“UNUSUAL DEMANDS OF THIS UNUSUAL TIME”:

LOGANSPORT STATE HOSPITAL AND WORLD WAR I

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Submitted to the faculty of the University Graduate School
in partial fulfillment of the requirements
for the degree
Master of Arts
in the Department of History,
Indiana University

September 2022

Accepted by the Graduate Faculty of Indiana University, in partial fulfillment of the requirements for the degree of Master of Arts.

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ACKNOWLEDGEMENT

This project would not have been possible without the help of my committee chair, Dr. Nancy Robertson, who very patiently and compassionately guided me through the thesis process during a period of great stress. I also want to thank the rest of my committee, Dr. Elizabeth Brand Monroe and Dr. Elizabeth Nelson for their insight.

I am also deeply thankful for the assistance of Brian Newell, the librarian at the Longcliff Hospital Museum. I very much appreciate the time he spent discussing the history of Logansport State Hospital and the number of resources he shared with me. The tour guides at the museum, Jim and Marge Foster, generously spent several hours showing me around the museum and talking about their experiences as hospital attendants.

Lastly, I want to express my gratitude for my great-aunt, Audrey. I never had the opportunity to meet her, but it was her stay at Longcliff that inspired the topic of this thesis. Audrey, I feel like I kind of know you from listening to my family talk about their memories of you. I don't know what your experience at Longcliff was like, but I hope you were able to find some comfort there. Please say hi to Ralph for me (he won't know who I am either).

Helen Diane Jesse

"UNUSUAL DEMANDS OF THIS UNUSUAL TIME": LOGANSPORT STATE HOSPITAL AND WORLD WAR I

The Northern Indiana Hospital for the Insane (also known as Longcliff Hospital or Logansport State Hospital) struggled with a number of challenges common to state institutions, including a lack of funding, staff shortages, and stretched capacity. These problems worsened during World War I and the years immediately following, hindering the hospital's ability to care for its patients. In response to these challenges, the hospital administration was forced to adapt in order to conserve resources. Using state and hospital records, this thesis examines the changes experienced by the hospital between 1910 and 1920 and demonstrates how external events such as a war had a greater impact on the care of vulnerable residents than did the internal dynamics of the facility or the motivations of its leadership.

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- Dr. Harry Elkins: from February to June 1920
- Dr. Samuel Dodds: from June 1920 until his death in 1928

Administrative Bodies:

- Board of State Charities of Indiana:[1] a bipartisan state agency supervising all public institutions in Indiana, composed of six members appointed by the governor.
- Logansport Hospital Board of Trustees: an advisory board supervised by the Board of State Charities, composed of four members appointed by the governor. The Medical Superintendent was appointed by the Board of Trustees.

[1] Also referred to in this thesis as the Indiana State Board of Charities and the State Board of Charities.

INTRODUCTION

In the 1920 Annual Report of the Northern Indiana Hospital for the Insane, Superintendent Samuel Dodds wrote the following:

> Now—September 30, 1920, nearly two years after the Armistice, our institutions find themselves badly crippled. They have not yet recovered or re-adjusted themselves to the new conditions. Many of them must undergo reorganization and extensive repairs. Painting, plumbing, paper hanging, floors, ceilings, walls, roofs, gutters, downspouts, walks, roads, lawns all were more or less neglected for four years. An [sic] then there are items of replacement—articles that have worn out or are broken—bedding, carpets, rugs, shades, furniture, dishes, instruments, farm and garden implements, wagons, harness, and so on, ad infinitum. The Northern Hospital, like all the others, had its troubles. In fact it had a few extras added in order to make it interesting.[2]

Indeed, the Northern Indiana Hospital for the Insane (also known as Longcliff Hospital or Logansport State Hospital) encountered several interesting extra challenges during World War I and the years immediately following. In addition to the staff shortages, stretched capacity, and lack of adequate funding, the hospital was burdened by fires, storms, and accidents. In response to these challenges, the hospital administration was forced to adapt in order to conserve resources. By examining the changes undergone by the hospital between 1910 and 1920, I will demonstrate that external events (such as a war) had a greater impact on vulnerable residents than did the internal dynamics of the hospital administration or the motivations of its leadership. This time span has been chosen to compare the state of the hospital before, during, and after the war.

[2] "Report of Board of Trustees," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 8. Indiana University Library, https://books.google.com/books?id=Y8SBmy4eefwC&pg=RA7-PA2&dq#v.

Historiography: The Social Control Debate

In order to appreciate the conditions at Longcliff, it is important to understand the public view of mental illness at this time as well as what administration had stated as their motivations. Motivations of administration and staff of psychiatric institutions have been subject to a great deal of debate within the field of medical history, particularly among scholars of institutions.

The field of psychiatric history is largely dominated by two arguments: the concept of social control and the critiques of this theory. Influenced by Michel Foucault's *Madness and Civilization* (1961), many sociologists and historians argued that placement in psychiatric institutions served as a form of control, to keep deviant populations in check.[3] Almost since the concept was introduced, however, the social control model has been criticized.

In *Asylums*, published in 1961, sociologist Erving Goffman introduced the idea of total institutions: "a place of residence and work where a large number of like-situated individuals, cut off from the larger society for an appreciable period of time, together lead an enclosed, formally administered round of life."[4] Here Goffman directly compared prisons and mental institutions, emphasizing that the latter are prison environments "whose members have broken no laws."[5] Later scholars expanded on this notion by arguing that institutions served as a form of social control. In *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (1971), David Rothman argued

[3] Michel Foucault, *Madness in Civilization: A History of Insanity in the Age of Reason* (New York: Random House, Inc., 1961).
[4] Erving Goffman, *Asylums: Essays on the Social Situations of Mental Patients and Other Inmates* (Garden City, NY: Anchor Books, 1961).
[5] Goffman, xi.

that the use of asylums increased during the Jacksonian Era in an attempt to restore order to society during a time of rapid change and disorganization. Social control even played a part in the planning of a facility's design. Using what he and other scholars have called "moral architecture," institution planners used the order of the physical facility "a model for the entire society."[6] The asylum then became a "grand and almost utopian vision, one that sought to ensure the safety of the republic and promote its glory."[7] By imposing order onto patients, asylum planners could then impose order onto society as a whole.

American historian Gerald Grob is renowned for his work on the history of psychiatric facilities in the United States, and almost as renowned for his vehement opposition to the social control argument. Grob described this wave of scholarship as "angry and polemical" and one that "symbolized the triumph of ideology over reality."[8] In *Mental Institutions in America: Social Policy to 1875* (1973), he argued that one should not make assumptions about the agendas of asylum reformers but should take their actions at face value. Grob claimed that, instead of attempting to assert control over their patients, most psychiatry reformers were "primarily concerned with uplifting the mass of suffering humanity and were not particularly aware of political or economic considerations."[9] Grob typically portrayed early psychiatric hospital directors as well-intentioned doctors who did their best with limited resources and understanding of

[6] David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic.* (Boston: Little Brown, 1971), 84.
[7] David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* rev. ed. (Boston: Little Brown, 1990), xxxiv.
[8] Gerald Grob, "An Inside View of Mental Health." *Nature* Vol. 426 (2003): 230-1. doi: 10.1038/426230a.
[9] Gerald Grob, *Mental Institutions in America: Social Policy to 1875* (New York: Routledge, 2017), 109.

psychiatric disorders.[10] Historian Lawrence F. Kohl made a similar argument in "The Concept of Social Control and the History of Jacksonian America," arguing that the idea of social control had become so vague that it has lost all meaning. He noted that "the means of the control may be as formal as the legal system or informal as peer pressure of the subtlest kind."[11]

Scholars writing later were more likely to have a more nuanced view of the social control concept. Sociologist Andrew Scull largely subscribed to the theory, but clarified that the actions of asylum reformers must be examined in context with the social, political, and economic structure of their society.[12] In *Decarceration: Community Treatment and the Deviant—A Radical View* (1977), Scull analyzed the role of profit in the use of total institutions, stating, "many of these transformations underlying the move towards institutionalization can be more plausibly tied to the growth of the capitalist market system and to its impact on economic and social relations."[13]

Scholars such as Ellen Dwyer and Nancy Tomes wrote monographs on specific institutions and analyzed the functions of psychiatric facilities. In *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* (1987), Ellen Dwyer used asylum records to compare patient care at the Utica and Willard asylums in New York.[14] *The Art of Asylum-*

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[10] Lawrence J. Friedman, "Gerald Grob's the State and the Mentally Ill: A Turning Point in the Study of the American Mental Hospital." *Reviews in American History*, Vol. 18, No. 2 (1990): 292-310.
[11] Lawrence F. Kohl, "The Concept of Social Control and the History of Jacksonian America." *Journal of the Early Republic*, Vol. 5, No. 1 (Spring 1985): 23.
[12] Andrew T. Scull, *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (New York: Routledge, 1989), 43.
[13] Andrew T. Scull, *Decarceration: Community Treatment and the Deviant—A Radical View* (Englewood Cliffs, New Jersey: Prentice Hall Inc.), 1977.
[14] Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* (New Brunswick: Rutgers University Press, 1987).

