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## Fifteen Years' Experience with Defectives on Livø.

A Paper read before the 7th Northern Mental Deficiency Congress, Trondhjem,  
Norway, July, 1926 (translated by the Author).

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Livø is an island situated in the Liim Fiord, separated from the nearest mainland by a channel slightly more than  $2\frac{1}{2}$  miles wide, and with strong currents. The island has an area of about 750 acres, and is composed of agricultural land interspersed with woods and heaths. There are ample opportunities of outdoor work for the defective patients, some 95 in number. The patients live in four pavilions, and outside working-hours they are permitted to move freely over the whole of the island. A small detached building contains six cells for the purpose of disciplinary punishment. There are eleven keepers in charge, three of whom are relieved to allow of vacations and days off duty.

Livø, as is also the case with the corresponding island Sprogø for female defectives, is subordinated to the parent institution Kellerske Aandssvageanstalt in Brejning (Keller's Institution for Defectives\*), with regard to administration as well as to medical supervision.

The public provision for defectives in Denmark has for its object the reception of every person reported or notified, no matter what complicating defects these patients may be suffering from. The only exceptions under this rule are feeble-minded blind and deaf persons who are capable of education, as these should first be tried in the institutions specially concerned with the care of blind and deaf persons.

As the public provision for defectives developed, it was found that the institutions already in existence were inadequate to cope with the problem. A number of the feeble-minded possessed such a pronounced tendency to vagrancy as to render it impossible to keep them confined under the conditions of an open institution. If these individuals also had criminal propensities, it will be understood what a danger to the public they presented. Being unaffected by punishment, they were not amenable to prison treatment, and confinement of such individuals in a cell in one of the existing institutions, possibly for life, must be considered an inhumane procedure, the more so because the highest type of feeble-minded were concerned—the cleverest among them.

With a clear understanding of these disadvantages and obstacles, Professor Chr. Keller began his fight to relieve them, the goal he had in view being institutions on islands. It was, indeed, a bold idea to place a body of criminals of all categories on an island, with a comparatively free scope of activity, and in charge of a staff which was but small in number. Great demands were made on Professor Keller, to enable him to break through the easily understandable opposition raised against his daring idea, but these demands were so well satisfied that Livø, from being a mere scheme, became a reality on April 1st, 1911. That Professor Keller's scheme was correctly based has been proved by the way in which Livø has grown, there being 20 patients to begin with, while now, notwithstanding the present difficulty with regard to money matters, some 95 patients have found room on Livø. I have felt it would be of interest to give an account of the fifteen years of Livø's existence, as I am of opinion that this period is of sufficient length to allow of a close scrutiny of the various figures involved.

In all, 225 patients have been admitted during the fifteen years which have elapsed. The reasons for their admittance have varied.

One hundred and seventy-six had a tendency to vagrancy, repeated escapes from the institutions in which they were kept also including them in this category.

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The Brejning Institution, situated in Jutland, near Vejle, has an area of about 350 acres, with accommodation for c. 1360 mental defectives of all grades: idiots, imbeciles, and feeble-minded, in 23 separate homes. The Institution has two subordinate island institutions—one on the Island of Livo in the Limfjord, for c. 95 criminal men, and the other on the Island of Sprogo, in the great Belt, for c. 48 female defectives, most of whom have led a dissolute life. The Brejning Institution is a private institution, but with a very considerable annual grant from the State. Livo and Sprogo are the only State Institutions for mental defectives in Denmark, but they are both subordinated to the parent institution in Brejning. Livo and Sprogo take criminal mental defectives of both sexes of the type sent in England to the Rampton State Institution.

Closely related to the vagrant is the thief. Obviously the wandering feeble-minded person, being without means of existence, is easily led to theft, from petty larceny to burglary. Accordingly the "thief" group is a large one, numbering in all 124 cases. I must say here that each of these patients has not contented himself with a single theft; a number of them have innumerable acts of thieving on their consciences.

The next large group is formed by the offenders against decency and morals, which group has to be divided into sub-groups: attempted or committed outrages 23 patients: obscenity towards children, 26; exhibitionism, 7; bestiality, 9; active homosexuality, 1. In this group the offences against children preponderate, not because of sexual perversion, but for the reason that the defective finds it easier to get into contact with children, in whom he expects to meet less resistance; he also considers the risk of being detected and punished to be less where children are concerned. There are 35 incendiaries, who have confessed to 49 cases of incendiarism in all. Three patients are guilty of criminal attempts against railways. Fraud figures only in six cases and this is not surprising; although there may be no lack of intention, yet the faculties of the defective are inadequate to carrying out the intention, as at least a certain amount of cleverness and intellect is necessary to enable him to cheat his fellow-creatures.

