding in 1897 to its demolition in the early 2000s.

Chapter 1 introduces readers to the stigma of epilepsy, where it derived from, and how the stigma functioned in the mid- to late nineteenth century. Historically, epilepsy was conflated with developmental disabilities. The early twentieth century, the time period when the Village was operational, was also the height of the eugenics movement, which influenced the treatment that was being administered to patients at the Village. This chapter explores the effect of eugenics at the Village and throughout the nation by comparing and contrasting the New Jersey State Village with the Athens Lunatic Asylum in Ohio.

Additionally, I chose to focus on the education that people with epilepsy and disabilities were provided in institutional care through studying the life of Deborah Kallikak, a patient at the New Jersey Training School for Feeble-minded Children in Vineland, New Jersey, and of *The Kallikak Family*, written by Henry Goddard. *The Kallikak Family* serves as a prime example of

how it's difficult to parse out whether all of the patients at institutionalized care facilities had disabilities. Regardless, all people living in institutional care were not given a consistent education, which resulted in them scoring low on the intelligence tests they were given. In having documented Deborah and her family, Goddard came to the conclusion that Deborah, who was considered to be feeble-minded, should never reproduce. It was believed that people who were disabled, if released into society, would run amok and that their offspring would also be disabled, thus causing further chaos.

Chapter 2 details what daily life was like for patients, specifically at the Village in Skillman. Here, I interpret a patient letter, written in 1921, titled "Written By the Sister to a Patient who had threatened to Run Away in Case the Family Did Not Take Him Out of the Institution." I use this letter to show how patients felt about being sent to live in the Village and how patients' families felt about their family members living there. I also interpret the interview I conducted with Dr. Dan C. Pullen, whose father was the Village's dentist. Pullen lived on the Village property as a child in a house adjacent to one of the men's cottages. Pullen's memories include what he observed during his childhood because he could roam the property freely and interact with patients. Pullen's account is unique in that he was a child who had close friendships and family-like bonds with the adult male patients living in Buckley Cottage. Both the 1921 letter and Pullen reveal the desires of patients wanting to run away to go home. The *Village Quarterly* stands out in that it is, as author Benjamin Reiss would define it, an official asylum ideology. Despite being written by the patients, the *Village Quarterly* only provides a positive outlook of the Village, which suggests that patients did not have the freedom to publish their true thoughts and feelings about the care they were receiving. Even within writing under the constraints that the Village had, patients still found ways to resist. Finally, I wrote about a patient named Alice Smith and the restraints the

Village imposed on her life, her freedom, and her sexuality. In 1912, Smith was scheduled to be sterilized upon her release from the Village until the New Jersey Supreme Court ruled that doing so would violate the Fourteenth Amendment. Before living in the Village, Alice, a white woman, had sex with a Black man and gave birth to a mixed-race child out of wedlock. Smith's sterilization was coordinated by the Village's Board of Examiners and the ERO. While the Board of Examiners and the ERO claim to have wanted to sterilize Smith because she had epilepsy, it should be inferred that her prior entanglement with a Black man and giving birth to a non-white child was also a reason for why she was specifically chosen. Alice Smith was used by the State Village and the ERO as a test case to see how far the ERO could push eugenic practices in individual states across the country, and during this process, it is clear that she tried to resist and maintain her autonomy.

Chapter 3 starts with the closing of the Village and its transition to becoming a different kind of care facility. The 1940s and the 1950s marked a time when rapid developments were being made in seizure-suppressing drugs. At the same time, the Village had a steep decline in care, stemming from budget cuts made during the Great Depression. With the lack of quality care and the invention of new drugs, the Village for Epileptics became obsolete, and in 1952, the New Jersey State Village for Epileptics turned into the New Jersey Neuro-Psychiatric Institute. In 1983, the facility underwent a third name change and became the North Princeton Developmental Center. Deinstitutionalization in New Jersey was in full force in the 1990s: The NPDC would close for good in 1995, when new patients were no longer being admitted and the last of its patients were leaving in 1998. This final closure resulted in the former site of the Village becoming abandoned property that the township struggled to buy from the state. In the midst of this, the township managed to purchase a parcel of the land to build an elementary school that was aptly named Village Elementary School. The final blow came in the form of the 2008 economic crash and

depleted the financial resources that the township had planned to use to restore parts of the Village. Eventually, the buildings were torn down to make way for a county park, which currently does little to acknowledge the history of the Village. This chapter argues that more must be done to preserve the public memory of the Village and that the patients should be remembered moving forward.

Public memory is how people collectively remember an event or a person. Instead of being based solely on fact, it is based on how people feel when doing the act of remembering. In the twenty-first century, the ways in which people remember the Village has changed, as all physical reminders of its existence are gone. Over time, since its final closure in 1998, the Village went from being trespassed by urban explorers' to becoming tales of ghost stories to nothing. With the disappearance of the buildings, the Village has slipped into obscurity. The Village, the history of epilepsy treatment, and eugenics have slipped away from public memory in Montgomery Township.

Chapter 1: The Origins of Eugenics and Epilepsy in the State of New Jersey

Prior to the mid-twentieth century, people with epilepsy were cast out of society and forced to live in asylums. The first recorded account of epilepsy is a Babylonian tablet with written medical data that dates back to 2000 BC. The tablet describes epileptic seizures as people experience them today but reveals that people believed that epilepsy came from evil, supernatural spirits.⁴ The idea that epileptic seizures were supernatural or spiritual continued into the nineteenth century. Even once these beliefs declined, stigma around epilepsy would continue to persist in the minds of temporarily able-bodied people, which ultimately affected the way epilepsy was treated

⁴ Monique M. Ryan, "A Disease Once Sacred: A History of the Medical Understanding of Epilepsy," *Epilepsy Research*, 51, No. 3 (2002): 301. [https://doi.org/10.1016/s0920-1211\(02\)00175-4](https://doi.org/10.1016/s0920-1211(02)00175-4).

and cared for.⁵ Medical professionals and the public conflated seizing with a mental illness known as insanity, which was a medical term used to classify people who were deemed to be more prone to partaking in a spectrum of atypical behavior. The combination of a preexisting stigma around epilepsy, along with its association with insanity, meant epileptics remained outcasts in society in the nineteenth and much of the twentieth centuries.

People with epilepsy faced many kinds of discrimination. They were denied the agency of living their lives however they wanted, they were systematically prohibited from being able to find a job to support themselves, and they were denied the right to choose to start a family. People with epilepsy often had no choice but to live in asylums. In their study on the stigma of epilepsy, authors Hamidreza Riasi, Ali Rajabpour Sanati, and Kazem Ghaemi concluded that the overall lasting effect is that “stigma destroys a person’s dignity, marginalizes affected individuals, violates basic human rights, markedly diminishes the chances of a stigmatized person of achieving full potential, and seriously hampers pursuit of happiness and contentment.”⁶ This definition of *stigma* accurately summarizes the experience people with epilepsy had in the nineteenth and twentieth centuries.

During the nineteenth and twentieth centuries, people with epilepsy were forced to live in asylums with people who had mental health disorders. Asylum care for epilepsy was not ideal for people with epilepsy or for the other patients. In the State Lunatic Asylum in Trenton, physicians noted that when people had seizures, it caused more outbursts from other patients. Additionally, they believed that when people with epilepsy were near a patient having an episode, it would trigger them to seize. In New Jersey, physicians felt that there was a need for epileptic patients to

⁵ “History of Epilepsy,” *Epilepsy Canada*, <https://www.epilepsy.ca/history-of-epilepsy.html>.

⁶ Hamidreza Riasi, Ali Rajabpour Sanati, and Kazem Ghaemi, “The Stigma of Epilepsy and Its Effects on Marital Status,” National Center for Biotechnology Information. Springer International Publishing, December 23, 2014. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320190/>.

be treated and cared for in a separate institution, which resulted in the advocacy for epileptic colonies in the state.⁷

The New Jersey State Village for Epileptics, which opened in 1898, combined several intellectual movements regarding the treatment of people with disabilities in the nineteenth and early twentieth centuries. The moral treatment movement argued that asylums should be humane places where patients are exposed to culture and recreational activities. The Kirkbride plan advocated for asylums to be designed as parklike communities for mental health care. The eugenics movement, in which the Village would play an important role, advocated for the elimination of people of disabilities altogether. These movements would uneasily coexist at the Village and other eugenic institutions in New Jersey, where their practitioners found that their theories did not fit their patients, like Alice Smith and Deborah Kallikak.

Epileptic colonies were medical institutions for patients to live and receive treatment, albeit still separate from society. In the late nineteenth century, there were outcries from asylums across the state of New Jersey for additional funds to create a separate building for epileptic patients, in the hopes that this would be a solution to stopping the unnecessary accidents caused by mixing patients with epilepsy and mental illness. In 1897, then-senator Foster McGowan Voorhees signed a bill that allotted money for building a colony with the stipulation that the state would choose the Board of Managers and where in New Jersey it would be built. The New Jersey State Village for Epileptics opened a year later in 1898. It functioned as a self-sustained town where adult patients could work in various professions and children could attend school while receiving treatment.

Similar to New Jersey, Ohio had its challenges with its epileptic and mentally ill patients. The first asylum in the state, Athens Lunatic Asylum, opened in 1874. The asylum catered to

⁷ Walter C. Baker, *A History of the New Jersey State Village for Epileptics*, 2nd ed. (Belle Mead, NJ: Van Harlingen Historical Society, 2005).

patients who fell under the loose definition of *lunacy*, which much like the definition of *insanity* referred to people with abnormal behavior. People with epilepsy were also treated at Athens, alongside dementia, schizophrenia, depression, bipolar disorder, and other conditions. In order to be admitted to Athens, patients had to present a medical certificate of insanity with the signature of a physician.

The structures of both the State Village and the Athens Lunatic Asylum, while built 30 years apart, reflected the moral treatment movement, which advocated for the humane treatment of patients. This form of treatment, which was developed between the 1830s and the Civil War, defined humane treatment as exposing patients to different forms of culture and recreational activities. Under this system, patients could participate in certain activities they would otherwise be doing in mainstream society. One of the most notable features of moral treatment was constructing large, sprawling, state-funded asylums that allowed patients more freedom and mobility than previous asylums. New asylums like Athens were built with financial backing from the state government to create asylums modeled after the Kirkbride Plan. The Kirkbride Plan was named after the nineteenth-century architect Thomas Story Kirkbride, who was the primary advocate for sprawling, luxury institutions for patients to receive treatment.⁸ Kirkbride designed asylum buildings with extravagant Victorian exteriors. The reformists of the moral treatment era wanted to humanize disabled patients, and had hoped that Kirkbride asylums were the answer for these patients to receive better care.

In contrast, the New Jersey State Village for Epileptics, which opened in 1898, was not an asylum. Its backers believed that asylums were counterproductive to the treatment of epilepsy.

⁸ Maria Elena Moersen, "Finding Asylum: Tracing the Evolution of Five Kirkbride Planned Hospitals for the Insane," *The Architect's Newspaper*, November 2, 2015. <https://www.archpaper.com/2015/10/finding-asylum-adapting-kirkbride-plans-various-uses/>.

Moreover, by the time the Village was constructed, the moral treatment movement had ended, with there then being less of an emphasis on reforming mental health care. However, the layout of the State Village shows that the creators were influenced by the moral treatment movement and the Kirkbride Plan, as the institution was a literal village with separate buildings for living, working, schooling, and recreation that allowed patients to walk and take part in cultural activities. In the Village's 1918 self-published "Outline Course of Training for Epileptics," principal teacher Louise Weeks wrote:

It is our endeavor to keep the patients employed in regular work . . . We believe that many convulsions pass off in legitimate work and that the patient is better for being employed. To this end we try to work to have the patient feel and understand that he is expected to work to the full extent of his ability, not to create a revenue for the institution but for therapeutic reasons.⁹

The administration at the Village believed that having patients participate in work helped them through their convulsions. However, the fact that Weeks felt compelled to mention that having Village patients work was not intended to create money for the institution is intriguing, as it suggests that Village staff recognized that using the labor of patients was morally wrong.