Keeping (1984) by Nancy Tomes examined Thomas Story Kirkbride, superintendent of the Pennsylvania Hospital for the Insane.[15] Tomes' study of Kirkbride examined the power dynamics between Kirkbride and his patients, but stopped short of assigning nefarious intentions. Families, patients, and hospital staff all had different amounts of influence over an individual's experience at the hospital.[16] Far from being a place for discarding the deviant, this hospital served a valuable purpose for families desperately seeking care for their loved ones.

Social control is an interesting theory to employ when looking at the history of psychiatry more generally, but it is less useful in drawing conclusions about specific institutions. In the case of Longcliff, I can find no evidence that the hospital was used to keep deviant populations in check. The materials I have examined convey some paternalistic and, at times, condescending attitudes on the part of hospital administrators, certainly, but they largely seemed well-intentioned.[17] I therefore find the model used by Tomes and Dwyer to be a more useful framework for my research. I also find that a case study approach, while avoiding broad, overarching analysis of psychiatry in this time period, is more appropriate given the smaller scale of my research.

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[15] Nancy Tomes, *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* (Philadelphia: University of Pennsylvania Press, 1984).
[16] Tomes, xix.
[17] Studying the anti-psychiatry wave of scholarship, however, serves as a reminder that asylum inmates were at the mercy of the hospital staff. It is important to recognize the imbalance of power here—patients were usually committed to the hospital by a judge or by their families. State psychiatric hospitals were not accepting voluntary admissions at this time. (Henry M. Hurd, *The Institutional Care of the Insane in the United States and Canada* (Baltimore, MD: Johns Hopkins University Press, 1916).) While I have no reason to believe that administrators and staff intentionally used the hospital as a form of social control, the patients were, by definition, controlled.

Historiography: Indiana Institutions

Several monographs and research projects produced in the past few decades have explored the history of Indiana psychiatric institutions, although few have focused on Logansport Hospital specifically. *Psychiatry in Indiana: The First 175 Years* (2010) was written by Philip Coons and Elizabeth Bowman, both current psychiatrists. Coons and Bowman describe the history of psychiatry in Indiana, including psychiatric hospitals, treatments, and notable physicians. The authors explain the origin of Indiana's state-funded psychiatric hospitals and the transition from asylum treatment to community care in the 1980s and 1990s. The book includes histories and descriptions of each state hospital, including Logansport. The writers describe the additions to the hospital grounds, therapies and treatments used, and the number of doctors, attendants, and nurses. Sources used by the authors include local newspapers, hospital records and reports, and articles from the *Journal of the Indiana State Medical Association*.

"The Indiana State Hospital Documentation Project" (1986), created by Lenny Lepola and Bonny Hammond, is a similar endeavor. This thesis goes a bit further by providing an extensive index of photographs and plans of each facility, describing how the architecture was designed to meet the needs of patients and staff. This project is less focused on treatment methodologies or people than the transformation of the state physical facilities over time.

A History of Logansport Hospital, written by Donald Eder in 1995, is one of the few histories of Logansport Hospital specifically.[18] This study was written by an

[18] Donald Eder. *A History of Logansport State Hospital: 1888-1995* (Logansport, IN: Logansport State Hospital, 1995).

employee of the hospital, however, and it appears to have the goal of portraying the facility in the best possible light. Despite this possible bias, the piece provides important details regarding the periods of transition within the hospital, addition of units, and changes in leadership.

"A Bioethical Inquiry into the Moral Treatment Movement," a 2014 master's thesis by Sarah B. Putney, is the most recent historical research project concerning Logansport Hospital.[19] It is also one of the most specific. The project is a case study of the treatment methodology employed by the hospital's first superintendent, Dr. Joseph Goodwin Rogers (1888-1908). This piece has been useful in determining the change in treatment practices in the first few decades of the hospital's existence.

In "Mental Health Care in Early Twentieth Century Indiana and the Limits of Reform" (1983), Ellen Dwyer discusses the common structural problems of early Indiana state institutions.[20] Although she focuses on Central State Hospital instead of Logansport, the issues mentioned, including overcrowding and lack of funding, were common to state institutions across the country. This piece provides valuable context for the challenges faced by state hospitals like Logansport, even before World War I.

Instead of attempting to read the minds of hospital administrators or make assumptions about their motives, this thesis will do what Dwyer and others have done and place the actions of staff in their historical context. Doing this can inform the scholarly debate on reformers' motivations by presenting the staff's beliefs in their own

[19] Sarah Browning Putney, "A Bioethical Inquiry into the Moral Treatment Movement" (M.A. thesis, Emory University, 2014), https://etd.library.emory.edu/concern/etds/3484zh57t?locale=en.
[20] Ellen Dwyer, "Mental Health Care in Early Twentieth Century Indiana and the Limits of Reform." *Indiana Medical History Quarterly*, Vol. 9, No. 1 (March 1983): 23-27.

words, using speeches, articles, and hospital reports. It can therefore serve as an example of the kinds of actions taken by hospital workers during World War I. More broadly, this thesis will demonstrate how institutions for vulnerable populations who were reliant on state funding for their care were (and are) impacted by major global events. This case study will assist future scholars in explaining how crises—wars, pandemics, economic downturns, etc.—negatively affect these institutions.

Primary Sources

Using institution reports, publications from local and national health organizations, and newspaper articles, I will explore how these changes impacted the institution and the treatment of patients. Most of these resources are accessible via online archives, such as the Indiana State Library Digital Collections, the IUPUI University Library Digital Collections, and the Internet Archive (Archive.org). Some other reports have been obtained with help from Brian Newell, the librarian at the Logansport Hospital Museum.

Some of the most valuable information about this topic can be gleaned from Longcliff's own reports. The *Reports of the Trustees and Medical Superintendent of the Northern Hospital for the Insane* included descriptions of changes to the hospital and tables of demographic and medical data. The reports broke down admissions by gender, age, race, and, after 1889, diagnoses and causes of death. Additionally, fiscal tables documented yearly expenditures and appropriations. Many of these reports were digitized by the University of Michigan and uploaded to the Internet Archive. The rest of the reports are housed at the Indiana State Archives. Unfortunately, the reports for the years

1917 and 1918 were never published. These would have contained useful data on the impact of the flu pandemic on the hospital. Other yearly reports provided the number of deaths at the hospital for that year, but did not break them down by cause.

The expenditures and appropriations tables are of particular use when looking at the financial impact of the war on the hospital. These tables show the increase in cost for necessities such as fuel, subsistence, and repairs during the war. These tables also show the value of items produced in the farm and sewing room on the hospital campus, as well as the number of employees and their rates of compensation. These valuable sources help to determine how the war effort affected the hospital's ability to care for the buildings and pay employees.

The Indiana State Archives also houses the Superintendent's Reports for the year 1918, which fill in some of the blanks left by the lack of an annual report for that year. The Superintendent's Reports give month-by-month updates on hospital spending, patient demographics, and staff turnover. The Trustee Minutes, also located at the State Archives, give more specific, itemized financial statistics—staff wages, maintenance costs, and other expenditures. These minutes are available for part of 1917, most of 1918, and part of 1919.

Of equal help was the *Indiana Bulletin of Charities and Correction*, originally published by the Board of State Charities of Indiana and digitized by Indiana University and uploaded to HathiTrust Digital Library. The quarterly *Indiana Bulletin* gives a broader overview of the status of state institutions as a whole—hospitals, prisons, and orphanages—as well as details of legislation and events impacting these facilities. The volumes also contain inspection reports for each institution. Speeches delivered at

conferences for social work and charities are included in these publications, such as "Occupational Treatment at Northern Indiana Hospital for Insane" delivered by Dr. Samuel Dodds at the State Conference of Charities and Correction in 1922.[21] The annual reports for the Board of State Charities of Indiana were also digitized and made accessible through HathiTrust Digital Library.

The *Journal of the Indiana State Medical Association* was another valuable publication, giving insight into the understanding of public health and medical practices of the early twentieth century. This publication is accessible digitally through the IUPUI University Library Digital Collection and HathiTrust Digital Library.