As to the question of age, youth has more especially set its stamp on Livø. The youngest patients have been 14 years old, the eldest 54 when admitted. If the division by age is plotted into a graph, it will be seen that the curve rises almost vertically between 14 and 18 years of age, reaches a maximum at 18 years, and then drops almost as abruptly until the age of 24. Three-fourths of the total number of patients were of an age between 14 and 24 years when admitted, a point to which I shall return later.

Where do the patients come from? Ninety-three of them have come from the Institution in Brejning, and 39 from other institutions of the same kind. That Brejning should show such a high number as is the case, is due, not only to the fact of Brejning being the parent institution, but also to the rule that, during the first few years, the patients had to pass through Brejning for observation, a scheme which had to be relinquished later, owing to lack of accommodation in Brejning. The remaining 93 patients have come from other places, from custody, prisons, lunatic asylums, and children's welfare institutions. I prefer to deal somewhat more in detail with the last-named source, which has always arrested my attention, on the assumption that feeble-minded persons are so easily misjudged and handed over to the welfare institutions as a result. A summing-up shows that a total of 81 patients have been under the care of the welfare institutions; out of this number 38 have only been recognized and duly cared for as feeble-minded persons after years have elapsed. The remaining 43 have not been recognized as feeble-minded, in spite of frequent stays for years in various Institutions, but have come to Livø through other channels. While formerly the welfare people "crossed" themselves when the talk was of defectives, a considerable change has lately taken place with regard to this circumstance, and now co-operation has been established between the welfare institutions and the provision for defectives, this undoubtedly having led to a number of cases being correctly classified at an earlier date than formerly.

The question is now: Are the patients on Livø defectives? 132 patients have been transferred from Institutions for Defectives, 38 have been transferred from lunatic asylums after observation there, and 46 have been declared [feebleminded

or imbecile\*] by the Medico-Legal Council, this giving a total of 206 for whom authoritative certificates have been issued. The stay on Livø is in no small degree effective as a period of competent observation, and this observation has shown that one patient was insane and six were psychopaths. Of these three have been transferred to the special (safety) institution on Seeland. It has proved impracticable to have psychopaths living on Livø; with their relatively uninjured intellect, their oratorical powers and their egocentric, moral behaviour, they are a source of perpetual unrest. While the defectives are devoid of leading powers and therefore seldom instigate disorders of any consequence, the psychopath becomes the born leader: he rallies the defectives for general mutiny and strike, and sets them against the keepers. As a consequence there are only two alternatives with patients of this nature:—they must either be removed from Livø, or, if they stay, Livø will lose its stamp of freedom. They have been removed in those cases where observation during a sufficiently long period has shown that it is impossible to keep them.—68 patients have been submitted to Intelligence Tests, with the result that more than three-fourths of them showed a quotient between 50 and 70—a rather high quotient, as was anticipated: a comparative degree of intellect is necessary to enable the patients on Livø to have displayed such a criminal activity as they had recorded.

I come now to the interesting point: how the discharged patients have fared in after life. A stay on Livø was never meant by Professor Keller to be tantamount to "Abandon hope, all ye who enter here!" The patient, when on the island, must have a goal to strive after, and this goal is social adaptation. When he has succeeded in fighting down his propensities and impulsive temper, when he has performed his work in a satisfactory manner, his heart's desire—discharge—should be gratified, due regard being taken to his history; obviously, one would feel more inclined to discharge a vagrant and thief, than an offender against decency and morals. If the rule "No discharge" was enforced, this would in the first instance mean a complete bursting of the bounds; how would it be possible, with accommodation for 95 patients, to make room permanently for the 225 who have passed through Livø? Secondly, if the alluring incentive "Discharge" did not exist, I can hardly believe that ordinary disciplinary punishment would suffice to keep a criminal community of this extent under control; the staff would have to be increased, and Livø would have its air of freedom changed in the direction of prison-like confinement.