In addition to the moral treatment movement, the Village's organizers had another major intellectual influence: the eugenics movement, which was in its heyday during the Village's 60 years of operation as an institution for people specifically with epilepsy. Eugenics refers to the concept of breeding out undesirable hereditary traits from people. While its adherents have famously weaponized eugenics against racial and religious groups, eugenics also affected disabled people, including people with epilepsy, in the ways that they received medical care. In the case of epilepsy, medical professionals sought to cease the existence of epilepsy altogether by keeping people with epilepsy from reproducing. One of the various methods epileptic colonies used to carry

⁹ Louise Weeks, *Outline Course of Training for Epileptics* (New Jersey State Village for Epileptics, 1918).

out the eugenic mission of breeding out epilepsy was by having men and women living in dormitories separated by gender. This was done to discourage patients from procreating. Like asylums, epileptic colonies attempted to prohibit patients from having autonomy over choosing to have sex and to have children. People with epilepsy were subjected to not having sex and starting families because of the eugenic belief that if they stopped procreating, those genes would simply disappear from society.

The layout of the Village followed the Cottage Plan, which was the successor to the Kirkbride Plan. The Cottage Plan, also known as the segregate system, advocated for splitting up buildings that comprised the asylum property in favor of creating more, smaller buildings to encourage a “. . . freer and more sociable atmosphere.”¹⁰ In reality, the Cottage Plan “. . . promoted ‘the illusion that [it represented] an approach toward community care,’ when in fact the patients were still living in an institution. The cottage plan was a hybrid: it continued old practices in new buildings . . . The segregate plan merely hinted at community-based care; it was really just a different form of institutional care.”¹¹ Its predecessor, the Kirkbride Plan, advocated for architecturally stunning housing, open air, and open space for patients. The Cottage Plan merely repackaged the existing Kirkbride Plan with the additional stipulation that patients be separated even more. Carla Yanni writes: “The older generation of psychiatrists had always maintained that incurable patients deserved the same quality of care, and they were convinced that if the chronic were placed in separate quarters, ‘degeneration, neglect, and abuse of the inmates’ would ensue.”¹² Yanni’s mention of the “incurable patients” refers to patients who were deemed at admission as being unable to ever rejoin society.

¹⁰ Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis, Minnesota: University of Minnesota Press, 2007), 79.

¹¹ Yanni, *The Architecture of Madness*, 79.

¹² Yanni, *The Architecture of Madness*, 84.

The fact that psychiatrists saw glaring flaws in the Cottage Plan before its widespread implementation shows that the Cottage Plan was not perceived as a more humane form of treatment for disabled patients. In Walter Baker's *A History of the New Jersey State Village for Epileptics*, he asserts:

In the late 1930s, many psychotic patients were admitted without the proper facilities for housing them, and with no prospect of them leaving the village. In 1939, there were 1,550 patients including 210 psychotic patients, with a waiting list of 221 for the 1,327 spaces for patients at the institution. Because of the demand for admission, a field physician was assigned to visit and evaluate patients for whom admission had been requested.¹³

The concerns of older physicians came to fruition at the State Village, as even though the State Village was opened with the intent to care just for patients with epilepsy, the State Village was already admitting patients who were deemed as “incurable” as early as the 1930s.

At the State Village, eugenics largely came in the form of conducting research on the patients with the intention of proving that epilepsy could be passed down through genetics. In 1910, the Village created a psychological research department to conduct studies and tests on all of the patients, the majority of them written by Dr. Henry Goddard, the director of research at the New Jersey Vineland Training School. These tests ranged from intelligence testing, such as the Binets-Simons Test, to prescribing diets for the patients. In the first issue of the *Village Quarterly*, the patient-run newspaper for the Village in Skillman, a brief article notes: “For years the general idea has been that the various things eaten have a direct effect upon epilepsy. To determine this the Protein Sensitization Test is being given. Dr. J. Francis Ward of Brooklyn is supervising this work.”¹⁴ In these studies, patients were forced to partake in various forms of diets in the hopes that they would seize less.

¹³ Baker, *A History of the New Jersey State Village for Epileptics*, 20.

¹⁴ “Protein Sensitization,” *Village Quarterly*, December 1924, 1st ed.

Asylums and Villages implemented eugenics in covert ways such as segregated housing; however, they also supported eugenics in overt ways, the most prominent way being the State Village's partnership with the ERO in Cold Harbor, New York. The ERO advocated for states to sterilize their disabled residents. Across the United States, the office attempted to push the boundaries of state laws to make that goal happen.

In New Jersey, a critical test case concerned a 21-year-old New Jersey State Village patient named Alice Smith. In 1913, Smith was scheduled to be released because she had not seized in five years, on the condition that she be sterilized to prevent her from having more children. This was appealed by Smith's state-appointed attorney in the case *Smith v. Board of Examiners of Feeble-Minded*. The case outline, submitted in 1913, stated: "The artificial regulation of the welfare of society by means of surgical operations for the prevention of procreation being based upon the suppression of the personal liberty of individuals must be accomplished, if at all, by a statute that does not deny to the persons thus injuriously affected the equal protection of the laws guaranteed by the fourteenth amendment to the constitution of the United States."¹⁵ The New Jersey State Supreme Court ruled that sterilization for people with epilepsy suppressed their rights and freedom, and "unanimously declared that New Jersey's sterilization law represented a cruel and unusual violation of the equal protection clause of the Fourteenth Amendment."¹⁶

The ERO kept a watchful eye on this case, as it did with the multiple test cases happening across the country. Their own document, published in 1914, titled "Bulletin No. 10 B II. The Legal, Legislative and Administrative Aspects of Sterilization" includes a color-coded map of the United States indicating the different progression in Eugenics Sterilization Legislation that had been

¹⁵ *Smith v. Board of Examiners of Feeble-Minded*, 85, N.J.L. 46, Caselaw Access Project (The New Jersey Supreme Court, 1918).

¹⁶ Michael A. Nevins, *A Tale of Two "Villages": Vineland and Skillman, NJ* (IUniverse, 2009).

passed in each state. In the introduction to the bulletin, Harry H. Laughlin opens by stating: “In this study the committee sets forth the results of its investigation into the legislative and legal aspects of sterilization. The study includes calculations supported by data on the working out of the program proposed by the committee as efficacious in substantially reducing the supply of defectives in the American population.”¹⁷ Here, Laughlin uses the term *defectives* to refer to disabled people. The term *defective* is defined as “imperfect” or “faulty,” and is often used to describe an object instead of how it is used here to categorize a group of people.

Harry H. Laughlin was the superintendent of the ERO at Cold Spring Harbor in Long Island, New York, since its creation in 1910 until 1921, when he became the director until 1940.¹⁸ The ERO had a large influence on eugenics in the United States, as it was helmed by two of the country’s most prominent eugenicists, Laughlin and his partner, Dr. C. B. Davenport. Additionally it was “Associated with the larger Station for the Experimental Study of Evolution (SEE), the ERO provided both the appearance of sound scientific credentials and the reality of an institutional base from which eugenics work throughout the country . . . The ERO became a meeting place for eugenicists, a repository for eugenics records, a clearinghouse for eugenics information and propaganda.”¹⁹ Because the ERO had big-name eugenicists and it was closely associated with the study of evolution, the ERO was given a platform to create eugenic studies that was taken seriously.

Those running the ERO at Cold Spring Harbor paid special attention to the *Smith vs. Board of Examiners* case and when the results were not in their favor, they wanted to retaliate. Laughlin

¹⁷ Harry Laughlin, *The Legal, Legislative and Administrative Aspects of Sterilization*, 10 B. Vol. 10 B. Long Island, New York: Eugenics Records Office, 1914.

¹⁸ “Biography of Harry H. Laughlin.” Truman State University Pickler Memorial Library. Accessed April 9, 2021. <http://library.truman.edu/manuscripts/laughlinbio.asp>.

¹⁹ Garland E. Allen, “The Eugenics Record Office at Cold Spring Harbor, 1910–1940: An Essay in Institutional History,” *Osiris* 2 (1986): 225–64, Accessed April 9, 2021, <http://www.jstor.org/stable/301835>.

was reportedly angry enough to want to attempt to appeal the case to the New Jersey's Court of Errors and Appeal and if that failed, he threatened that he would go to the United States Supreme Court.²⁰ He is documented as having stated ““To purify the breeding stock of the race at all costs is the slogan of eugenics . . . The mothers of unfit children should be ‘relegated to a place comparable to that of the females of mongrel strains of domestic animals.’”²¹ Laughlin's statement is littered with terms and phrases that one would use to refer to animals, such as *breeding stock*, and he compares women with epilepsy to female dogs, using the phrase “mongrel strain of domestic animals.” His specific choice of words proves that Laughlin and the people at the ERO saw people with epilepsy as less than human. Laughlin's statement encompasses the intention of the eugenics movement, which was to breed out epilepsy from people, under the pretense that people with epilepsy should never have been born in the first place.

Because the New Jersey State Village aided the ERO with the *Smith v. Board of Examiners* case, it can be inferred that there were members of the administration at Skillman who shared similar thoughts about people with epilepsy. This is scary, because the patients were at the mercy and control of the administration and their decision-making. While their backers argued that epileptic colonies were the more humane way of treating patients with epilepsy, eugenics proponents viewed such patients as incapable of steering the course of their own lives.

Another way that the New Jersey State Village implemented eugenic practices was through intelligence-testing their patients and going on to use the results from these tests to support the idea that people with epilepsy were mentally disabled in other capacities. This idea dismisses the fact that while there are people with epilepsy who have intellectual disabilities, most people with

²⁰ Nevins, *A Tale of Two "Villages."*

²¹ Nevins, *A Tale of Two "Villages."*

epilepsy do not have additional intellectual disabilities.²² One of the primary tests that was used at the State Village was the Binet-Simon Intelligence Test. The Binet-Simon test was invented by French psychologist Alfred Binet as a way to see if students needed remedial help with their classes. A distinguished quality of the test was that it tested students on their attention and ability to retain information as opposed to subject material. The test was later co-opted by American eugenics to test for what medical professionals called “feeble-mindedness,” a condition that they believed affected most if not all people with epilepsy. The document “A Critical Essay on Mental Tests in their Relation to Epilepsy,” written by New Jersey State Village for Epileptics psychopathologist Dr. Edwin W. Katzenellenbogen, is one of the few explorations of the Binet-Simon test that was published from the Psychopathy Laboratory at the State Village. While Katzenellenbogen clearly intended to further promote the practice of psychopathy, his report unintentionally summarized the fundamental flaws of using the Binet-Simon test on patients. In his conclusion he wrote:

Epilepsy is a disease which is not only commonly associated with a mental defect, but it leads more or less to a pronounced deterioration of the mind. It is, therefore, useless to apply the Binet Simon test mechanically to epileptics, in its present form . . . The overwhelming preponderance of failures in epileptics is due to the deterioration of memory, psychomotor retardation, lack of training due to the absence of school education and lack of the common experiences of life caused by the necessity of early confinement.²³

Here Dr. Katzenellenbogen explains that circumstances other than epilepsy are responsible for the mental state of the patients, the most applicable reason being that most patients were systematically prevented from having access to a standard education due to early confinement in

²² Orrin Devinsky, Miya Asato, Peter Camfield, Eric Geller, Andres M. Kanner, Seth Keller, Michael Kerr, et al. “Delivery of Epilepsy Care to Adults with Intellectual and Developmental Disabilities,” US National Library of Medicine National Institutes of Health Search. Lippincott Williams & Wilkins, October 27, 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4631073/>.