Articles from local Indiana newspapers, accessed digitally via Newspapers.com, fill in some important gaps in my primary source research. These articles demonstrate local attitudes about Longcliff Hospital, the war's impact, and the flu pandemic. Newspaper articles also provide updates on state legislation pertaining to state institutions. Additionally, these articles include events at Longcliff that do not appear in the annual reports, such as the assault of a patient by an attendant in 1919.[22]

By necessity, this project focused largely on the experiences and efforts of hospital staff and administrators. My primary sources include hospital reports and the writings of some of the facility's physicians, but I have been unable to find accounts from patients themselves. This perspective would of course be an extremely valuable contribution to my project, but due to privacy laws and stigma surrounding mental

[21] Samuel Dodds, "Occupational Treatment at Northern Indiana Hospital for Insane," *Indiana Bulletin of Charities and Correction*, No. 129 (June 1922): 61-66.
[22] "Attendant Fined for Assaulting Cliff Inmate," *Logansport Pharos-Tribune*, June 5, 1919, Newspapers.com, http://www.newspapers.com/image/24885959/.

illness, accessing patient records and accounts was not possible. Given the materials I have available, for the purposes of this project I relied on Tomes' approach of focusing on the actions of hospital staff and placing them in their historical context.

SECTION I: BACKGROUND

Longcliff, like Indiana's other state psychiatric hospitals, was highly influenced by the moral treatment movement. Moral treatment, sometimes called moral management, was the term used for a groundbreaking movement within the field of psychiatric institutions, characterized by the respectful and ethical treatment of patients.[23] By the early nineteenth century, doctors were less likely to find religious causes for insanity or to view it as a moral failing. Instead, they began to embrace the idea that mental illness could be caused by biological and environmental factors.[24] Changing a patient's environment, they believed could, therefore, be curative. In this way, hospitals themselves could be therapeutic, a concept referred to by subsequent scholars as "moral architecture." Physicians thus considered mental illness to be a condition that could best be treated in institutions, not at home. Under the supervision of professionals, the mentally ill could have a regimented schedule, eat well, and stay occupied with wholesome activities.[25] Asylums were also often built in the countryside, as urban environments were believed to be possible causes of insanity. The grounds of an asylum were just as important as the building itself.[26] In 1844 a group of psychiatrists formed the Association of Medical Superintendents of American Institutions for the Insane

[23] The term "moral treatment" was first introduced by French physician Phillippe Pinel in his 1801 book *Treatise on Insanity*. Scholars of psychiatry understand "moral" to refer to emotion or self-control, which can be contrasted with "medical" or "material"—referring to medical treatments (although medical treatments of the time, such as opiates, cold and hot baths, and laxatives, were also used alongside moral treatment). Carla Yanni, "The Linear Plan for Insane Asylums in the United States before 1866." *Journal of the Society of Architectural Historians*, Vol. 62, No. 1 (March 2003): 27.
[24] Yanni, 25.
[25] Yanni, 27.
[26] Putney, 53.

(AMSAII).[27] AMSAII was highly influential in the establishment of psychiatry as a profession and the propagation of the moral treatment movement.[28] In 1854, founding member Thomas Story Kirkbride published a manual of standards for asylum design and management, which were promoted by the organization and influenced the design of psychiatric hospitals across the country.[29] These standards reflected moral treatment ideals, reminding the reader that every aspect of an asylum's design and management should contribute to the comfort and care of its patients.[30]

Kirkbride's proposed asylum plan, called the Kirkbride plan or linear plan, became the prototype for state hospitals constructed in the United States in the nineteenth century. The plan consisted of one large central structure with flanking wings for separate wards for different classifications of patients.[31] The plan remained popular, though some reformers turned to other plans by the end of the nineteenth century, arguing that the massive Kirkbride hospitals were too rigid and impersonal to be therapeutic. Instead, some hospitals were constructed in the cottage plan or pavilion plan styles, with a central administration building and smaller, detached ward buildings.[32]

Before the establishment of state hospitals, Indiana's mentally ill had been housed in county jails or poorhouses. In 1844 the state began to raise funds for the establishment of a state insane asylum, and four years later Central State Hospital opened in

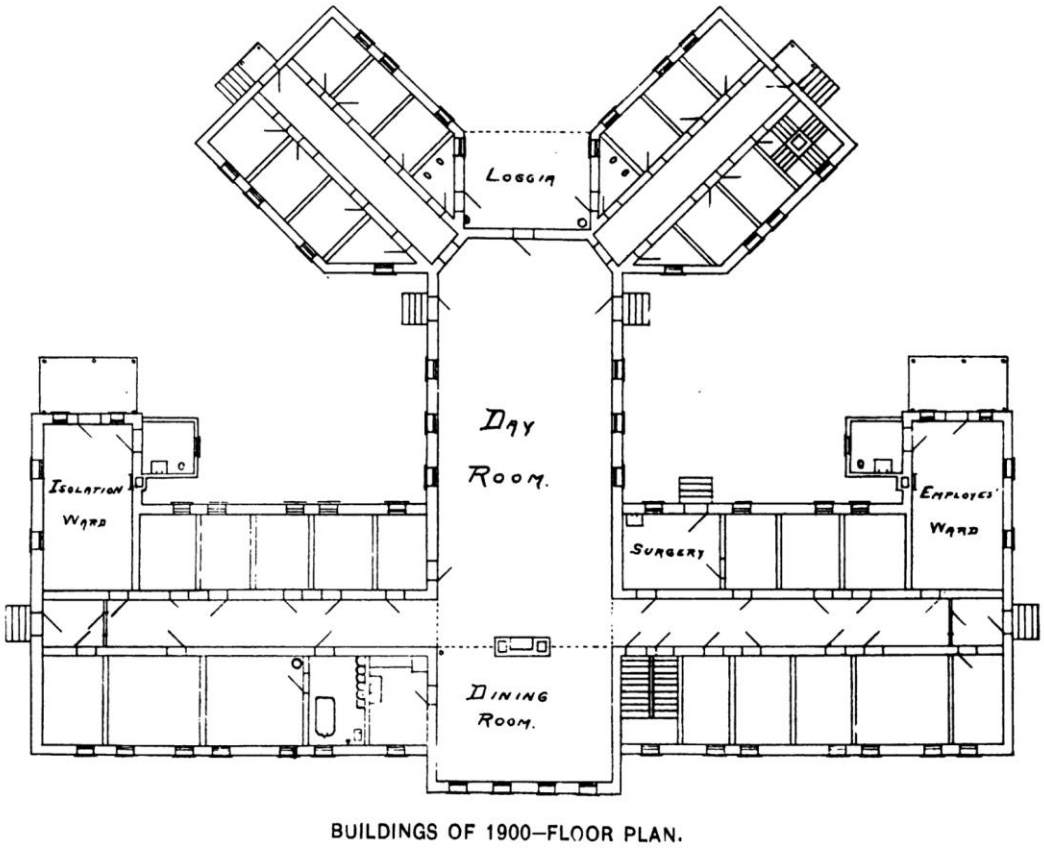
[27] The AMSAII was renamed the American Psychiatric Association in 1921.
[28] Putney, 48.
[29] Putney, 49.
[30] Thomas Story Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* (Philadelphia: Lindsay & Blakiston, 1854), 2.
[31] Tomes, 142.
[32] Yanni, 43.

Indianapolis.[33] After social reformer Dorothea Dix's 1847 report to the legislature on the state of the mentally ill still languishing in jails and poorhouses, the need for additional hospitals became clear.[34] In 1883 the state legislature charged Dr. Joseph G. Rogers, a member of the AMSAII and president from 1899 to 1900, with establishing three additional state hospitals: one in the east, near Richmond, one in the south, near Evansville, and one to the north, in Logansport.[35] In 1888 the Northern Indiana Hospital for the Insane opened as Indiana's second state psychiatric institution, with Rogers serving as medical superintendent. In 1889, the legislature established the State Board of Charities to oversee the variety of charitable and correctional institutions in the state, including state hospitals.[36] By 1910 there were psychiatric hospitals in the north, central, east, south, and southeast districts of the state.

The Northern Hospital for the Insane was nicknamed "Longcliff" after the cliff it was built upon, and it was later renamed Logansport State Hospital. Longcliff was established in the city of Logansport, Indiana, on 281 acres of farmland, with moral treatment ideals literally built-in; in accordance with moral architecture trends of the time, the hospital was designed in the pavilion plan style, with a large administration building surrounded by blocks of detached dormitory buildings. Initially planned to accommodate 366 patients, at its opening the campus contained the administration building, eight wards, a rear building, a boiler house, and a laundry.[37] By 1912 capacity

[33] Putney, 43.
[34] Philip M. Coons and Elizabeth S. Bowman, *Psychiatry in Indiana: The First 175 Years* (Bloomington, IN: iUniverse, 2010), introduction, Kindle edition.
[35] Putney, 69.
[36] Coons and Bowman, introduction.
[37] Hurd, 343.

had been increased to 950 and four more wards had been built, in addition to a pathology lab, a coal shed, a small bakery, an assembly hall, a barn, and several greenhouses.[38]



Picture 1: Floor plan of one of Longcliff's wards from the 1900 annual report. At this time each ward building contained bedrooms, a day room, a dining room, a bathroom, a lavatory, bedrooms for attendants, and an isolation ward for patients with contagious illnesses. In later years, the dining rooms in some wards would be moved to a detached building to make space for additional bedrooms.