Turning now to the discharged patients, it is necessary first very shortly to call attention to the present difficult times. Livø has, in fact, been in existence during the Great War and during the time succeeding the war, and the clamant question of the day—unemployment—has had great influence here. It is perfectly obvious that when 60,000 normal workers cannot find employment, it is tenfold more difficult for the imbecile or weak-minded person, coming directly from a stay of several years' duration on Livø as he does, to obtain work. The rule has been adopted, therefore, not to discharge a patient until a situation has been procured for him; on the one hand, however, the employers periodically reduce the number of workmen employed, as, for instance, the farmers in late autumn; and, on the other hand, the well-known self-confidence of the defective will lead him to give up his situation or employment, because he feels quite certain that it will be easy for a capable person, as he feels he is, to obtain better employment. In both cases the struggle will carry him on to "the road," and from here to committing a crime is only a step. In Brejning we know this "flood" every

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\*The Danish definitions do not seem to connote exactly the same type of defective as our English definitions, so we have used both words.—ED., MENTAL WELFARE.

autumn, patients paying a visit to the Institution for the purpose of possibly obtaining money for travelling, very frequently only as an excuse for reaching the much-coveted capital. It is not my intention, in these remarks, to assert that the causation of relapse is to be sought in these circumstances; that they are instrumental, however, in reducing the resisting power of the relapsing patients is, to me, beyond all question.

The discharge from Livø now takes place in the following way:—If a patient has stayed for some considerable time—on an average three years—and his conduct has been satisfactory, the Institution asks the authority which admitted him whether any objections exist to a discharge by way of experiment, on condition that the defective, if the experiment prove unsuccessful, be at once brought back to Livø. If the defective has been admitted on the strength of a conviction, the police will be asked; the police will then pass the enquiry on to the County Council, which again submits the enquiry to the Home Office; from here the question is placed before the Medico-Legal Council. Discharge may be effected direct from Livø, supervision in a family\* forming a transitory stage; or the patients may be transferred to Brejning to begin with and then passed on from there.

The number of discharges totals 161; out of this number 54 passed through Brejning, 22 remained in Brejning, 15 were sent from Livø to stay with their families, and 82 were discharged direct from Livø. The discharged patients had committed the following crimes: incendiarism—1, assault—5, vagrancy—134, theft—89, attempted outrage—11, obscenity towards children—15, exhibitionism—3, bestiality—5, and criminal attempts against railways—1.

The Institution in Brejning follows the conduct of the discharged patients as far as this is at all possible, partly through information from the employer obtained for the patient, and partly through the less agreeable intelligence furnished by the authorities; a fair proportion of those discharged visits the Institution in Brejning, and these visitors can offer a good deal of information regarding their fellow patients. In this way a fair amount of material is collected for the register. Details will nevertheless be missing in a number of cases, but it is only fair to assume that the judicial authorities will demand a statement from the Institution when any new breach of the law has been committed. As an example of the difficulties connected with following up the careers of the patients, I may here mention the case of a boy from Livø who went to America, took part in the Great War and visited the Institution about a year ago. Of two patients it is known that they went to America, and a few others have taken berths for long voyages. While a number settle down to steady work and become useful citizens, some of the discharged patients will drop into a very casual manner of living. Some are attracted by the Capital, where they make a living by offering various trifles for sale at the houses, or take up casual jobs; one may develop fraudulent tendencies, another become a drunkard and bully his wife and children. In one instance the patient left his situation and took with him his employer's wife; he is now said to exist as an "alphonse" (living on the gains of a prostitute) in Copenhagen; and so on.

58 patients in all have been re-admitted to Livø. Four were sent back by the police, as having no means of subsistence, 40 have been found vagrant, and in connection therewith 24 have committed theft. Two have attempted outrages and two have been guilty of obscene behaviour towards children. The latter four

\*The Brejning Institution has 200 defectives in "Familiepleje," i.e., the Institution find a family willing to take the defective, occupy him, and take care of him. The Institution pay a yearly sum for his support, ranging from 200 to 400 Kroner, and a parole officer from the Institution visits the homes to supervise the conditions.

are decidedly the most serious cases, but taking into consideration that 34 out of 66 offenders against decency and morals have been discharged, it cannot be called an unexpected result that four (or about 12 per cent.) have relapsed. This is, very briefly, a summary of the doings of the recidivists. A total number of 16 patients have been discharged twice, and out of these six have been discharged three times and two four times. 12 of the recidivists have been admitted to Brejning, where they "vagabondized" and committed thefts, so they had to be returned to Livø.

The age and degree of intellect of the recidivists do not seem to furnish, in advance, any clue to the question of tendency to relapse; one must here, as is usually the case, content oneself with the previous history of the patient and with the character which he earns for himself during his stay in the Institution.

The question may now be raised, whether there are any possibilities of assisting the discharged patients and thus preventing relapse. Supervision in a family, with frequent visits of inspection, does not give satisfaction; one patient will take his leave a few hours after his arrival, another half a year later, quite independent of inspection and supervision, and simply acting from impulse. The Home Office has employed another method in dealing with the patients admitted on the strength of a conviction, permitting discharge on the condition that the discharged patient is either pronounced unfit to manage his own affairs, or placed under the care of the local police.