²³ Edwin Katzenellenbogen, “A Critical Essay On Mental Tests In Their Relation To Epilepsy.” *Epilepsia* (Copenhagen) B4, No. 2 (1950): 130–73. <https://doi.org/10.1111/j.1528-1157.1950.tb03294.x>.

what would have been asylums and epileptic colonies such as the New Jersey State Village for Epileptics. Despite voices at the Village that recognized how flawed the Binet-Simon test was, this test was still used to show that feeble-mindedness and epilepsy were linked. Using the Binet-Simon test provided more ground for supporters of eugenics to attempt to eradicate people with epilepsy.

The support for intelligence testing and sterilization also gained momentum in other parts of the state. The New Jersey Training School in Vineland helped perpetuate eugenic ideals with the aid of frequent Skillman Village collaborator Dr. Henry Goddard. Goddard published his notorious profile of a family of New Jersey Training School patients, *The Kallikak Family*, in 1912. *The Kallikak Family* is a detailed eugenic family study that attempted to prove the idea that mental disabilities were inherited through genetics by studying multiple people from different generations of one family. “The Kallikak Family” was a pseudonym given to protect the identity of the family that Goddard studied. Goddard created the name by combining the Greek word *Kallos*, which translates to “beauty,” and the word *Kakos*, which translates to “bad.” This was intentional on Goddard’s part to convey that there were two sides to the Kallikak: one part that was bad (the “feeble-mindedness” in certain family members) and one part good (the family members with no intellectual disabilities).²⁴ Goddard was inspired to write a book about hereditary feeble-mindedness after observing Vineland patient Deborah, who entered the school at just eight years old. Goddard went on to study and write about members of her extended family to prove that feeble-mindedness and, by extension, most mental disabilities were hereditary. *The Kallikak Family* gained notoriety for Goddard’s study of Martin Kallikak Sr., a Revolutionary War hero who was seen as having highly desirable traits to pass on to his descendants. Kallikak Sr. first had children

²⁴ Michael & Smith, J. Wehmeyer, “Leaving the Garden: Reconsidering Henry Herbert Goddard’s Exodus From the Vineland Training School,” *Mental retardation*, 44 (2006), 150–5. 10.1352/00476765(2006)44[150:LTGRHH]2.0.CO;2.

with a woman described as a “feeble-minded barmaid.” Later, he had children with a Quaker woman. The study of Kallikak Sr.’s descendants at the time was viewed as definitive proof that intellectual disability was hereditary.

Goddard described Deborah, a descendent of Kallikak Sr., a patient at the Vineland Training School, as “feeble-minded.” He listed several of her physical characteristics, writing that she walked abnormally, that she would frequently stare, and that her mouth was closed shut. In addition to listing Deborah’s behavior, Goddard used the Binet-Simon test to support her feeble-minded diagnosis.

By the Binet-Simon scale this girl showed, in April 1910, the mentality of a nine-year-old child with two points over. January, 1911, 9 years, 1 point; September, 1911, 9 years, 2 points; October, 1911, 9 years, 3 points. This is a typical illustration of the mentality of a high-grade feeble-minded person, the moron, the delinquent, the kind of girl or woman that fills our reformatories. They are wayward, they get into all sorts of trouble and difficulties, sexually and otherwise, and yet we have been accustomed to account for their defects on the basis of viciousness, environment, or ignorance.²⁵

Goddard argued that in 1910, at the age of 21 years, Deborah had the mental age of a 9-year-old based on the results of the Binet-Simon test. With such a dramatic difference between Deborah’s actual age and the age the results of the Binet-Simon attributed to her, Goddard argued that she was profoundly, intellectually disabled. Goddard used the results of the test to support the thesis of his book, which was that people in Deborah’s family should have never procreated and that Deborah should have never been born.

While descriptive, Goddard’s writing still managed to be vague, making it difficult for the reader to have a firm understanding of what Deborah was like as a person rather than a subject of

²⁵ H. H. Goddard, *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness* (Vineland, New Jersey: Macmillan, 1912).

observation. Goddard included a brief excerpt of what he claimed were observations about Deborah from other staff members:

The consensus of opinion of those who have known her for the last fourteen years in the Institution is as follows—"Can run an electric sewing machine, cook, and practically do everything about the house. Has no noticeable defect. She is quick and observing, has a good memory, writes fairly, does excellent work in wood-carving and kindergarten, is excellent in imitation. Is a poor reader and poor at numbers. Does fine basketry and gardening. Spelling is poor; music is excellent; sewing excellent; excellent in entertainment work . . ."26

The list of observations Goddard chose to include makes several contradictions. The most contradictory statement included is that Deborah is observed by at least one staff member as having ". . . no noticeable defect." This line raised doubt that Deborah had any disability. In addition to this observation, the list that Goddard provided suggests that Deborah was much more capable than Goddard had let on with his emphasis on the Binet-Simon test results. One staff member remembered Deborah as being ". . . quick and observing, has a good memory, writes fairly . . .," which stands in direct opposition to how Goddard had written about Deborah. Goddard described Deborah as being a person who was wayward, prone to getting in trouble sexually, vicious, and ignorant. Goddard used the fact that Deborah scored low on the Binet-Simon test to say that she herself would embody the negative traits prescribed to feeblemindedness.

Despite making the point that the Binet-Simon test proved that Deborah was feebleminded, just like his colleagues, Goddard was aware of a common flaw found in testing patients' intelligence, which is that most patients did not receive a formal upbringing or education. In *The Kallikak Family*, Goddard wrote, "Here is a child who is most carefully guarded. She has been persistently trained since she was eight years old, and yet nothing has been accomplished in the direction of higher intelligence or general education."²⁷ As the director of research at Vineland,

²⁶ Goddard, *The Kallikak Family*.

²⁷ Goddard, *The Kallikak Family*.

there is irony in Goddard acknowledging that nothing had been done for Deborah in order for her to pursue a general education and that she had been actively shielded from higher forms of learning. Goddard and the other staff members at Vineland had the power to provide her with a standard education but chose not to. Similar to how Dr. Katzenellenbogen at the State Village observed that the absence of school education and common life experiences prevented patients from scoring well on intelligence tests, Goddard made it a point to mention that Deborah was also shielded from a standard education or life experiences outside of the institution. Yet unlike Katzenellenbogen, Goddard did not suggest that circumstances other than feeble-mindedness caused the low intelligence scores and instead pushed the mythical notion that low intelligence was a result of hereditary feeble-mindedness.

At the State Village as at Vineland, staff members may have formed affective bonds with their patients, and might have had similar assessments of their patients as Vineland staff did of Deborah: that most patients were highly capable of excelling at certain activities while struggling to do others. If a patient showed no other symptoms of other mental disabilities, their caretakers may have also observed that they had “no noticeable defect.” Similar to Deborah, because Alice Smith had not seized in five years, she was deemed well enough to be released from the Village when it was believed that people with epilepsy would be a menace to society if they were not housed in institutions.

These conflicting assessments of patients also demonstrate that the different intellectual traditions guiding the New Jersey State Village for Epileptics did not fit neatly together. With leftover remnants of the moral treatment movement built into the foundation of places like the State Village, it can be true that staff members genuinely believed in reform through providing a better life for their patients by giving cultural outlets for them. However, like Deborah, children at

the State Village were nonetheless isolated from having everyday life experiences. While patients attended school on the property, it can be assumed from Dr. Katzenellenbogen's "A Critical Essay on Mental Tests in their Relation to Epilepsy" that the Binet-Simon Test was also being used to point to their low intelligence. It should also be noted that there was likely an underlying feeling of superiority in most staff members. The State Village's close partnership with the ERO, which believed that people with epilepsy should be sterilized, cannot be ignored and should be interpreted as the State Village being strong supporters of eugenics. The administration of the Village was a willing and consenting participant in the ERO's mission for widespread sterilization. Alice Smith and patients like her could not consent to being used to promote the eugenics movement, a movement that was actively attempting and succeeding at taking away the rights of people with epilepsy.

The very layout of the Village intended to prevent procreation, a critical method believed to breed out epilepsy. While the State Village provided care that was substantially better and perhaps more humane than the asylums, the entire premise of epileptic colonies was rooted in attempting to rid society of disabilities and to produce evidence, whether it be low intelligence test scores or studies proving that epilepsy was hereditary, to support and uplift their institution. While the moral treatment movement sought to treat patients humanely, the eugenics movement denied the humanity of people with disabilities, and the State Village would bear out those complications in the decades after its founding.

Chapter 2: How Power Dynamics Unfolded Through Daily Life at the Village

Control over patients' mobility, and the eugenic desire to prevent procreation between patients, structured daily life at the New Jersey State Village. There are challenges to reconstructing daily life at the Village, because institutionalized patients left few sources that

expressed their feelings in their own words. To reconstruct how the Village tried—and often failed—to police patients’ sexuality, this chapter examines official publications, oral history, and patient letters before returning to Alice Smith’s life as described in *Smith v. Board of Examiners* and other eugenic publications. In 1912, Alice Smith was scheduled to be sterilized upon release until the New Jersey Supreme Court ruled that doing so would violate the Fourteenth Amendment. Because Smith’s case went to the state supreme court, eugenicists both at the Village and outside documented her in reading material to promote the need for eugenicist medical practices. By examining how Smith is documented in eugenicist records, it becomes clear that Smith herself resisted in ways to protect her autonomy. Despite the Village being touted at the time of its inception as being progressive in patient care, patients did not want to live at the Village, which is evident in the ways patients resisted control, and especially in the ways that they resisted control over their own sexuality.

The State Village had a printing press to print literature regarding epilepsy and eugenic propaganda to be distributed outside the premises. The printing press was also used to distribute a patient-run newspaper known as the *Village Quarterly*. While the *Village Quarterly* does showcase written work from the patients, it can be assumed that the writings printed in those newspapers were constructed to show only a positive, reaffirming image of the State Village to the patients and does not portray the majority of the struggles the patients had.

In Benjamin Reiss’s book *Theater of Madness*, he focuses his research on the patient-run New York Lunatics Asylum literary magazine *The Opal*, in which he concludes:

. . . these critics all read patients’ writings as responding to a field of power that is already thoroughly established by the doctors, rather than one that is actively created and contested in the scene of writing. I believe it is more productive to read the journal as what James Scott calls a “public transcript” of official asylum

ideology, in which patients are made to legitimize the ideology behind their treatment; and yet it also gives us a glimmer of a “hidden transcript . . .”²⁸

Reiss’s point that patient-written publications were used to document and uplift asylum ideology applies to the State Village patient-written newspaper known as the *Village Quarterly*. In this case, the asylum ideology that the *Village Quarterly* is spouting is that eugenics in the form of colonies segregated by gender is beneficial and enjoyed by the patients. This is evident in the December 1925 issue of the *Village Quarterly* in which a patient wrote:

All the people in The Village of Skillman were full of joy and happiness, only I was not happy as I was in the bed sick. In a moment, to my surprise, I could hear . . . somebody coming up the stairs. I lifted my eyes and saw standing before me the fine and good hearted gentlemen, Doctor D. F. Weeks, the Superintendent of this great and beautiful institution. He had come to cheer me up—he wished me a Merry Christmas, and I wished him the same, then he walked out with a smile that I will never forget.²⁹

This passage is an example of official asylum ideology as the patient warmly recalls a kind interaction with the superintendent and goes out of the way to make a positive comment about how “great” and “beautiful” of an institution the State Village was when the beauty of the Village is not the point of the anecdote. There is no concrete evidence to suggest that this interaction did or did not occur or if it was romanticized to any degree. The *Village Quarterly* would go on to spread the “asylum ideology” in the way that each cottage would have a column where presumably a patient would give an update on the goings and the lives of the patients and workers living at that cottage. In the update given from the Bergen Cottage, one patient reported:

We have seen great improvement in our cottage since Miss Green has had her classes in the afternoon . . . We all missed Doctor Renner very much. But I hope that he and Mrs. Renner enjoyed their vacation. Thanks to Dr. Engzelius’ good treatment [Patient named redacted]’s mashed thumb is getting along nicely . . . We have a nice cottage and enjoy our smoking room . . .³⁰

²⁸ Benjamin Reiss, *Theaters of Madness: Insane Asylums and Nineteenth-Century American Culture* (University of Chicago Press, 2008) *ProQuest Ebook Central*, <http://ebookcentral.proquest.com/lib/rutgers-ebooks/detail.action?docID=408604>.