Moral treatment ideals can also be found within the hospital's rules and regulations. Attendants were expressly instructed to treat patients politely and with respect. According to the regulations, an attendant "must treat patients precisely as he would wish to be treated." Physical restraints were intended as a last resort; staff was

[38] *Logansport, Indiana* [map]. 1911. Scale not given. "Indiana Sanborn Maps." Indiana University Map Collection. <https://libraries.indiana.edu/union-list-sanborn-maps> (15 May 2021).

instructed "endeavor *first* to succeed by polite strategy…if this source fail, and it be necessary to use force, do so firmly, promptly and efficiently, always using polite words, calculated to soothe…and never use angry words."[39]

Recreational and creative activities were considered important therapeutic methods since the opening of the hospital. An assembly hall was constructed specifically for dancing; music classes were held twice a week.[40] Both patients and staff participated in the hospital orchestra, and the patients were free to explore the grounds.[41] Additionally, religious services were held in the chapel.[42] Many of these endeavors were funded by contributions from family and friends of patients.[43]

Occupational therapy was one of the leading treatment methods at Longcliff at this time. Also referred to as "work-play treatment," keeping patients occupied with activities was a hallmark of the moral treatment movement. Doctors believed that this treatment relieved symptoms of depression, kept patients from being destructive, and taught useful life skills.[44] Both Superintendent Dodds and his predecessor, Superintendent Frederick Terflinger, were effusive about its benefits in the hospital's annual reports. Dr. Terflinger reported in 1912:

> Every institution of this kind should have from 600 to 800 acres of good tillable land…[and] that work of a most healthful character could be provided for the many willing hands of those whose reason is not entirely dethroned and who would be infinitely better off, both mentally and physically, out in the realm of

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[39] *Regulations of the Northern Indiana Hospital for Insane of Longcliff, near Logansport* (Indianapolis, IN, 1890), 20. Internet Archive, https://archive.org/details/101732400.nlm.nih.gov/page/n1/mode/2up.
[40] Dodds, 63.
[41] *Regulations of the Northern Indiana Hospital for Insane*, 26.
[42] Putney, 83.
[43] Dodds, 65.
[44] Charles E. Laughlin, "Occupation as a Therapeutic Measure," *Indiana Bulletin of Charities and Correction*, No. 113 (June 1918): 226–29.

> God's pure air and sunlight rather than housed up in their wards with nothing to do but contemplate their own misery and the wretchedness of their associates….[45]

This passage referenced several of the core principles of moral treatment: empathy for patients, the spiritual superiority of the countryside versus the city, and the therapeutic benefits of work. It also suggests an additional, unspoken benefit of putting patients to work: to help keep the hospital itself running.

As was the trend of state hospitals at this time, Longcliff was designed to be as self-sustaining as possible, with a farm, dairy, sewing shop, and garden that were at least partially operated by patients. However, it could not be entirely self-sufficient. In the Hospital's 1920 annual report, Superintendent Samuel Dodds reminded the state legislature of this fact: "A state hospital is in no sense a commercial enterprise.... If it have land enough it may produce a large part of the articles it consumes. But it has no way of raising money to pay for the things that cannot be eaten--the pay roll, coal, freight, and a thousand other items. The proceeds from the comparatively small surplus it sells are turned into the State Treasury. It cannot become self-supporting."[46] In this quote, we can see a consistent theme in these reports to the state: describing the hard work being done by hospital staff and patients while expressing the need for additional government support. These needs would only become more urgent during the war, and would persist after the Armistice, as we will examine in the next section.

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[45] "Report of Board of Trustees," *Twenty-Fourth Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1912): 6.
[46] "Medical Superintendent's Report," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1921), 13.

SECTION II: THE IMPACT OF WORLD WAR I ON LONGCLIFF

"Those whose sanity cannot withstand the shock and stress of wartime"
—Board of State Charities of Indiana

Longcliff's struggles during and after World War I can be divided into four categories: funding, cost of resources, staffing, and capacity. Funding was obviously the major issue, as it impacted the hospital's ability to purchase supplies, pay salaries, and add dormitory space. There were also the "extras added in order to make it interesting" referenced by Superintendent Dodds—various accidents and disasters unrelated to the war that did not make the four main difficulties any easier to tackle.

Funding

Chief among Longcliff's wartime difficulties was the lack of necessary funding, which affected everything else. Institutions were largely dependent on the state legislature for everything they could not grow or make themselves. Institutions received fixed sums for clothing, regular repairs, and maintenance (staff salaries, food supplies, etc.), and specific amounts for special repairs and improvements when requested. The hospital board of trustees and the hospital superintendent submitted recommendations through an annual report to the governor. The governor would then send a legislative committee to review the hospital and submit their own recommendations of the hospital's monetary needs to the legislature.[47] In every annual report from 1917 and 1919, the State Board of Charities of Indiana emphasized the need for sufficient appropriations from the state:

[47] Hurd, 317.

> The demands upon all our public institutions and agencies we may expect to be increased. More will be required of all voluntary charitable agencies. In consequence, both public and private philanthropies should be prepared to render greater service than under ordinary conditions. They should not be hampered. Their facilities and resources should be increased so that they may adequately, effectively and promptly meet the requirements…. We anticipate that the strain will be felt most in our lack of provision for mental defectives. Insufficient as it is for the needs of ordinary times, as we have pointed out again and again, it will require immediate and radical development if we care as we should for those whose sanity cannot withstand the shock and stress of wartime.[48]

Here, the Board expresses to the legislature both the need for charitable agencies and the willingness of charity workers to provide this essential service. Dependent on the state for funding, institutions had to make a case for their support year after year. This quote referenced these repeated requests ("as we have pointed out again and again") while appealing to the state's conscience for the care of Hoosiers in need ("if we care as we should"). By articulating the "greater service" charity workers were prepared to render during this trying time, the Board gave the state a way of justifying the expense of appropriations. This kind of argument was frequently made in the institution's annual reports during and immediately after the war: our staff is very hard at work, but assistance is (still) desperately needed.

Even before the war, Longcliff routinely requested larger appropriations from the state than they typically received, asking the legislature to "enable us to continue the humanitarian work we are seeking to do in caring for those dependent on us, even as we would wish to have them cared for if they were of our own flesh and blood."[49] In addition

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[48] "General Report of the Board," *Twenty-Eighth Annual Report of the Board of State Charities of Indiana* (Fort Wayne, IN, 1917): 7. HathiTrust Digital Library, https://babel.hathitrust.org/cgi/pt?id=hvd.hl4675&view=1up&seq=3.

[49] "Report of Board of Trustees," *Twenty-Fourth Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1912): 6.

to the usual operating expenses, the Board of Trustees asked for funding for items such as new utilities, additional farmland, and equipment for treatment. These requests were sometimes approved, but some projects were only partially funded, leaving buildings half-completed and inoperable. The hospital typically expended most of the funds provided to them every year, and were required to return the excess, as well as any profit made from selling produce or other resources, to the State Treasury.[50] The institution was therefore nearly entirely dependent on the appropriations granted to them by the legislature.

After the United States entered the war in 1917, state funding became even more limited. Year after year, the legislature fulfilled only a portion of the hospital's requested appropriations. In 1917 the legislature trimmed Longcliff's budget to a total of $225,000, reduced from the $420,000 the hospital requested.[51] In 1919 the hospital's budget remained $225,000 versus the $511,119 requested.[52] As a result, the hospital closed each fiscal year from 1917 through 1919 with over $20,000 in unpaid bills.[53]

[50] Remaining balances from specific funds were permitted to roll over to the next fiscal year, but any remainder from regular appropriations had to be returned to the state treasury. Thus, there were some years in which the hospital came in under budget, yet still ended the year with unpaid bills. For example, in 1917 the hospital received $5,000 for the construction of the new laundry, $1,298.64 of which rolled over to the 1917-1918 fiscal year. However, the hospital was $23,112.39 over-budget for regular maintenance. "Classified Expenditures October 1, 1916 to September 30, 1917," *Twenty-Ninth Annual Report of the Board of State Charities of Indiana* (Fort Wayne, IN, 1917): 36.
[51] "Committee Cuts Appropriations," *Indianapolis Star*, February 1, 1917, Newspapers.com, https://www.newspapers.com/image/119700044/.
[52] "Appropriations Are Cut Down," *Fort Wayne Journal-Gazette*, March 5, 1919, Newspapers.com, https://www.newspapers.com/image/42917963/.
[53] "Northern Hospital for Insane, Logansport," *Annual Report of the Board of State Charities of Indiana* (Fort Wayne, IN, 1917 to 1919).