In connection with this, the so-called Law of Internment, of 1925, may be mentioned, which says: "A person in whom deficiencies in development . . . have been manifested by actions that are liable to punishment . . . may be subjected to precautionary measures, in so far and for such period as may be deemed necessary. The court of justice (local magistrate) will appoint a willing and capable guardian for the defender. The guardian has to assist the defender and also to keep himself informed of the condition of the defender. Decision as to suspension or amendment of the precautionary measures is made by the Home Secretary."—I am of opinion that in future most of the cases admitted to Livø will be effected in accordance with this law, which will mean that the patient will have a guardian. This procedure, which is carried into effect through the assistance of the law courts, is, however, very tedious. We have recently had a case in which it took about a year to get the decree, and it is therefore not to be wondered at that the defective person concerned, having to wait so long a time, becomes very impatient and possibly actually "explodes" from impatience. The word "guardian" sounds very nice, but from the knowledge I possess of the guardians, they can hardly be said to exercise a very effective supervision; they do not command sufficient respect, and frequently the guardian is a member of the patient's family. Accordingly, I believe that the other method—to place the patient under the care of the local police—is far more valuable and effective; it is, in fact, in some ways an imitation of the American system of "probation." It will indeed be obvious that the patient feels respect for the police, which differs greatly from his feeling for an uncle; the care of the police will act as a continual warning, and if he disappears, the police may at once use its intelligence service to find him. Another and not less effective measure lies in the efforts to prevent vagrancy, which, as mentioned, very easily leads to crime. When a patient from Livø loses his employment, he frequently begins his career as a vagrant by visiting Brejning to obtain money. These visitors have been helped by means of the interest accumulated from a small legacy, receiving small amounts of from 10 to 20 Kroner each. At present, such an amount is quite inadequate, and even ridiculous, to assist a man to get a footing. In November, 1925, Professor

Keller, therefore, submitted a proposal to obtain the Home Secretary's permission to assist these patients by temporarily admitting them to the Institution in Brejning, until they could obtain employment. So far, circumstances relating to the question of payment for the patients have prevented this being carried into effect. If payment has to be regulated in the usual way, i.e., that the parish concerned with regard to payment, must be found and asked, far too much time will be lost. Inasmuch as the help is only of any value if obtained immediately. On the other hand, the admission to the Institution cannot be effected in accordance with the ordinary principles; the patient in this case must clearly have a right to leave the Institution as soon as he obtains satisfactory employment. He preserves, in other words, a certain independence, while at the same time, so long as he stays in the Institution, he must submit to the disciplinary rules and perform the work allotted to him. This scheme has only been effective during the later part of this winter (1925-26), when the tide of unemployment was decreasing, but still a number of boys, formerly staying on Livø, have had the question put before them: Do you wish to stay here in Brejning on such and such conditions? Some of them have valued their full independence most highly and have departed, declining this offer. Others have accepted, have spent the spring time in the Institution, and are now going out to the situations found for them. The justification of spending smaller amounts to keep the patients from being re-admitted to Livø is evident from an account I have compiled of 40 patients from Livø. These 40 patients have, on an average, been discharged during  $5\frac{1}{2}$  years, and if the cost per patient on Livø is calculated at 2000 Kroner per year, this means a saving of approximately half a million Kroner.

Finally, I will consider very briefly, whether my material may contribute to the solution of the question as to patients on Livø being affected by punishment or not. It should here be remembered that these patients are abnormal individuals, easily influenced, with weak resisting powers and reduced moral defence against the criminal influence they are exposed to in the environments in which they live. A good result may surely be obtained in many of them, simply by removing them from the objectionable surroundings, but while, hitherto, it was impossible to keep them where they had been placed, this object has been successfully attained on Livø under free conditions. As I have said, the greater part of the patients are in the critical age of puberty, from 16 to 21 years old, and I believe that a stay on Livø during this period, under free and healthy conditions of life, is in a high degree suitable for steadyng them. Obviously, the factor of punishment that lies in the relative confinement, should not be overlooked. The stay on Livø in itself, together with the threat, when discharged, of being immediately brought back to Livø in case of any breach of the law, has a satisfactory influence on the less impulsive individuals who have committed crimes under bad influence and without any knowledge of the consequences. The impulsive, erethistic defective, once having entered a criminal career, is, however, easily led to resume this way of living when, on account of his unsteadiness and his animosity to every kind of work, he falls into bad company during his wanderings. In such cases discharge should be postponed, and, when it is granted, very efficient supervision must be arranged for.

I hope I may have succeeded in conveying an impression of the "Livø" experiment, an experiment which has been successful to such an extent that it has been included amongst the indispensable measures for criminal defectives.