²⁹ Redacted, “Christmas Morning in the Village,” *Village Quarterly*, December 1925.

³⁰ *Ibid.*

Here, the patient reporter from Bergen Cottage wrote a glowing account of the interactions between staff members and patients, which, is clear in the way that this patient wrote about missing their doctors when they went away on vacation. Additionally, the description of another patient's finger recovering is littered with positive phrases such as "good treatment" and the patient's healing is "getting along nicely." The patient's writing in the *Village Quarterly* furthered the idea that the State Village was taking the best care of their patients and that the quality of care was approved of by the patients themselves.

While the *Village Quarterly* is a source that is edited through the administration to show the positive aspects of the Village and cannot be solely used to determine what daily life was like for patients, it gives glimpses into the ways patients resisted. In the *Village Quarterly* Vol. 2, No. 3, the section titled the "Observers Column," as the title suggests, includes brief snippets of observations made by patients. One observer wrote "Why is it that every time there is a show at Smalley Hall with girls in it, Mr. Stryker has to come to the back of the stage? Who can tell, maybe he's the Village Sheik."³¹ Here is an instance of a patient speaking up about how one of the staff members, Mr. Stryker, was making young female patients uncomfortable. The line "Who can tell, maybe he's the Village Sheik" was likely intended to be a playful jab; however, it should be acknowledged that the "Village Sheik" was likely a derogatory reference to stereotypes relating to Muslim polygamy. This joke was meant to defuse the accusation that one of the staff members was exhibiting predatory behavior. Creating such a joke managed to obscure the discomfort of the female patients who were affected. While this observation about Stryker's behavior escaped official censorship, it is possible that many more instances of staff sexually harassing or abusing patients may have occurred, only to be suppressed from the official record.

³¹ Redacted. "Observer's Column." *Village Quarterly*, Vol. 2., No. 3, June 1926, Page 20 (63).

This comment was only part of a pattern of the Village's attempts to police patient sexuality. Growing up, Dr. Pullen overheard patients, predominately male, talking casually about their plans to meet up with female patients in the woods for sex.³² Dr. Pullen recalled: “. . . when I'd hang out with these men and their lounges, they were always talking about, you know, going and meeting the women in the woods. And so there was some children born.”³³ Patients were barred from living together and forming natural relationships with members of the opposite sex, yet they attempted to resist the control of the State Village administration by sneaking around.

The oral history from Dan C. Pullen offers another perspective, based on Pullen's experience growing up at the Village as the son of the State Village's dentist. Pullen lived on the grounds of the New Jersey State Village for Epileptics from 1936 to 1949. His father, Clifford W. Pullen, became the Village dentist in 1933 during the Great Depression. He and his wife first lived in the Bergen Building, which was apartment housing for staff members and their families. After Pullen was born, his family moved to Elm Lodge, located next to the Buckley Cottage, where male patients who were labeled as “highly functioning” lived. Due to the close proximity of the two houses, Pullen was friends with several male patients living at Buckley. In addition to living near the patients, Pullen had a lot of unrestricted access to most parts of the State Village, including the network of underground tunnels for personnel that ran between buildings. Pullen's interview makes it clear that staff treated patients in inconsistent, troubling, and sometimes abusive ways. He stated, “If you've got 100 employees, they're not all going to be sweet all the time,”³⁴ which accurately describes the inconsistent treatment and interactions that patients had with the staff.

³² Emily Borowski, Interview with Dr. Pullen, January 21, 2021.

³³ Ibid.

³⁴ Emily Borowski, Interview with Dr. Pullen, January 21, 2021.

The cottages at the State Village were not only separated by gender but also by their perceived level of impairment. Some patients were deemed as “intelligent” or “normal,” while others were labeled as “less intelligent,” “low functioning,” or “vegetables.” It should be understood that these labels, known as functioning labels, are derogatory because they are rooted in eugenics-based scientific terminology. Functioning labels dehumanize people with disabilities; the term *functioning* would be used to refer to a machine, not a person.³⁵ This terminology was used to label patients at the Village. Dr. Pullen explained the layout of the Village was designed that “. . . as you got further close to the center, there was a building like Ward, which was for the less intelligent or invalids, or non-functioning people. And then there were buildings like Musburger which has the people who are almost in a vegetative state.”³⁶ In addition to separating patients by their determined mental state, the State Village was structured so that there were several separate men’s cottages, boys’ cottages, women’s cottages, and girls’ cottages. With the Village being self-sustaining, patients who were deemed as high-functioning people worked in facilities that were separated by sex as well. In what was the village cannery (known as the Service Building), female patients canned the vegetables male patients grew at the farm on the property. Women who were labeled as high-functioning patients also had jobs where they took care of patients who were labeled as imbeciles.

A highly visible display of resistance came in the form of patients running away from the Village. Primary sources such as patient letters are a rarity. For that reason, I read the 1957 Rutgers dissertation “A History of the New Jersey State Village for Epileptics at Skillman” by Charles P. Jubenville. Jubenville included primary sources such as the 1921 letter titled “Written By the Sister

³⁵ “Here’s Why You Should STOP Using Functioning Labels,” *Planning Across the Spectrum*, August 18, 2020, <https://planningacrossthespectrum.com/blog/why-stop-using-functioning-labels/>.

³⁶ Emily Borowski, Interview with Dr. Pullen, January 21, 2021.

to a Patient who had threatened to Run Away in Case the Family Did Not Take Him Out of the Institution,” written by Gert to her brother, Joe, who was a patient at the Village. Joe shared a desire that many patients had: They wanted to live at home. This letter is crucial, as it reveals an instance of a patient attempting to resist institutionalized care at the State Village and it shows how people with epilepsy were perceived by their families. In the first few lines, Gert, in a stern tone, asserts: “You don’t even tumble to the fact that you are not wanted among your relatives. I won’t say ‘not wanted’ in the sense that they do not like you, but that your condition physically makes it necessary for them to have you away from them.”³⁷ This quote highlights the perception patients’ families had of their family members with epilepsy, which was that most families could not care for them in their homes. The lack of support for people with epilepsy to live at home caused pain and separation for patients and their families, just as Joe expressed in his threat to run away.

Relationships between families and patients could be complicated. Gert reveals that Joe has a wife and children: “You have no right to thrust yourself upon your wife and children—those children can remember and pray for you where you are, but they should not have to tolerate the presence of their father when he is subject to fits. No one wants to see you suffering, and certainly, no child should see so dreadful a sight. They may lose their reason by being frightened.”³⁸ Gert’s letter reveals one of the ways many family members perceived people with epilepsy. There was a strong concern that Joe’s seizures would frighten his children to such an extent that they themselves may become mentally disabled. This passage also shows that while Joe had a family that still wanted him, his family saw his epilepsy as a burden for his wife and children. It is possible that Joe’s epilepsy posed challenges for his family due to the lack of services in place to

³⁷ Charles P. Jubenville, “A History of the New Jersey State Village for Epileptics at Skillman.” Dissertation, Rutgers, The State University, 1957.

³⁸ Charles P. Jubenville, “A History of the New Jersey State Village for Epileptics at Skillman . . .” 1957.

accommodate the needs of people with epilepsy in their homes. The needs of people with epilepsy were not properly addressed, and instead they had to live in colonies or almshouses. While families struggled to care for people with epilepsy, institutional care often did not meet their needs either, made clear by Joe's desire to run away.

Joe was not alone in his desire to escape: Dr. Pullen's interview attests to the reality of patients resisting living at the State Village. When asked where patients would have preferred to be, Dr. Pullen answered: "At the time? They'd like to be home. Yeah. Once in a while, one would walk off to try to go home. But it was very difficult . . . they can't hitchhike on the railroad that came close, I suppose. Copper railroads, I'm not sure. I can remember the phone calls and go around to all the staff members and they get in their cars and go look for people who've walked off."³⁹ Patients making attempts to leave the property were not uncommon. The State Village was chosen to be in Skillman, New Jersey, in order for it to be isolated away from other people and far away from easy access to transportation, which meant that leaving the property was difficult. The fact that patients were willing to make attempts to run away despite the odds being stacked against them speaks volumes. "Most of the patients didn't like being there," Dr. Pullen explained. "They complained about the food, complained about being locked out, isolated."⁴⁰ Patients were restricted from freedom. While the epileptic colony model and the Cottage Plan may have afforded patients more freedom than they had been given at asylums, that freedom was still limited. They did not have the same rights as non-epileptic people and the patients were aware of that fact, which is shown in the ways they attempted to resist.

In order to oppose her brother's desire to be taken out of the State Village, Gert also includes in her letter the commonplace idea that Joe's seizures would harm his children. Gert

³⁹ Emily Borowski, Interview with Dr. Pullen, January 21, 2021.

⁴⁰ Ibid.

wrote: “. . . you would then be guilty of making your own child a victim of insanity. You have lived your life; theirs is just begun . . . Begin to think of others in the proper way, Joe, if you are able to at all, and do not try to burden others with your presence.”⁴¹ Here, Gert attempts to pressure Joe into staying at Skillman by stating that his seizures would scare his children to the point of turning them insane. Gert’s assertion that Joe’s seizures would scare his children so severely that they themselves would become insane is manipulative and puts the blame on Joe rather than rightfully putting the blame on society’s failure to treat people with epilepsy on their own terms. It should be noted that Gert’s letter was intended to convince Joe to stay at the State Village to avoid being perceived as insane and sent to a place with harsher conditions. Gert went even as far to say that if he kept this up, “they will no longer keep you at Skillman, and you know the only place left is Snake Hill.”⁴² Snake Hill was the site for the Hudson County Hospital for the Insane and from Gert’s warning, it can be inferred that the care at Snake Hill was worse. The phrase “do not try to burden others with your presence” encapsulates the way people with epilepsy were perceived by not just their respective families, but by society. The word *burden* appears numerous times throughout literature published from the State Village and the ERO to convey the idea that people with epilepsy were difficult to take care of while also placing blame on the person with epilepsy for needing extensive care.

Epileptics were perceived as burdens because it was believed that if they were to live in mainstream society, they would run amuck and cause physical damage to people and property.

Laughlin confirms this in his writing when he states:

Society arrests and confines the leper, the victim of smallpox . . . and treats them according to its own will, with or against their consent. It does not hesitate to remove a gangrened limb, a diseased organ from a person if it be necessary; it shuts up the insane, the imbecile, the criminal for public protection, it inflicts

⁴¹ Charles P. Jubenville, “A History of the New Jersey State Village for Epileptics at Skillman . . .” 1957.