Cost of Resources

While the hospital's budget shrank, the cost of resources soared. In 1917, Superintendent Terflinger estimated that there had been a 48% increase in the cost of basic goods.[54] Specifically, the hospital saw jumps in the cost of food, clothing, building supplies, and fuel between 1917 and 1920.

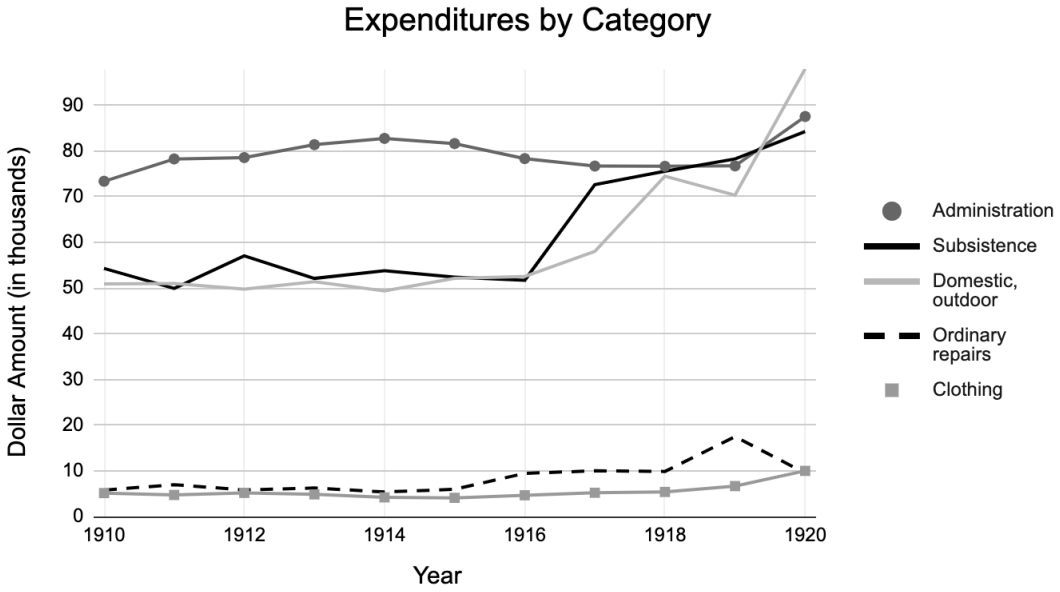

Figure 1: The hospital's expenditures 1910 to 1920. These numbers were collected from the hospital annual reports from 1910-1917 and the year 1920, and the Board of State Charities reports in 1918 and 1919. Note the jumps in cost for the subsistence (food) and administration, domestic & outdoor beginning in 1917.

These increases had a significant impact on Longcliff's ability to repair and maintain facilities. In several cases it took years for basic utilities to be repaired. In 1910 the Board of Trustees first appealed to the legislature for a new laundry building and repeated the request for several years. The state finally approved their request in 1916, but due to the rising cost of building materials, the amount provided was not enough to

[54] "General Report of the Board," *Twenty-Ninth Annual Report of the Board of State Charities of Indiana* (Fort Wayne, IN, 1917): 10.

purchase equipment for the new structure.[55] The building was finally completed in 1918.[56]

The same year the laundry was completed, the Board of Trustees informed the legislature that the hospital's power plant was in desperate need of replacement.[57] The legislature initially refused the additional funds, but changed its mind once it was made clear that the hospital would have to close without a proper heating system.[58] In addition to providing inadequate heat, the malfunctioning power plant caused frequent lighting outages throughout the hospital. Attendants had to resort to candles to light the wards.[59] Due to the war, there was a delay in obtaining the necessary materials and hiring workers. By the spring of 1920, when Dr. Dodds arrived to replace Dr. Elkins as Medical Superintendent, he found that only the smokestack was completed. He also discovered that the entire heating system and the industrial building would need to be replaced before winter. The power plant and the heating system were finally completed by January 1921. Superintendent Dodds specifically cited high prices of materials, delayed transportation, and difficulty hiring workmen as the chief causes for the delay in completing these projects.[60]

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[55] "General Report of the Board," *Twenty-Ninth Annual Report of the Board of State Charities of Indiana* (Fort Wayne, IN, 1917), 12.
[56] "Northern Hospital for Insane, Logansport," *Twenty-Ninth Annual Report of the Board of State Charities of Indiana* (Fort Wayne, IN, 1918), 52. HathiTrust Digital Library, https://babel.hathitrust.org/cgi/pt?id=hvd.hl467u&view=1up&seq=11.
[57] "Medical Superintendent's Report," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 9.
[58] "Deadlock on Amendment to Taxation Bill," *Richmond Item*, March 5, 1919, Newspapers.com, https://www.newspapers.com/image/250056965/.
[59] "Medical Superintendent's Report," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 9.
[60] "Medical Superintendent's Report," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 8.

Obtaining fuel was another obstacle during and after the war. In the winter of 1918, a shortage left the Logansport city light plant with only 24 hours of coal. The city fuel administrator provided the hospital with temporary relief by securing a two-day supply.[61] In the summer of 1920, the coal strike shut off the hospital's access to fuel; were it not for emergency assistance from the state government, the hospital would have run out completely.[62]

Staffing

Medical staff at Longcliff can be divided into two main categories: physicians and attendants. There were few physicians relative to the patient population—between two and four, in addition to the Medical Superintendent, who was elected by the Board of Trustees.[63] The Medical Superintendent primarily had administration duties while the assistant physicians examined patients daily and reported their condition to the Superintendent.[64] Attendants were less in charge of medical care and more in charge of ensuring patients had clean clothes and bedding and did not endanger themselves or each other.[65] The hospital employed both day and night attendants, the only difference between the two roles appearing to be the working hours. Longcliff employed between 90 to over 120 attendants at any given time between 1910 and 1920.

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[61] "Light Plant is Short of Coal," *Logansport Pharos-Tribune*, February 5, 1918, Newspapers.com, https://www.newspapers.com/image/33804062/.
[62] "Medical Superintendent's Report," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 9.
[63] *Regulations of the Northern Indiana Hospital for Insane*, 7.
[64] *Regulations of the Northern Indiana Hospital for Insane*, 11.
[65] *Regulations of the Northern Indiana Hospital for Insane*, 20.

The employment of professionally trained nurses (often referred to as "graduate nurses") was not a widespread practice of psychiatric institutions at this time.[66] Longcliff employed a single nurse in the years 1909, 1910, 1911, and 1916, who was sometimes specified as a "surgical nurse" or "trained nurse." Though nurses or their responsibilities were not mentioned in the hospital regulations, it can be assumed that they typically performed more technical and medical tasks than attendants, such as assisting physicians with surgery.

There was a wide range in attendant pay based on gender, specific role, and other received benefits. Head attendants and night attendants were both paid more than day attendants, and men were typically, but not always, paid more than women. For example, in 1917, male day attendants were paid between 20 and 28 dollars a month, and female day attendants were paid between 18 to 22 dollars per month. Additionally, some employees were provided with on-site lodging or one free meal a day and were paid less than employees who did not receive these benefits. Graduate nurses were paid more than any attendants—40 dollars a month in 1909 and 50 dollars a month in 1910, 1911, and 1916.

Physicians (also called assistant physicians), like some attendants, lived on the hospital grounds, and were paid between 100 to 130 dollars a month from 1909 to 1917 and between 110 to 166 dollars in 1920 and 1921. The Medical Superintendent earned between 208 to 255 dollars a month from 1909 to 1917, 300 dollars in 1920, and 416 dollars in 1921.

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[66] Elvin H. Santos and Edward Stainbrook, "A History of Psychiatric Nursing in the Nineteenth Century." *Journal of the History of Medicine and Allied Sciences,* Vol. 4, No. 1 (Winter 1949): 59.

Directly related to the shortage of funding was a shortage of staff. The Board of Charities report for 1917 stressed the low wages and long hours that made it difficult to retain staff—day attendants worked up to 16-hour shifts.[67] Superintendent Terflinger made the same remark to the Board of Trustees in Longcliff's annual report for that year, emphasizing that wages had remained stagnant for thirty years, while the cost of living had risen 50 percent.[68] This problem persisted even after the war. The 1919 report noted that the state hospitals:

> …have found it impossible to maintain a quota of employes [sic], and have been obliged to retain many of who [sic] were wholly inexperienced. Even before the war the staffs had been reduced below a proper standard. Following our entrance into the conflict this became more notable. It was thought conditions were then about as difficult as they could be. Since the armistice, however, they have been in many ways harder than they were before.[69]

Like the earlier passage from the State Board of Charities of Indiana, the report acknowledged that the hospital had been struggling even before the difficulties of the war. The tone was similar in addressing the extent of the institution's need—the staffing conditions were "impossible" and "as difficult as they could be." The Board used both institutional statistics and this kind of emotional appeal to express the gravity of the situation to the legislature.

The same passage noted that the state standards for psychiatric hospitals called for one physician for every 150 to 200 patients, but Longcliff had only two physicians to care

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[67] "General Report of the Board," *Twenty-Eighth Annual Report of the Board of State Charities of Indiana* (Fort Wayne, IN, 1917): 11.
[68] "Report of the Medical Superintendent," *Twenty-Ninth Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1917): 10. Internet Archive, https://archive.org/details/report03longgoog/page/n3/mode/2up.
[69] "General Report of the Board," *Thirtieth Annual Report of the Board of State Charities of Indiana* (Fort Wayne, IN, 1919): 9. HathiTrust Digital Library, https://babel.hathitrust.org/cgi/pt?id=hvd.hl467u&view=1up&seq=11.

for the entire hospital population of 980.[70] According to *Psychiatry in Indiana: The First 175 Years* by Philip Coons and Elizabeth Bowman, Longcliff had a two hundred percent staff turnover during World War I.[71]

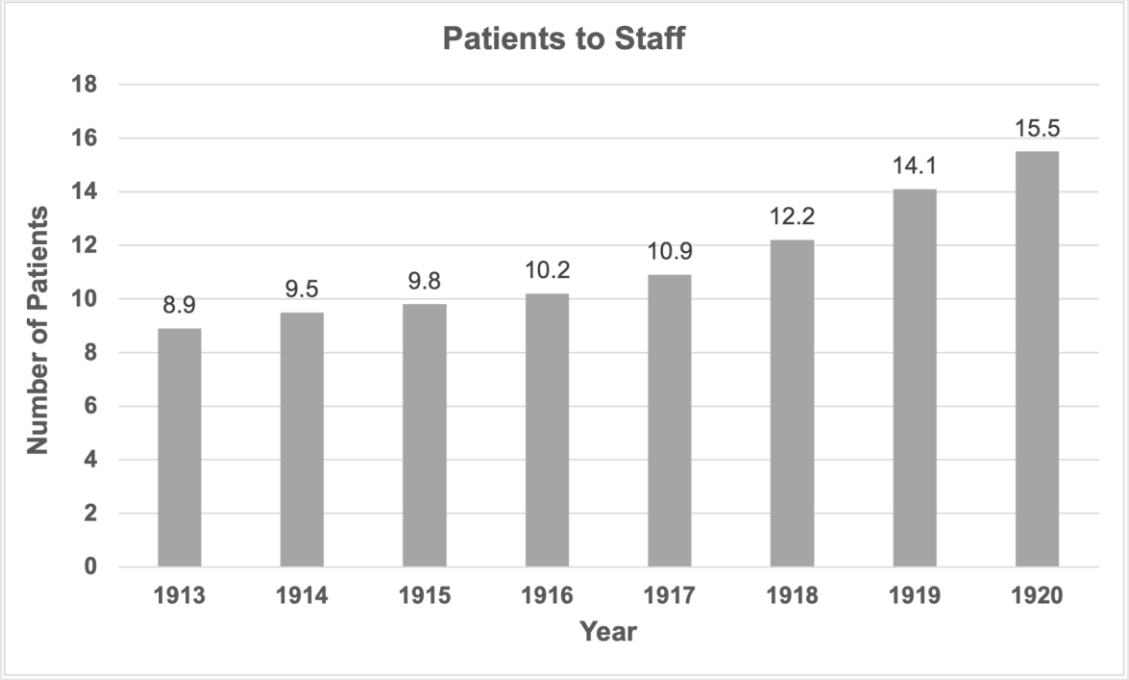

Figure 2: The ratio of patients to attendants from 1913 to 1920 as reported in the annual reports of the Indiana Board of State Charities. This information was not available for the years 1910 to 1912.

Although superintendents Samuel Dodds and Frederick Terflinger generally highly praised the hospital's dedicated staff, several attendants were arrested during their tenures. One was charged with assault and battery in June 1919 after beating a patient who refused to do work that was ordered of him. The attendant was fined one hundred dollars and sentenced sixty days in prison, although this sentenced was later suspended

[70] "General Report of the Board," *Thirtieth Annual Report of the Board of State Charities of Indiana* (Fort Wayne, IN, 1919): 10.
[71] Coons and Bowman, chapter 3.

for good behavior.[72] Without the need to resort to "wholly inexperienced" staff, it is possible that these incidents could have been prevented.

Capacity

Overcrowding was a frequent issue at Longcliff. In nearly every annual report from 1910 to 1917, the Board of Trustees explained the lengths undergone to free up capacity and request additional land or the construction of new wards. In 1911 the state was redistricted, removing six counties from Longcliff's region,[73] but capacity started to be mentioned as a problem again just a few years later. By the end of World War I, the excess monthly attendance was costing the hospital an extra seven thousand dollars a year.[74]

Overcrowding was often handled by adding extra beds into rooms originally designed for one or two, and by using an outdoor camp without plumbing to house patients in the summer. Originally a tent, this was replaced by a cheap wooden frame structure in 1908.[75] The 1911 annual report indicated that the camp was abandoned, although it might be used again "because of overcrowding, which at the present rate of

[72] "Attendant Fined for Assaulting Cliff Inmate," *Logansport Pharos-Tribune*, June 5, 1919, Newspapers.com, http://www.newspapers.com/image/24885959/.
[73] "Report of Board of Trustees," *Twenty-Third Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1911): 6.
[74] "Northern Hospital for Insane, Logansport," *Twenty-Ninth Annual Report of the Board of State Charities of Indiana* (Fort Wayne, IN, 1918): 51.
[75] "Report of Board of Trustees," *Report of the Trustees and Medical Superintendent of the Northern Hospital for Insane* (Fort Wayne, IN, 1908): 10.

increase, seems not far distant."[76] It was never mentioned in reports again, although the structure appears on Sanborn maps of the hospital until 1920.[77]

	Capacity	Average Daily Attendance	Year-End Attendance
1913	950	901	1,062
1914	950	941	1,106
1915	1,000	958	1,099
1916	1,042	926	1,141
1917	1,042	957	1,185
1918	1,042	951	1,018
1919	1,013	964	1,309
1920	1,013	967	1,055

Table 1: Longcliff's patient capacity vs. the average daily attendance and the attendance at the end of the fiscal year from 1913 to 1920, as reported in the annual reports of the Board of State Charities. This information was not available for the years 1910 to 1912. The hospital usually closed the year at 50 to 100 patients over capacity.

Overcrowding was clearly not an issue caused by the war, as administrators had been writing about the problem for many years. And it was certainly not unique to Longcliff; overcrowding had been a pervasive issue to state hospitals nationwide almost since the establishment of the moral treatment movement.[78] However, the combination of overcrowding, high patient-to-staff ratio, and inability to hire enough quality employees sometimes resulted in disastrous, and sometimes deadly, consequences. A number of preventable injuries and deaths occurred during the years of the war, with the spring of 1918 being particularly tragic. In April, a patient died from scalding water being thrown

[76] "Report of Board of Trustees," *Twenty-Third Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1911): 9.
[77] *Logansport, Indiana* [map]. 1920. Scale not given. "Indiana Sanborn Maps." Indiana University Map Collection. <https://libraries.indiana.edu/union-list-sanborn-maps> (15 May 2021).
[78] Yanni, 43.

onto him by another patient. The report from that year notes that there had only been one attendant in the ward at the time.[79] The following month, another attendant was charged with the assault of a patient. In June, a patient was able to commit suicide after someone had left the basement door unlocked. It was not determined who was responsible for this oversight. With an average of 12 patients to each attendant, it is evident that more staff would have been required to keep patients safe.[80]

"Extras"

Several events and accidents during this time unrelated to the war negatively impacted the Northern Hospital for the Insane. On April 22, 1915, a fire broke out in the women's hospital ward. All staff members were needed to evacuate the ward's patients. There were no deaths or injuries, but the fire resulted in $12,000 in damages. The coal oil stoves, one of which was determined to be the cause of the fire, were removed and replaced with electric stoves. Superintendent Terflinger called on the state legislature for additional funds for more effective fire prevention.[81] The fire also worsened the overcrowding problem, as patients had to be moved to other wards. The ward damaged by the fire would remain unusable until January 1916.