⁴² *Annual Report of the Managers of the New Jersey State Village for Epileptics for the Year Ending . . .* 1898.

punishments of various degrees, compels men to labor without pay, for its good, in duration, even deprives them of life if it pleases.⁴³

Here, Laughlin uses an analogy where he compares removing disabled people from society to removing a diseased organ that's causing a body direct harm to argue in favor of segregating society for disabled people. While Laughlin's analogy was likely effective in conveying that it was necessary to remove disabled people, his logic is untrue, as removing disabled people from society is not necessary or humane. From this statement alone it can be concluded that Laughlin was cruel and did not care for the well-being of disabled people, as he mentions inflicting punishment on patients, expresses joy at having disabled men work for no pay, and outright admits to denying disabled patients from enjoying life through segregation and institutionalization.

In her letter to her brother, Gert wrote: "There is no liberty in that place [asylums], but there is liberty of the greatest limit in Skillman." Gert is saying that there is no freedom at other asylums, presumably at Snake Hill. However, within the confines of the State Village, there is more freedom available compared to the other alternatives. It's important to address the nuance that comes with the history of the State Village. It's fairly likely that Gert was correct in her assessment that Skillman had more freedom for its patients. Her letter shows that Joe was going there with the intention of hopefully one day becoming cured from seizing and would be able to return home to his family. For people who were unmarried and for people who didn't have a family readily waiting for them to come home, the experiences vary widely.

It's important to point out that the relationships between the patients and the staff would vary depending not only on the time period but also on the individual staff members. The *Village Quarterly* paints only a positive depiction of the patient-staff relationships and does not show the

⁴³ Harry H. Laughlin, *Eugenical Sterilization in the United States: (A Report of the Psychopathic Laboratory of the Municipal Court of Chicago)* (Chicago, Illinois: Psychopathic Laboratory of the Municipal Court of Chicago, 1922), 158.

full scope of what those relationships were like. Other eugenic literature, however, depicts a brutal view of relations between staff and patients. In *Eugenical Sterilization in the United States* by Harry Laughlin, he argues that:

The term “inmate” in the sense here used includes prisoners, patients, pupils, and members of institutions for care, treatment, and punishment. It is found necessary to provide a legal meaning for the term “inmate,” because many institutions, especially those independent classes, and indeed for some of the institutions for delinquent and wayward girls, have objected to the term “inmate.” But if given a legal definition, it need carry no connotation of shame or blame.⁴⁴

Laughlin knowingly points out how the term *inmate* is used to describe people who are being punished, the most visible example being people who are prisoners, and even goes as far as to state how other institutions have rejected the term likely due to having oppressive connotations. At the State Village, patients were referred to inmates interchangeably and when used, it was used by staff members to remind them of their position in society. When asked about whether he had overheard the term *inmate* used, Dr. Pullen recalled a time when “there was a main formal dining with physicians, some of the women that were waiting in there. One of them I’m pretty sure was committed because her family didn’t want her home anymore. And she was probably pretty normal. And I guess she was giving somebody trouble that she really shouldn’t be there. And I can remember [staff] answer[ing] back, well, ‘you’re an inmate here, you have no control . . .’”⁴⁵ Words such as *inmate* were intended to be offensive to patients at the State Village and served as reminders that being there meant that they did not have the same freedoms as other people.

Alice Smith is another patient who exemplifies the ways in which the Village administration demeaned and sought control over their patients’ sexualities. It is important to acknowledge that the experience of patients at the State Village varied depending on their race,

⁴⁴ Laughlin, *Eugenical Sterilization in the United States*, 456.

⁴⁵ Emily Borowski, Interview with Dr. Pullen, January 21, 2021.

gender, whether or not they had families who cared for them back home, and their marital status. Patient Joe, whose sister's letter indicated that he was married and that he had a family waiting for him upon release, would have had a different experience than an unmarried female patient like Alice Smith. Smith was committed to the New Jersey State Village for Epileptics at age 21 on August 19, 1902, by Judge of the Court of Common Pleas of Essex County Alfred F. Skinner. She was born in September of 1884, and Laughlin saw her upbringing as deficient: "The patient attended school very little, and had practically no home training. Her parents lived in an alley way, in a section of the city which is the habitat of negroes."⁴⁶ The observation that Smith rarely attended school at first suggests that she, like many of the patients at epileptic colonies, were prevented from attending school due to living at training schools or almshouses. Smith likely did not attend schools often due to instability at home combined with society's mishandling of people who were disabled. When recalling her upbringing, Laughlin is quick to mention in his report that Smith and her family lived in what was likely a predominantly Black neighborhood. Race was a factor, if not the leading factor, for the nationwide push for eugenic medical practices. While it is not explicitly stated that Alice was chosen as the New Jersey sterilization test case for the ERO due to race, given that the primary goal of eugenics was to maintain and eventually perfect a white race and the fact that it was known by the staff at the State Village that Smith grew up near a Black community, it is likely not a coincidence that Smith was the one chosen to be the test case in New Jersey. The ERO would capitalize upon Smith's entanglements with Black people, in addition to her epilepsy, to argue for her sterilization.

Further reading of *Eugenical Sterilization in the United States* goes on to reveal personal details about the life Alice Smith had lived thus far, via an interview that took place between her

⁴⁶ Laughlin, *Eugenical Sterilization in the United States*, 293.

and the board of doctors at the State Village when her case was presented. The interviewers asked leading questions for the purpose of showing that epilepsy, along with other mental and physical disabilities, were hereditary, with the conclusion that members of her family should not have more children. Yet Laughlin also reveals snippets of Smith's own words, revealing moments when Smith resisted the examiners' attempts to justify her sterilization based on her gender, sexual history, and disability.

Smith's sexual history was of particular importance to her interviewers. During evaluations, interviewers asked Alice questions they knew the answers to already (i.e., questions about her family: Do you know your father's name and age?) and they asked her questions about her past, including her sexual history. At the age of 17, Alice is known to have had sex with a Black man, which resulted in Alice giving birth to an illegitimate mixed-race child. Alice is asked if she knew the name and race of the father, to which she says she doesn't know or remember. It is documented in the interview with the question, "Dr. C.: Do you know how old the baby was before you came here? A. Two years old,"⁴⁷ that the staff members at the State Village knew of her baby prior to Alice living on property. What the interview does not reveal but can be inferred is that the staff was fully aware that Alice had a mixed-race child, as the doctor explicitly says "before you came here," which indicates they are referring to the State Village. It can also be inferred that the staff knew more about Alice's past than they let on during the interview, as the book reveals:

Patient states that one evening when she was returning home, about 9 p. m., she was met by a negro, whom she accompanied to a vacant lot nearby, where they indulged in sexual intercourse. She became pregnant, and in 1901 was delivered of a female offspring. At this time she was cared for during her accouchement in the almshouse. After she came from the childbed she returned to her father's home and kept the baby until it was taken by the Children's Guardians' Society, who later

⁴⁷ Laughlin, *Eugenical Sterilization in the United States*, 298.

placed it in a private family, but it died at the age of two years and three months of pneumonia.⁴⁸

It is important to acknowledge the gravity of what happened to Alice. It is difficult to know whether Alice's child was given up of her own accord or if the Children's Guardian's Society took the baby away from her. There is little to no documentation on Alice's feelings toward her daughter, other than the part in her interview where she acknowledges that she had a child. It's also important to note that what we know about Alice from this book is from a eugenical lens, and we should operate under the assumption that her words are likely filtered, optimized to uplift the eugenics movement.

While Alice's words are being filtered through the work of a eugenicist author, it is still possible to find Alice in the text. It is recorded that she was “. . . a young woman with a pleasant facial expression, very kind and obliging in manner and a very good and steady worker. She has a special fondness for children. Upon the several occasions that she was examined she co-operated very well, and willingly answered all questions.”⁴⁹ Laughlin mentions several times throughout the text that Alice loved children and there is a strong possibility that she worked with children at the Village, because she is documented as having been employed at Bergen Cottage, the cottage for children. When asked about her plans after leaving the village, Alice says that she would like to find a job doing “house work or minding children.”⁵⁰ The eugenic desire to sterilize her is also likely connected to her fondness of children, despite giving her reason for not wanting to have children, as seen in the following exchange: “Dr. C.: Would you like to have any more children? A. No, sir, no married life for mine. Dr. C.: Do you think you would have children if you did? A. No, they might have the same disease as I have. Dr. C.: Then you don't want any more children?”

⁴⁸ Laughlin, *Eugenical Sterilization in the United States*, 293.

⁴⁹ Harry H. Laughlin, *Eugenical Sterilization in the United States*, 295.

⁵⁰ Laughlin, *Eugenical Sterilization in the United States*, 298.

A. No, sir, I don't."⁵¹ While Alice gives the doctors the answers they would have wanted to hear, that she did not plan on marrying or having children because they themselves may also be epileptic, the text also claims: "She does not see the reason why her parents should not have had children, as the doctor at home never told them that her disease was due to heredity. She considers herself now cured; denies any desire to marry, 'because men are no good; they marry you and then they leave you after a few months.' She would not, however, be afraid to have children, as she considers herself cured, and, therefore, she could not transmit the disease."⁵² It is difficult to know what exactly transpired between Alice and the Board of Examiners in the interview. Alice is recorded as having said that she would not have more children; meanwhile, the text insists that she had declared otherwise, that she did not understand that she could pass epilepsy down to her offspring. While the interview is opaque about Smith's feelings, Smith's documented fondness for children is wrenching, given the loss of her daughter.

Alice's words are further complicated under the State Village Board of Examiners and in the text of *Eugenical Sterilization in the United States* when it delves into details regarding her sexual history. In order to not reproduce the invasive nature of the questioning, I have chosen not to document all of the details here. But the interviewers disturbingly describe the sexual assault that led to Smith's pregnancy: "Of her sexual experience with the negro some years ago, she speaks quite indifferently. She professes ignorance of the culprit. One night at 9 p. m. when she was returning from her work, this colored man offered her his company, and while they were near an empty lot, he dragged her in and there committed rape upon her. She never notified the police because she could not have described the man. She, however, told her father of the occurrence."⁵³

⁵¹ Ibid.

⁵² Laughlin, *Eugenical Sterilization in the United States*, 296.

⁵³ Laughlin, *Eugenical Sterilization in the United States*, 293.

Laughlin's description of Smith's assault is difficult to follow, but Laughlin and the other examiners clearly blamed Smith for her own rape. The phrase ". . . she speaks quite indifferently" claims that Alice spoke with no apparent emotion about her assault. Such a claim does not reveal Alice's feelings about her assault and only documents how a group of male medical examiners perceived her answers. The text goes on to conclude:

She was always a good natured and obliging girl, with the hypersexuality which is common in defectiveness. This patient did not possess the normal aversions of a white girl to a colored man, who was perhaps nice to her. We can disregard her version of being raped, as the specialists on this subject have proven in extensive literature that it is practically impossible for one man to commit this crime unless the victim is insensible, which latter state did not take place.⁵⁴

The examiners decided to ignore Alice's sexual assault due to her "hypersexuality," a trait often negatively prescribed to disability. People with disabilities were and continue to be saddled with two conflicting views of sexuality from temporarily able-bodied people. People with disabilities are often perceived to be childlike, and therefore intrinsically innocent. This incorrect belief results in disabled people being excluded from adequate sex education and from having space to practice safe sex. Disabled people were also historically perceived as being hypersexual people who, if released into society, would run amok.⁵⁵ It should also be noted that throughout history, white women have made false claims of being raped by Black men. In Smith's circumstance, it is unknown whether or not her claim had been false and it is best to presume that at this current moment, we do not know what happened between Smith and her child's father. Still, Smith was perceived as being a hypersexual person, and the blame for her rape was placed on her for not having "normal aversions of a white girl to a colored man." *Eugenical Sterilization in the United States* clearly takes notice that Alice had relationships with Black people in her hometown.