One would assume that Longcliff would have been severely impacted by the 1918 flu pandemic, as it was a contained institution with about one thousand patients and

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[79] Superintendent Reports, Logansport State Hospital, April 1918.
[80] "Northern Hospital for Insane, Logansport," *Twenty-Ninth Annual Report of the Board of State Charities of Indiana* (Fort Wayne, IN, 1918): 51. HathiTrust Digital Library, https://babel.hathitrust.org/cgi/pt?id=hvd.hl467u&view=1up&seq=11.
[81] "Report of the Medical Superintendent," *Twenty-Seventh Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1915):10. Internet Archive, https://archive.org/details/report00insagoog.

several hundred staff members. However, all primary source materials suggest that the hospital was largely spared. No influenza mortality statistics for the institution in 1918 could be found using the sources available, as the annual report was not published that year, but later reports show that the overall death rate at the hospital did not greatly increase. It is possible that some influenza patients were transferred to other facilities, such as the emergency hospital established in Logansport during the outbreak.[82]

Although the death toll seems to have remained low, influenza did contribute to the hospital's troubles. Newspaper articles show that the hospital administration requested additional nurses, and several hundred cases of the flu were reported on multiple days.[83] Regardless of the impact on the hospital in terms of morbidity or mortality, the influenza epidemic doubtless limited the already small number of healthcare workers available in the state. In the fall of 1918 Dr. A.L. Palmer had suffered a nervous breakdown from stress related to the epidemic.[84] In February 1919, Bertram Landes, a hospital physician, died from influenza.[85] It is clear that the epidemic had its toll on the hospital's workers and their ability to care for their patients.

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[82] "Emergency Hospital Ready for Occupancy," *Logansport Pharos-Tribune,* December 4, 1918, Newspapers.com, https://www.newspapers.com/image/24890230/.
[83] The Hospital's request for additional nurses was reported in "The Scourge Hits Insane Hospital at Logansport," *Fort Wayne Sentinel,* January 2, 1919, Newspapers.com, https://www.newspapers.com/image/38581859/. Reported flu cases were taken from "Order Civilian Hospital to Care for Flu Victims," *Logansport Pharos-Tribune*, December 2, 1918, Newspapers.com, https://www.newspapers.com/image/33812932/.
[84] "News Notes and Personals," *Journal of the Indiana State Medical Association* Vol. 12, no. 4 (April 1919): 114. https://hdl.handle.net/2027/mdp.39015046999804.
[85] "Deaths," *Journal of the Indiana State Medical Association* Vol. 12, No. 2 (February 1919): 52. https://hdl.handle.net/2027/mdp.39015046999804.

SECTION III: ADMINISTRATORS' RESPONSES TO THE WAR

"No place for a pessimist"—Dr. Samuel Dodds

Not all of the challenges faced by Longcliff from 1910 to 1920 were unique: in fact, many of them, such as overcrowding and limited funding, were chronic issues that had existed for most of the hospital's existence. However, these issues were aggravated during the war, while also leaving the hospital with less government support. In the following section, I will discuss how Longcliff responded to the issues detailed in Section II: staffing, hospital capacity, and obtaining supplies. I will also discuss how the state provided some degree of relief, despite consistent low funding.

Cost of Resources

Like other psychiatric hospitals of its time, Longcliff was built to be largely self-supporting, with a farm, dairy, and sewing room. These facilities greatly aided the institution during the war, as it did not have to entirely rely on state appropriations for food. In 1917, the campus included fifteen acres of fruit trees, thirty acres of vegetables, 48 dairy cows, and 50 hogs.[86] Longcliff heavily relied on its sewing room for residents to produce patient clothing, gowns, shirts, sheets and pillowcases, and aprons, among other articles. In 1919 an industrial department was added for the production of items such as garden equipment, upholstery, brooms, and brushes.[87] The sewing and industrial departments produced hundreds of items every year, and the estimated net value of the

[86] "Cliff Folks Will Have Plenty Food," *Logansport Pharos-Tribune*, September 6, 1917, Newspapers.com, https://www.newspapers.com/image/24892518/.
[87] "Exhibit 11: Industrial Department," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 61.

farm and garden products used increased from five thousand dollars in 1915 to over thirty thousand dollars in 1920.[88]

Occupational therapy was also beneficial to the institution's staffing problem. Patients worked on the farm and gardens, in the sewing room, and in the industrial department. It is unclear how many of these patients were employed by the hospital and how many performed their work solely as a form of treatment. Only the 1920 annual report noted the number of patients employed in work—that year, 676 patients did work for the hospital or were taking industrial classes.[89] It is evident that giving wages to patients was something that the administration avoided—Dr. Dodds remarked that it was "a pernicious practice. Sooner or later it leads to trouble. Very naturally if one patient gets paid the others demand it."[90] Dodds did not elaborate on this "trouble," but it could be surmised that the hospital relied on unpaid patient labor and could not afford to financially compensate patients for their work. It is also possible that administrators viewed patient labor as a treatment modality and, therefore, sufficient compensation in and of itself.

Whether intended as a treatment, a cost-saving measure, or a bit of both, the use of patients for labor was doubtless instrumental in keeping the operations of the hospital

[88] "Farm and Garden Products," *Twenty-Seventh Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1915): 41.
"Farm and Garden Products," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 59.
[89] "Report of Board of Trustees," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 15.
[90] "Report of Board of Trustees," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 12.

going. Longcliff had enough manpower to produce its own food, clothing, and various sundries instead of relying wholly on the legislature for funds.

Occupational therapy may have also been a way to justify the hospital's expenses to the state legislature. The legislature might have been more likely to view the annual appropriations as a good investment if patients were portrayed as hard workers who were earning their keep. In his 1913 report to the legislature, Dr. Terflinger described the patient farm work in this way:

> The outdoor work is both healthful to the patients and beneficial to the State, both in permanent improvements and tilling the soil, and clearly demonstrates the necessity of more farm lands for the institutions, so that much more of the food stuff required could be produced by the patients, which would be both beneficial to them and a saving to the State.[91]

Note that Terflinger mentioned how farm work was beneficial to the state, not just once, but twice in this single sentence. He seemed to have reason to believe that this argument would be more persuasive than the estimated benefit to the patients or the hospital.

Staffing

The hospital's Board of Trustees made numerous appeals to the State for staff wage increases. After calling a meeting with the governor in February 1918, the trustees were informed that such an increase would require a special session of the legislature.[92] This evidently occurred, because the Board made the same request of the governor in April, specifically asking that the attendant wage be increased ten dollars a month.[93] The

[91] "Report of Board of Trustees," *Twenty-Fifth Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1913): 6.
[92] Superintendent Reports, Logansport State Hospital, February 1918.
[93] Superintendent Reports, Logansport State Hospital, April 1918.

following month, the governor replied that any change to wages would be entirely up to the Board.[94] The Board then approved a five-dollar raise for attendants and a three-dollar raise for nurses. Later that summer, the Board noted that the raise made little to no difference in attracting new workers.[95]

Physicians, nurses, and attendants were, of course, essential in maintaining patients' health, but there were hundreds of people working on the campus. Longcliff employed pharmacists, clerks, carriage drivers, cooks, engineers, gardeners, housekeepers, and many others. Their wages remained fairly stagnant as well, resulting in many staff members leaving for higher-paying positions. Dr. Terflinger explained: "The great demand the high prices which were offered in other fields of endeavor made the hospital position unattractive, and at times our force was twenty or more short, and we were without applications."[96]

When there were no funds remaining in the budget for raises, the administration had to consider different avenues to recruit and retain employees. In July of 1918 the assistant baker resigned for a better position. The head baker, Mr. Burwell, suggested that the hospital hire his wife and permit his family to live on the campus, as his son would also be able to do chores and odd jobs. Ordinarily this kind of arrangement would not have been considered, but as the Superintendent explained simply in his notes, "Bakers

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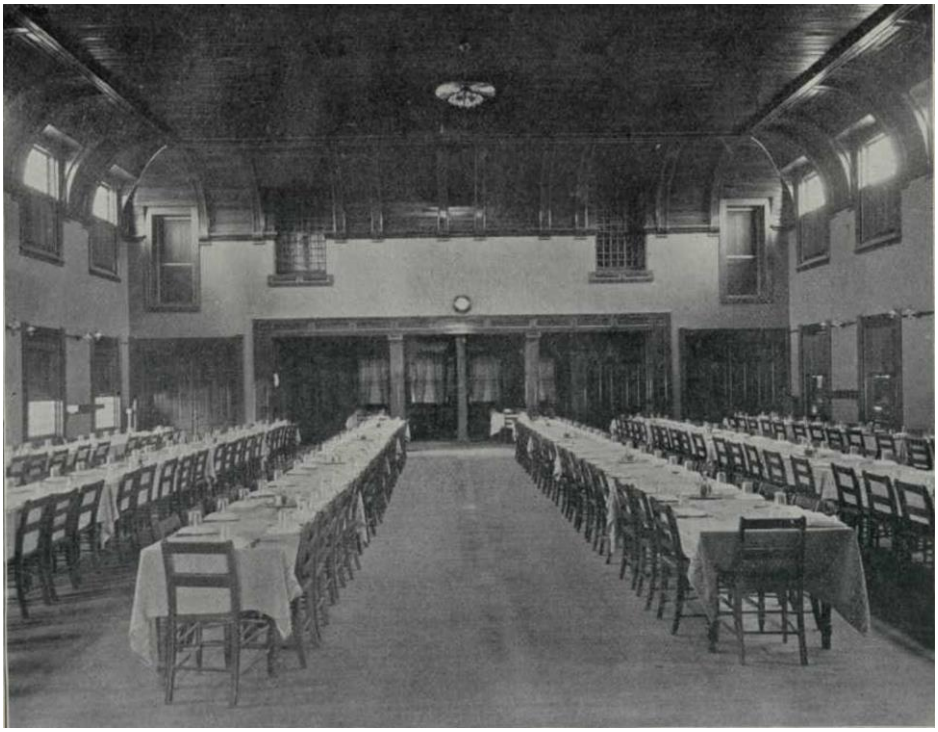
[94] Superintendent Reports, Logansport State Hospital, May 1918.
[95] The Trustee Minutes do not indicate why a five-dollar raise was provided instead of the requested ten-dollar raise. It is evident that the Board was either unwilling or unable to provide this additional five dollars from their own funds, without additional financial assistance from the state.
Superintendent Reports, Logansport State Hospital, June 1918.
[96] "Report of Board of Trustees," *Twenty-Eighth Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 10.

are not to be had." Thus, two rooms in the assembly hall were renovated for Burwell, his wife, their two sons, and his father, who was also employed at the hospital as a night attendant.[97] In some cases, at least, creative solutions were found to keep the hospital running.

Capacity

To avoid having to resort to crowding small rooms with beds or forcing patients to sleep outside, the hospital devised some creative solutions for creating additional ward space. In this respect, the administration could thank Dr. Rogers, the hospital's first superintendent, for predicting this challenge when planning the design of the campus. The pavilion plan, with detached buildings for dormitories, allowed the hospital to quickly increase capacity by adding new buildings and wings. In 1915 new wings were added to the dining hall, replacing two smaller dining rooms that were used in the wards. The old dining rooms were turned into dormitories and freed up space in six wards.[98] A similar kind of reorganization was undergone in 1920 when overcrowding was once again a concern. In this case, the night watches' kitchen was moved into the main kitchen and turned into an additional dormitory.[99]

[97] Superintendent Reports, Logansport State Hospital, July 1918.
[98] "Report of the Medical Superintendent," *Twenty-Seventh Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1915): 10.
[99] "Report of Board of Trustees," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 12.



Picture 2: Central dining hall, circa 1904. From the pamphlet The Development of the Public Charities in Indiana, published by the State Board of Charities for the Louisiana Purchase Exposition. In 1915 wings were added to allow dining rooms in the wards to be turned into dormitory space.

State Responses

The administration of Longcliff was able to find some relief during this time via legislation. The hospital was able to tap into the governor's emergency maintenance fund, which was set aside for the state institutions in the case that they ran out of money before the end of the fiscal year. However, this was not always a reliable source of emergency

appropriations, as the fund was exhausted by June in 1919, resulting in a deficit of $350,000 across all the state institutions.[100]

Longcliff also benefitted from a state purchasing agency, which was established in 1917.[101] This arrangement allowed state institutions to purchase supplies together in large quantities, instead of each facility obtaining supplies separately. This practice got the hospital through the fuel shortage experienced in advance of the U.S. entrance into World War I and the shortage resulting from the coal miners' strike in 1920.[102]

The responses taken by administration during and the years immediately following the war demonstrate the hospital's level of need at this time. Many of these cost-saving measures, such as converting kitchens and dining rooms to dormitories or employing staff's family members, would likely not have been considered during times of more stability. Not all of these efforts were entirely successful; staff pay raises were insufficient in retaining employees and the hospital's patient population continued to increase as capacity was raised. Several of the administration's responses were clearly based in the practices of moral treatment; the pavilion plan allowed for the easy addition of new wards, occupational therapy kept patients at work while supporting the hospital, and the use of a farm and gardens allowed the hospital to produce some of its own food.

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[100] "No Legal Way to Re-Imburse Institutions with Financial Aid Before September 30," *Alexandria Times-Tribune*, June 4, 1919, Newspapers.com, https://www.newspapers.com/image/80728035/.
[101] "Arrange for State Purchasing Agency," *Fort Wayne Gazette*, March 23, 1917, Newspapers.com, https://www.newspapers.com/image/29333194/.
[102] "Report of Board of Trustees," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 9.

CONCLUSION

The difficulties discussed here, especially funding and staffing, greatly hindered Longcliff's use of moral treatment. In his 1854 recommendations, Thomas Kirkbride had dictated that asylums based on this model have a staff to patient ratio of 10:1 and that the patient population not exceed 250.[103] By the early 1900s, Longcliff was closing each year with over a thousand patients enrolled, and attendance increased steadily. As the hospital literally struggled to keep the lights on, the administration was forced to abandon the recreational activities they had praised so highly. The Assembly Hall, used for dances, fell into such disrepair that it was no longer safe to be occupied, and the failing electrical system meant no more weekly picture shows.[104] Faced with skyrocketing costs and increased demand, administrators such as Terflinger and Dodds had to sacrifice their ideals in order to keep the hospital in operation.

Longcliff was not alone in its struggle to provide moral treatment, nor was overcrowding a new problem. Nationally, there was a 42.5% increase in hospitalized psychiatric patients between 1910 and 1923, continuation of the upward trend that began in the mid-nineteenth century.[105] In 1891, visiting British physician Henry Burdett had remarked, "If it be true that individual treatment is absolutely necessary in the treatment of insanity, as a competent American doctor declares, it follows, that in one vital point the institutions in his country are diametrically opposed to the cause they were intended

[103] Putney, 56.
[104] "Medical Superintendent's Report," *Thirty-Second Year of the Northern Hospital for the Insane* (Fort Wayne, IN, 1920): 11.
[105] E.M. Furbush and H.M. Pollock, *Patients in Hospitals for Mental Disease, 1923* (Washington, D.C.: Government Printing Office, 1926): 144.

to further."[106] Hospital administrators' actions contradicted the noble ideals professed by Kirkbride and early asylum reformers; moral treatment simply could not be adequately delivered in a facility of over a thousand patients.

It is difficult to assess how many of Longcliff's wartime troubles were shared by other psychiatric hospitals in Indiana and across the United States, aside from the general problems of overcrowding and lack of funding. It would be necessary to analyze other institutions in order to appropriately compare them with Longcliff. Further questions that could be answered by such studies include: What were the actions made by other psychiatric hospitals in response to these challenges? Did hospitals in other states fare better than those in Indiana at this time, and if so, why? Were there aspects of hospital life that made patients even more vulnerable, especially during a time of crisis?[107]

Using the Northern Indiana Hospital for the Insane as a case study, I have examined how major historical events such as a world war impacted vulnerable populations, such as the mentally ill, and their support institutions, such as psychiatric facilities. Though I did not have access to patient accounts, I was able to make some observations about the possible patient experience using accessible hospital records. The instability resulting from World War I influenced every area of the hospital's affairs. Hospital staff, who were charged to care for some of the state's most vulnerable

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[106] Quoted in Yanni, 43.

[107] This question could be asked of other institutions of confinement, such as hospitals and prisons, and other periods of instability. Many thanks to Dr. Elizabeth Nelson for raising this question, and for pointing me to the field of Disability Studies, specifically S.M. Rodriguez, Liat Ben-Moshe, and H Rakes. "Carceral Protectionism and the Perpetually (in)Vulnerable." *Criminology & Criminal Justice* 20, no. 5 (November 2020): 537–50. https://doi.org/10.1177/1748895820947450 and Sharon Snyder and David T. Mitchell. *Cultural Locations of Disability*. Chicago: University of Chicago Press, 2005.

individuals, were largely dependent on the state for funding and resources. Shrinking state budgets as a result of the war meant a lower quality of life for hospital patients, fewer individuals that could be helped by state institutions, deteriorating equipment and essential systems, and fewer staff members. As a result of these issues, patients paid the price—some were abused by unqualified employees, some died or were injured due to lack of staff, and others lived in cramped and uncomfortable quarters due to the hospital's strained capacity. The impact of these difficulties continued to affect the hospital well past the end of the war.

This project also reveals the dedication and strength of will displayed by those who felt called to help some of the state's most vulnerable populations. Staff faced an almost Sisyphean task in attempting to carry out the ideals upon which the hospital was founded despite ever-shrinking budgets and unforeseen disasters. In every speech or report to the state legislature, Dr. Dodds praised the dedication of his staff, highlighting the difficult nature of their work. As he explained in a 1922 speech to the State Board of Charities, "I wish to emphasize again the enthusiasm in which our people entered into this work. Hospital work is no place for a pessimist."[108] This quote may convey the mindset necessary to work at a state hospital at this time. In such overwhelming circumstances, desperate optimism would have been a requirement of the job.

[108] Dodds, 66.

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