⁵⁴ Laughlin, *Eugenical Sterilization in the United States*, 296.

⁵⁵ Rachel Adams, "Privacy, Dependency, Discegenation: Toward a Sexual Culture for People with Intellectual Disabilities," *Disability Studies Quarterly*, 35, No. 1 (2015).

The text asserts that Alice was not “insensible” when her assault took place, asserting that because Smith was conscious, she could not have been raped. This conflates awareness of having sex with consent, a common though incorrect framing that continues to be used against victims of sexual assault to this day.

The wording used in the description of Alice’s assault is confusing, conflicting, and hard to follow, which makes it difficult to decipher. With the wording being so imprecise, it is important to consider the different possible chains of events and acknowledge that we will likely never know what exactly happened when Alice reported the assault to the staff at the State Village. What we do know is that the staff disregarded Alice’s assertion that she had been raped; instead they blamed her for “hypersexuality” and for crossing racial boundaries. The Village adamantly tried to assert control over Smith’s sexuality and yet had no qualms about using Smith in their eugenicist literature, using her “hypersexuality” and her relationships with Black people as a reason for her own sterilization and the sterilization of people with disabilities. Lost in Laughlin’s account of Smith’s life is how a traumatic series of events—her rape, her pregnancy, and the birth of her child; her separation from her child; her child’s death—would have shaped the young woman who fought against sterilization in *Smith v. Board of Examiners*. Alice Smith was used in part of the ERO’s ploy to advance individual state sterilization laws. Personal details ranging from her upbringing to her sexuality to her epilepsy were put on public display both in court and in eugenicist literature because the Village facilitated and allowed it to happen. To say that the Village was merely a better alternative for people with epilepsy during the early twentieth century erases the harm that Smith and other patients had to endure under the guise that they could have had a worse experience in an asylum.

Alice Smith's case is one of many instances where the State Village attempted to control the sexuality of their patients and patients tried to resist. Pullen remembers shelves of a pathology lab filled with "these big glass jars with embryos in it . . . the product of abortions that they were doing on patients who became pregnant."⁵⁶ When Pullen asked his father about what he had seen, his father told him, "Don't worry about that."⁵⁷ How many of these women wanted an abortion? How many of them were subjected to the procedure without their consent? How many women were sterilized without being told what happened to them? We cannot know. But we do know that every abortion at the Village furthered eugenicists' quest to prevent people with epilepsy from being born. The eugenic method of breeding epilepsy out of society was inflicted upon patients through abortion.

Daily life at the State Village is inseparable from patients resisting the institutionalization that was inflicted upon them, especially the staff's attempts to control patients' sexuality. Despite the State Village adhering to the Cottage Plan and separating patients by sex, patients resisted by coordinating with each other for sex in the woods. Alice Smith likely tried to resist the State Village by feeding them answers they wanted to hear in order to secure whichever outcome gave her the most freedom. There is also irony in the staff's desire to maintain a sexless society for the patients when there are accounts of staff members being sexually suggestive with patients, such as Mr. Stryker leering at young female patients backstage at Smalley Hall. Daily life at the State Village is often summarized as having been a better place for people with epilepsy; however, this point fails to acknowledge that the conditions at the State Village were not just poor, but that the people within the institution did not want to be there.

Chapter 3: The Importance of Historical Memory and the Village

⁵⁶ Emily Borowski, Interview with Dr. Pullen, January 21, 2021.

⁵⁷ *Ibid.*

As the New Jersey State Village for Epileptics entered the mid-twentieth century, the property and the administration fell into decline both due to financial reasons and improvements made in drugs designed to treat epilepsy. These improvements allowed patients to rejoin society. With epileptic colonies having become obsolete, the Village ceased to exist, and the property was subsequently used to treat patients with other disabilities until closing for good in 1998. The buildings were demolished in the 2010s to make way for a county park that has no accessible signage teaching people about the site's history. With the buildings now gone, the history of the Village and its existence is not widely known, which has resulted in the inability for people to connect with the site's historical memory. However, the Village slipping from public memory, in a way, has sheltered former patients from being characters in ghost stories that have risen in popularity at other former asylum sites around the country. The former site of the Village has great potential to become a site of learning about the history of epilepsy, disability, and eugenics without making the patients out to be supernatural ghosts.

Prior to being demolished in the twenty-first century, during the 1930s and 1940s, the New Jersey State Village for Epileptics underwent several challenges. The State Village had a steady flow of patients being admitted, but the Great Depression resulted in budget cuts, which meant that the institution did not have the funds to build housing to accommodate the growing population. In *A History of the New Jersey State Village for Epileptics*, author Walter C. Baker wrote: "At times, funds were not available even to purchase the quantity and kinds of foods necessary to provide nutritionally proper diets."⁵⁸ It was during this time that Dr. Pullen remembers patients complaining about the quality of the food being not to their liking.⁵⁹ The United States' entry into

⁵⁸ Walter C. Baker, *A History of the New Jersey State Village for Epileptics*, 2nd ed. (Belle Mead, NJ: Van Harlingen Historical Society, 2005), 29.

⁵⁹ *Ibid.*

World War II introduced the issue of staff members being drafted to fight in the war, leaving many positions unfilled. Baker writes: “Qualified people did not seek the jobs available at the institution. Pay was poor and hours were long. High-paying war industry jobs were more attractive. Only the poorer quality worker was available to the institution.”⁶⁰ Dr. Pullen recalls: “One of the things that happened during the war, they lost half the physicians that were drafted in the army, they lost half the attendants. So everybody was short-staffed and the care deteriorated.”⁶¹ The steep decline in care that Dr. Pullen witnessed was noticeable to people living on the outside, as the State Village caught statewide attention. Baker writes: “The 1949 newspaper articles stated that, with medication, many of the 1,500 patients could be restored to a useful life. The descriptions of the institution included such phrases as ‘now thrown into the dark closet of neglect,’ ‘New Jersey’s most tragic institution,’ and ‘the Snake Pit of New Jersey.’”⁶² The phrase “dark closet of neglect” encapsulates the experience many patients endured.

Neglect can come in many forms, such as patients like Alice Smith and her siblings living out the rest of their lives away from their family at State Village. The two graveyards are physical proof of neglect, as most, if not all of the people buried there, were buried on property because they had no family. The phrase “the Snake Pit of New Jersey” directly refers to the poor quality of care. When asked about why the State Village was referred to as a “snake pit,” Dr. Pullen replied: “That’s because of Moosbrugger. That was a building where dividing the two wings was bars and the doors had bars on the windows. The people that lived there probably had IQs of 10 or 20. Someone crawled around. It was dirty and filthy. It smelled bad . . . And they’d herd all these patients out of those fenced-in yards to get fresh air while they hosed out the building. And that’s

⁶⁰ Baker, *A History of the New Jersey State Village for Epileptics*, 29.

⁶¹ Emily Borowski, Interview with Dr. Pullen, January 21, 2021.

⁶² Baker, *A History of the New Jersey State Village for Epileptics*, 29.

why it was called the snake pit.”⁶³ With the newspaper descriptions of the institution matching with Dr. Pullen’s account of how patients were treated, the State Village was no longer delivering care that was considered to be more humane for patients than living in asylums.

The phrase “the Snake Pit of New Jersey” was, just as Baker wrote, found in newspapers across the state. Published in March of 1950, the *Item of Millburn and Short Hills* newspaper quoted the superintendent of the State Village, Dr. Diomedes Guertin, as referring to the institution as “the snake pit.” The article “Donations for Skillman Village” reveals that the *Item* was taking donations of “books, magazines, clothes, toys, games, sports equipment, musical instruments, band or orchestra music and radios.”⁶⁴ The article goes on to mention “Recent publicity in the *Item* and other newspapers on the deplorable conditions at Skillman Village for Epileptics has brought about a natural desire on the part of many people wishing to donate articles . . .”⁶⁵ This reveals that the conditions at the State Village were well known across the state, likely due to people visiting the institution themselves and by reading about the conditions in the newspaper. Regardless, the conditions at the State Village were considered to be newsworthy and caused great concern in towns that were far away, which is made evident in the line “has brought about a natural desire . . . of many people wishing to donate articles.” The article went on to explain that “visitors who have returned from Skillman have assured us of the desperate need there. The approval of the bond issue shortage last November will eventually relieve the extreme building shortage and improve the present buildings but meanwhile, we can all probably give immediate non-capital needs by donation . . . which will materially improve the day to day existence of the patients.”⁶⁶ This passage touches upon the housing shortage that had stemmed from the budget cuts during the Great

⁶³ Emily Borowski, Interview with Dr. Pullen, January 21, 2021.

⁶⁴ “Donations for Skillman Village,” *Item of Millburn and Short Hills*, March 30, 1950.

⁶⁵ *Ibid.*

⁶⁶ *Ibid.*

Depression. The budget cuts from the 1930s had long-lasting effects on the State Village, up until at least the 1950s.

As the quality of patient care declined, new therapies for epilepsy began to supplant the need for institutional care. Rapid progress was made in developing drugs to help treat epilepsy. Phenobarbital was first used to treat seizures in the 1950s, and “remains the most prescribed drug for epilepsy in the world.”⁶⁷ While doctors at the time had no idea how the drug would greatly transform the treatment of people with epilepsy, they recognized the development of the drug as extremely promising even at its inception. With the introduction of new medicine, the State Village was on its way to changing the way they implemented care. Dr. Guertin created a consultative service where patients seeking to be admitted would be evaluated by field physicians. When the patient was determined as only having epilepsy, they were given a regular regimen of medicine that allowed for periodic visits. For patients who had more complications, they would be admitted for a short period of time to allow physicians to establish a medication regimen better suited for that patient, which would allow them to return home.⁶⁸ The focus on treating people with only epilepsy with the intent of having them return to living at home suggests that people with epilepsy were slowly no longer presumed as having other mental illnesses, such as insanity. This treatment method stands in contrast to Harry H. Laughlin’s writing about people with disabilities in 1922 in his publication *Eugenical Sterilization in the United States*, as he wrote that society should “shut up the insane, the imbecile, the criminal for public protection,”⁶⁹ which is the opposite of cultivating a program where the patient would return home to their family. Due to the specific mention that people with only epilepsy were considered for the consultative program, it can be

⁶⁷ Simon D. Shorvon, “Drug Treatment of Epilepsy in the Century of the ILAE: The First 50 Years, 1909–1958.” *Epilepsia*, 50 (March 11, 2009): 69–92. <https://doi.org/10.1111/j.1528-1167.2009.02041.x>.

⁶⁸ Baker, *A History of the New Jersey State Village for Epileptics*, 29.

⁶⁹ Laughlin, *Eugenical Sterilization in the United States*, 158.

inferred that people who had epilepsy in addition to other disabilities likely were treated differently.

In addition to transitioning the State Village to consultative care, Dr. Guertin made the dire conditions of the State Village known to the public by inviting the press to the premises.⁷⁰ Dr. Guertin was also working with a select few members of the administration at the New Jersey Psychiatric Hospital in Trenton to help improve the conditions at the Village. One of the ways in which Dr. Guertin attempted to help was that he fought to ensure that a bond for the State Village would be on the ballot that November. This funded three large buildings that came furnished with kitchens for congregate feeding. The State Legislature also decided that the Village for Epileptics would be phased out and the property would be used to accommodate people with other disabilities.⁷¹ In 1952, the New Jersey State Village for Epileptics turned into the New Jersey Neuro-Psychiatric Institute.

Another movement that was taking place during the time in which the State Village became the New Jersey Neuro-Psychiatric Institute was deinstitutionalization. Deinstitutionalization was a movement that started in the 1960s with the intent to move patients with intellectual disabilities and mental health issues out of long-term institutional care in order to integrate them back into society. While the State Village did not shut down, the consultative program was sending people with only epilepsy home. For some people who had been living at the State Village, being released came with the caveat that they had grown up in a sheltered institution under surveillance. The Eugenics Archive makes the point that many life skills that were taught at institutions did not accurately translate to real-life: “taking public transit, making appointments with social workers, doctors, psychiatrists, and others had never been part of the closely monitored functions of the

⁷⁰ Baker, *A History of the New Jersey State Village for Epileptics*.

⁷¹ *Ibid.*

institution. On the outside, life was very different and people . . . who had spent their entire lives within a carefully structured and supervised environment carried many of their institutionalized habits into the community.”⁷² The high level of sheltering relates to Dr. Katzenellenbogen’s observation from his 1950 report “A Critical Essay on Mental Tests in their Relation to Epilepsy,” in which he points out that “the overwhelming preponderance of failures in epileptics is due to the . . . lack of training due to the absence of school education and lack of the common experiences of life caused by the necessity of early confinement.”⁷³ For years, doctors at the State Village were aware that patients who had spent most of their lives in institutional care would struggle acclimating to the outside world.

For other patients, some had grown up outside of institutionalized care and did have the skills to rejoin society, with fewer challenges than their peers would have had. When asked where patients would have preferred to live, Dr. Pullen promptly responded: “At the time? They’d like to be home.”⁷⁴ During his childhood, Dr. Pullen recalled his friendships with the patients, and that he “became very friendly with some of the men; in my end of the community was a man named Francis who came into our house and made us breakfast. There was a man named Norman who was almost like a grandfather to me . . . And these guys, one of the men in there used to be a sailor, he taught me how to splice rope. I became very friendly with him.”⁷⁵ The men whom Dr. Pullen had been close to had previously lived outside of the State Village. His memories of people running away suggests that people who had not been raised in institutional care had knowledge on how to live outside of an institutional setting.

⁷² Erica Dyck, “Deinstitutionalization,” *The Eugenics Archives*, April 28, 2014. <https://eugenicsarchive.ca/database/documents/535eeb1a7095aa0000000219>.

⁷³ Edwin Katzenellenbogen, “A Critical Essay On Mental Tests In Their Relation To Epilepsy.” *Epilepsia (Copenhagen)* 1950 B4 (2): 168. <https://doi.org/10.1111/j.1528-1157.1950.tb03294.x>.

⁷⁴ Emily Borowski, Interview with Dr. Pullen, January 21, 2021.

⁷⁵ Ibid.

The New Jersey Neuro-Psychiatric Institute would undergo its final name change in 1983, when it was renamed the North Princeton Developmental Center (NPDC). NPDC would shift its focus to taking care of patients with neurological disorders, cerebral palsy, and other developmental disabilities.⁷⁶ The Developmental Center began shutting down in 1995; the final patients left the facility in 1998. *Life After North Princeton Developmental Center, Final Outcomes, A Follow-Up of Former Residents* was a study conducted in 2003 by the Staff of the Developmental Disabilities Planning Institute to uncover if the detrimental effects of deinstitutionalization were felt by former patients. The study revealed that “there is no evidence that deinstitutionalization in New Jersey is associated with increased mortality, and no other negative consequences of deinstitutionalization were found. Despite opposition to the closure of NPDC by some family members, there is now strong support for community living by a clear majority of NPDC family members.”⁷⁷ While this specific study found no evidence of negative outcomes associated with the deinstitutionalization of NPDC, critics have argued that releasing patients who had spent the majority of their lives under constant surveillance in psychiatric care into the outside world with no support systems in place is harmful.⁷⁸

With the last of patients moving out in 1998, the NPDC, formerly the New Jersey State Village for Epileptics, sat abandoned. After the closure of the developmental center, Montgomery Township attempted to negotiate with the state on purchasing all 260 acres of land. This was semi-unsuccessful, as “the local board of education acquired a 12-acre tract to build the Village Elementary School under a lease-purchase agreement in 1998. Since then . . . the town has made

⁷⁶ Maxine N. Lurie and Marc Mappen, *Encyclopedia of New Jersey* (Rutgers University Press, 2004).

⁷⁷ Dawn Hall Apgar, Paul Lerman, and Tameeka Jordan, *Life After North Princeton Developmental Center: Final Outcomes* (New Jersey Office of Legislative Services, 2003).

⁷⁸ Erica Dyck, “Deinstitutionalization.”

at least four offers . . . but each was turned down without so much as a counteroffer.”⁷⁹ The elementary school opened soon after the township purchased the 12-acre tract; however, because the township was not able to purchase the surrounding land, the school was built in the middle of what had become the abandoned State Village property.

A *New York Times* article published in 2005 titled “The Ghost Town Next Door” opens by describing the image of the active school operating in the midst of what was an abandoned town:

A fence surrounds the playground of the Village Elementary School here. On one side, kids laugh, shriek and dart around the yard, burning off the pent-up energy of an ordinary school day. On the other side of the fence, the scene is eerie and subdued. More than 100 abandoned buildings dot the landscape, like some kind of empty village of the damned. The sagging porches and toothy windows suggest years of neglect, as if, suddenly, an entire town had packed up and left in an uncanny exodus.⁸⁰

The author, Jessica Bruder, took note of the massive scale of the abandonedness by putting emphasis on the triple-digit number of buildings and comparing the site to an “empty village of the damned.” The article mentions little about the former patients themselves and instead puts emphasis on the state of the buildings. This is evident in the line “The sagging porches and toothy windows suggest years of neglect,” which highlights the theme of neglect. Bruder’s point of mentioning the neglect connects to how people perceived the conditions of the State Village as late as the 1950s; Baker recalls newspapers describing patients as having been “. . . now thrown into the dark closet of neglect.” The 2005 article puts forward the idea that the buildings themselves have been neglected, disregarded by the township. In addition to the phrases “sagging porches” and “toothy windows,” the imagery of “. . . an entire town had packed up and left in an uncanny exodus” evokes a horror genre picture. By emphasizing how scary the abandoned village looked, Bruder obscured the suffering of the patients and the conditions that they endured.

⁷⁹ Jessica Bruder, “The Ghost Town Next Door,” *New York Times*, February 6, 2005.

⁸⁰ Bruder, “The Ghost Town Next Door.”

The acquisition of the land was further complicated as the town attempted to make offers to purchase the land, all of which were rejected by the state. Meanwhile, the state continued the expensive upkeep of the land as “maintenance, which includes boarding up windows, welding doors shut and paying for private security, costs \$500,000 to \$1 million each year, according to the state.”⁸¹ The high cost of maintenance was attributed to the need to remove asbestos, lead paint, and hydraulic fluid from the buildings, in addition to removing landfills likely containing contaminated materials. The state and the town went back and forth on who was responsible for cleaning up the land, with the state believing the estimated cost the township presented was too high. The state also suggested that the township was exaggerating the health and environmental concerns of the former State Village.⁸²

While it could be argued that the dollar amount that the township estimated for the clean-up was high, the safety concerns were valid. The property became a site of urban exploration by locals and people who lived outside of town. Remnants of urban explorers exist on video-sharing websites such as YouTube, where people have posted their videos of themselves trespassing while also documenting what the inside of the buildings looked like. The comment sections, while unverified, have become a place where people share their collective memories of the property. One commenter shared: “This is 5 minutes from my house was right outside the local high school, we didn’t have to go far for cheap thrills like laying in the hospitals body freezer, or searching for the lost tunnels.”⁸³ Patients who had no family or a family that wanted them would later be buried in either the Upper Sacred Grounds or Lower Sacred Grounds Cemeteries.

⁸¹ Bruder, “The Ghost Town Next Door.”

⁸² Ibid.

⁸³ *A History of the New Jersey Village for Epileptics at Skillman*. YouTube. YouTube, 2011.

The former site of the State Village was further desecrated when houses were purposefully set on fire. In 2004, a volunteer firefighter saw smoke emanating from the Lakeside House and called the Montgomery Police.⁸⁴ “The Ghost Town Next Door” quotes the director of the Montgomery Township Police Department at the time, Michael Beltranena: “There was no reason for that to start on fire by itself . . . There’s no power in the place.” He added that it seemed like a case of arson and that his own officers had beaten the state’s private on-site security force to the scene. “They need to do better than that,” he said. “I’ve never seen more than one security guard.”⁸⁵ With the Lakeside House burning down paired with the multiple statements from town officials that the state security wasn’t doing enough to the countless videos of people posting themselves trespassing, the township was correct in their assessment that the state wasn’t doing enough to protect the State Village property.

Wanting to preserve the property for historical purposes also played a role in the township’s desire to acquire the land. Community members took it upon themselves to do what they could to take care of the property and came up with ideas for how to repurpose the buildings:

Former Mayor Don Matthews uses his own tractor to mow the hip-deep weeds that are choking off one of two cemeteries where patients were buried. A local Rotary club tends to the other one. Members of Sourland Hills Actors Guild, a community production troupe, look longingly at Smalley Hall, a grandiose theater complete with balconies, dressing rooms and even an old ticket booth.⁸⁶

Outside forces such as the Epilepsy Foundation of New Jersey had plans to turn Maplewood Manor into a museum. Eric Joice, the executive director stated: “We hope to see a museum and learning center about the origins of epilepsy and how it’s been handled in the United States . . . Our position has been [that] thousands of people were residents of this particular

⁸⁴ Bruder, “The Ghost Town Next Door.”

⁸⁵ Ibid.

⁸⁶ Ibid.

institution and they really represented how we treated people at a part of time, and how we continue to treat some people even today.” Joice’s assertion that there had “been thousands of people who were residents of this particular institution” emphasizes the large impact the State Village had on people with epilepsy in New Jersey. Additionally, the fact that a collective group of people with epilepsy wanted to use the site of the State Village as a museum to educate people about their own history in New Jersey is significant. Joice also asserts the sentiment that the State Village, which had opened in 1898, was representative of “how we continue to treat some people even today” and that the museum would be able to draw attention to the mistreatment of disabled patients both past and present.

In 2007, Montgomery Township purchased the land from the State only to sell it to Somerset County after remediation.⁸⁷ The township website states: “Ninety-two of these buildings were abated and demolished in the summer of 2007 by the Township of Montgomery. The few remaining buildings were boarded up while being considered for potential reuse,” while the township remediated environmental issues. The economic crash of 2008 halted further plans for redevelopment, and town officials decided “that they should consider other uses for the property.”⁸⁸ The town and Somerset County worked on reaching an agreement over the transfer of ownership, with the stipulation that the land be converted into a recreational county park in 2011 for \$15.9 million, not including the Pine Knolls and Maplewood Manors.

From the perspective of a town local, it seemed that Maplewood Manor, the building that had been prescribed as embodying the entire history of the State Village, was gone, along with the hopes of constructing a museum on the history of epilepsy. The loss of Maplewood Manor left no buildings remaining on the land and embodied the loss of the State Village entirely.

⁸⁷ “Skillman Park,” Montgomery Township, New Jersey. Accessed April 8, 2021.

⁸⁸ *Ibid.*

In 2012, Somerset County created a committee to plan the redevelopment of the park, and three years later, in April of 2015, the county officially opened the land to the public as Skillman Park, complete with a 2.2-mile trail loop, a dog park, kiosks, parking, and other amenities.⁸⁹ In 2021, the park makes only a few references to the history of the land. Currently, there is a faded sign that is both unreadable and inaccessible and sits adjacent to Route 518. The kiosks display posters advertising upcoming town events alongside relevant information about the nature of the park, such as pests and bears to watch out for, as well as maps to prevent visitors from getting lost. There is no mention of the State Village presented in these kiosks. It should be noted that the Montgomery Township website does provide a concise history of the land. This does, in fact, encourage people who are seeking information about Skillman Park to learn about the history of the Village. Nonetheless, it is still important to make information about the Village widespread and accessible to people who don't know how to search for its history online.

When the buildings were present, Village Elementary School (VES) students—I was one of them—could not help but ask their teachers about the houses that loomed over their playground. Students had a much easier time making the connection between the abandoned town they rode their bus through each day with the meaning behind their school's name. Since the buildings have been taken down, a VES science supervisor recorded a nature walk video around the property that incorporated research from various informational reports conducted by their science supervisor team, including a report on Skillman Park, with information on the State Village, the NJ Neuropsychiatric Institute, and the NPDC. While students no longer ask questions about the State Village unprompted, the VES administration educates the students on the history of the property by showing the video to all VES students, who are referred to as Villagers.⁹⁰ People who attend

⁸⁹ "Skillman Park."

⁹⁰ Personal email to Emily Borowski from Susan Lacey, March 22, 2021.

VES are exposed to the history of the State Village, which is laudable. However, without physical markers in the park, people who did not attend VES may be unaware of the State Village's existence.

On March 5, 2020, the township posted on their website the announcement that they would start the process of including inclusive interpretative signage around the park with the help of the Hunter Research of Trenton, an organization that specializes in historical restoration and education projects. With the announcement coming mere days before the Coronavirus pandemic of 2020 began, progress with the project has slowed.

With the buildings of the State Village demolished, questions remain about how people can make connections with the site through historical memory. Katherine Hite of St. Lawrence University defines historical memory as “the ways in which groups, collectivities, and nations construct and identify with particular narratives about historical periods or events.”⁹¹ The Van Harlingen Historical Society puts on talks about the State Village from time to time, even inviting Dr. Pullen, a person who lived on the property, to speak on his experiences. However, these events tend to draw participants who are already interested in the history of the Village, rather than people who are unaware of the State Village's existence to start with. When educating people about history, evoking a sense of place is important. Author Yi-Fu Tuan defines a “sense of place” as the way that people form attachments to their community and how feelings about a place are also affected by one's sense of time.⁹²

Prior to the demolition, the buildings of the State Village had the ability to encourage people to attach emotions to the property, usually of horror, but emotions nonetheless. Had

⁹¹ Katherine Hite, “Historical Memory,” St. Lawrence University, December 4, 2019.

⁹² “Space and Place.” University of Minnesota Press, March 8, 2021.

measures been put into action to restore at least a few of the buildings or to provide interpretive signage on the property, a sense of place could have been and still could be achieved.

Historical memory and a sense of place have the power to educate and inform. Much of the popular memory of mental institutions, however, is exploitative and cruel. Many Americans view former psychiatric institutions as spooky haunted houses rather than places where real patients suffered in an abusive system. Sarah Handley-Cousins recalls her experience visiting the recently reopened Willard Psychiatric Center in New York for a tour of the facility only to find that hundreds of guests swarmed the property, inflicting damage to the buildings in the process. Handley-Cousins writes: “When I got home, some research revealed what attracted so many to the tour: the paranormal. The Travel Channel’s *Destination Fear* had run a short segment on the asylum, featuring two employees of the correctional facility campus describing vaguely creepy events.”⁹³ Television programming in the twenty-first century has shed new light on asylums from the nineteenth and twentieth centuries but under the veil of painting the events as “vaguely creepy.” The former site of the Ridges at the Athens Lunatic Asylum, which has been repurposed as an art museum, also experiences an influx of people visiting and playing into the narrative that the site is haunted by the ghosts of former patients. Most notably, guests flock to visit the stain of Margaret Schilling, a patient who died in 1979 and whose body was left undiscovered for quite some time, leaving behind a stain of her corpse on the floor. Tom O’Grady, executive director of the Southeast Ohio History Center, believes: “There are two things people know about the Asylum: one is that it’s haunted, and two is there’s a stain, they feed into each other . . . She was a person who had a family who loved her. To me, it’s rather disappointing that the [Ohio State] university has had the

⁹³ Sarah Handley-Cousins, “Ghosts Are Scary, Disabled People Are Not: The Troubling Rise of the Haunted Asylum.” *Nursing Clio*, September 19, 2016.

Asylum for 35 years, and they've let the story get perpetuated without restoring her humanity."⁹⁴ Ohio State University's failure to take steps toward humanizing the patients at Athens, especially to humanize Margaret Schilling, sets forth a precedent of making patients out as stains or ghosts. Making patients out as ghosts ultimately shows that making them devoid of personhood is acceptable. There is irony in that Ohio State gets to use the architecturally stunning buildings for their art museum while doing nothing to respectfully commemorate the patients who were confined to the building.

In contrast, the New Jersey State Village for Epileptics has no remaining buildings, let alone accessible historical markers teaching park goers about the village. A silver lining to the lack of historical awareness is that urban explorers and townspeople don't have much accessible source material to spin ghost stories about the former patients. Margaret Schilling is well known, but many visitors to the site of her death have not grappled with how institutions dehumanized patients. The discovery of her body and the stain is depicted in an offensive way while simultaneously acting as evidence of the way that patients were treated in Athens. A Web search of her name will pull up pictures of her stain first, links to articles about her second. The memory of Margaret Schilling's death continues the abuses she experienced in her life.

Meanwhile, the name Alice Smith, her humanity, and her history of being used as a test case are largely unknown. Smith has the potential to be remembered and respected if the township, the Van Harlingen Historical Society, an epilepsy foundation, or Hunter Research present her story without portraying her as a scary ghost. When the buildings were still present, there was more talk about the eugenics practices that took place, but these talks were typically between people who had worked at the State Village at events meant to educate people on its history. Dr. Pullen recalls

⁹⁴ Jessica Jones, "The Legends Behind the 'Ghosts' of Athens," *WOUB Public Media*, November 4, 2019.

the time when an aid in one of the women's sections told him a story of a dentist that took out a tooth from one of the patients without using anesthesia.⁹⁵ Dr. Pullen was aware of this story, as it had been his father who had been the dentist to perform this procedure. Having knowledge about the procedure and dentistry, Dr. Pullen was able to provide context as to why the procedure was carried out in that way, thus demystifying both the patient and the operations of the State Village. Confronting these stories head-on is a strong method of dispelling stories that typically work to paint the patients as horror-movie characters and instead creates avenues for respectful discussions on remembering the patients. While interactions such as this one is one of the best ways of educating people without mystifying the State Village, it is difficult to maintain these conversations when they occur at scheduled events and not at Skillman Park.

While the buildings of the State Village are gone, there are different ways for Skillman Park to educate park goers on the history of the State Village, epilepsy, and eugenics. People with epilepsy should be given a stake in how they wish to see a commemorative project be implemented. It would be ideal for a museum to be constructed about the State Village and the history of the treatment of people with epilepsy; perhaps that could be a long-term goal for the township to achieve. In the meantime, placing commemorative signage along the walking paths as the township had originally planned would be a method of creating a sense of place to help people learn about the State Village and the incarnations that came after it. The New Jersey State Village for Epileptics and its patients deserve and need to be remembered. The land in which the State Village once stood still has great potential to be a place of acknowledging and learning about the history of asylum-adjacent institutions, the history of the treatment of epilepsy and other disabilities, and eugenics. With the physical buildings of the State Village being gone, it can be difficult to invoke

⁹⁵ Emily Borowski, Interview with Dr. Pullen, January 21, 2021.

a sense of place, as guests would have to do the labor of visualizing the history without the backdrop of the buildings themselves. While invoking a sense of place is a powerful method for historical memory to occur in the minds of park goers and it could even still invoke a sense of place with the strategic placement of commemorative signage, bringing renewed attention to the history of the site itself is more important.

Conclusion

I have been fascinated by the New Jersey State Village for Epileptics since the third grade, when I first entered Village Elementary School. At eight years old, my classmates and I were fully aware of how abnormal it was to take a bus through what looked like an abandoned town to get to school every day. Like many of my peers, I wanted to see what was inside the buildings, particularly a very large house that sat close to the edge of our playground.

When analyzing how standardized tests such as the Binet-Simon test were implemented at institutions, including the Village and the New Jersey School for Feebleminded Children, it is clear that they were used not only to diagnose people with disability but also to provide justification for why they shouldn't be free to live with the rest of society. Henry Goddard put Kallikak's life and test scores on public display with the publication of *The Kallikak Family*. Goddard used Kallikak's test scores not only to justify why she should not be allowed to reproduce but as a reason why *all* people with disabilities should not be allowed to have children. Standardized testing played a key role in rationalizing eugenics. With this history in mind, it is not only ironic but concerning that standardized tests such as the NJASK, PARCC, and the New Jersey Student Leadership Assessment (NJSLA) have been and continue to be administered to school-age children at Village Elementary School and schools around the nation. While standardized tests are not directly being

used to determine whether students should have the right to have a family someday, we should not ignore the eugenical roots of standardized testing.

We have very different mental and developmental health care systems in the twenty-first century, compared to the years when the Village operated (the 1890s to 1950s). People with epilepsy are no longer seen as threats to society who must be hidden away. Disability-rights activists and the creation of online communities centered around disability have increased society's acceptance of people with disabilities. While strides have been made in accepting people with disabilities, eugenics continues to thrive, ranging from standardized academic testing to the sterilization of migrant women crossing the US–Mexican border.

I had first come across Alice Smith's name when I completed an assignment for my Monuments, Museums, & Culture class during my sophomore year. The assignment was to create a poster outlining a proposal for the creation of a public monument or commemorative project in our hometown. Naturally, I chose the New Jersey State Village for Epileptics. While completing the assignment, I came across Alice Smith's name in a paragraph from the Van Harlingen Historical Society book *A History of the New Jersey State Village for Epileptics* by Walter C. Baker. After reading in a short few sentences about how she was slated by the Board of Examiners to be sterilized, I had a strong feeling there was more to her story. Now, having spent the last year learning about Alice, I can truthfully say that the life of Alice Smith continues to haunt me.

Over the last year, as I learned about Alice's life, I had built up hope that I would eventually learn that she had left the Village to be reunited with her parents, that she had the freedom of choice when it came to having children, that she got a job working with children just as she had expressed in her interview with the Board of Examiners. Smith had technically won the case; she was not going to be sterilized. But further research revealed that Alice Smith's name continued to show up

on census records where she was specifically listed as a patient at the Skillman Village. The most recent census record with her name on it that I could find is from 1940. Instead of learning about her release, I learned that neither she nor her siblings ever left the Village. She died in 1953 and her grave is located in the Upper Sacred Grounds Cemetery. To say I was distraught would be an understatement. I hope to continue to learn more about Alice in the future and to properly mourn her when I return home from school.

Alice Smith and the patients at the New Jersey State Village for Epileptics deserve to be remembered. As a community member of Montgomery Township, I hope to see, in time, that the township uses Skillman Park to acknowledge the history of the patients, the way epilepsy has been historically viewed, and the role the Village had in influencing eugenics across the state of New Jersey.

Emily Borowski graduated from Rutgers University in the spring of 2021. At Rutgers, she pursued a bachelor's degree in American studies and minored in history and creative writing. She grew up in Montgomery Township, where the New Jersey State Village for Epileptics was located, which inspired her to write her senior honors thesis about the Village. Since graduating, Emily has worked in visitor services at Morven Museum & Garden, and she hopes to try her hand at curatorial work in the future.