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The Beginnings of Pediatric Psychiatry in the Czech Lands

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Records concerning mental disorders among children are sparse for the earliest period of the field of psychiatry in Bohemia, but they do exist. For a long time, however, no public care was actually available for mentally ill children. This paper investigates the formation of child psychiatry as a separate field in the Czech Lands, tracing the emergence of public care for mentally ill children and the establishment of the first educational institutions for children and adolescents. In Bohemia, these efforts date to 1871, when Karel Slavoj Amerling founded the Ernestinum, an institute for "feebleminded" children in Prague. In 1902, the first outpatient clinic for child psychiatry was established in Prague by Karel Herfort, the first professor of child psychopathology in Bohemia.

Keywords: pediatric psychiatry, mental disorders, children, Ernestinum, Karel Slavoj Amerling, Karel Herfort

Introduction

Miroslava, born in 1900, came into a family that was unable to provide even basic care, let alone love and safety. She was the only one of twelve children to survive and arrived at the Ernestinum institution as an orphan. Her father died in an asylum, and her mother succumbed to emphysema. Her childhood, marked by mental illness, physical ailments, neglect, and poverty, led her to institutional care, where she was placed more out of necessity than from any understanding of her needs. Medical records describe her as a thin, weak, and neglected girl whose development was delayed and who suffered not only from physical frailty but also from speech and cognitive disorders. From the outset, Miroslava's life was a chain of defeats over which she had no control. At the Ernestinum institution, she was given—for the first time—a regular routine, professional supervision, and at least the basic conditions for a dignified life. Yet the scars of the past could not be erased. Her sick body and fragile psyche bore deep wounds.[1]

1 Herfort, *Děti duševně vadné*, 6–8.

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Miroslava's story is a reminder of a time when children with similar fates could end up in anonymous institutions, far from home, dependent on the goodwill of caregivers or the pity of their families or local communities if they were not placed in institutional care. It also bears witness to the prevailing view of intellectual disability and impairment at the time, which was judged more by merits of alleged societal usefulness than by human dignity. Her fate reminds us that behind every medical record lies a real child, with a name, a face, and an unheard story.

This story of a girl born in 1900 serves as a starting point for an analysis of the development of institutional care for children with intellectual disabilities in the Czech Lands at the turn of the nineteenth and twentieth centuries. Her fate, marked by neglect, illness, and institutionalization, reflects contemporary notions of usefulness, normality, and the perceived value of a child. Yet this case is not merely an individual narrative; it is symptomatic of broader structural transformations that shaped the emergence of child psychiatry as a distinct field.

This study aims to examine how a system of care for children with intellectual disabilities was formed in the Czech Lands, situating this development within wider Central European discourses and institutional practices. Particular attention is paid to the Ernestinum institute, the first facility for so-called "feebleminded" children in the Czech Lands, and its role in the professionalization of care. The Czech case is contextualized within the framework of the Habsburg Monarchy, where similar institutions were established in other regions (e.g., Austria and Hungary), offering a comparative perspective on the evolution of specialized care.

The term "feebleminded child" during the period under study was used to refer to a broad spectrum of individuals, from children with intellectual disabilities to those on the autism spectrum and even to children whose behavior deviated from prevailing social norms. In some cases, this designation was also associated with physical disabilities. This diagnostic ambiguity reflects the epistemological limitations of the time, while also illustrating why specialized institutions gradually emerged, not only to classify these children but also to provide education and care for them within the framework of a newly developing system.

In the discussion below, I trace the formation of child psychiatry as a separate field in the Czech Lands and describe the beginnings of public care for mentally ill children, especially the foundation of the first educational and care institution for children and adolescents. I focus on the development of a system of care for mentally disadvantaged persons in the Czech Lands in late nineteenth and early twentieth centuries until the outbreak of World War I. I explain some key concepts and situate the development in the Czech Lands in a wider European

context. Finally, I will introduce the activities of the Ernestinum Institute in Prague and analyze published case studies pertaining to its inhabitants. The study of these historical examples is interesting not only in and of itself; it also has the potential to enrich our understanding of the current forms of institutional care for children who face mental and intellectual challenges.

The key features of child psychiatry (pedo-psychiatry) were specified in detail only in 1933.[2] Child psychiatry, which includes both psychotherapy and care for the mental health of children and adolescents, is thus a relatively young field. It is at the intersection of medicine, pedagogy, psychology, and sociology, which reflects the complexity of human development and the importance of care for mental health from an early age. This field, which gradually emerged over the course of the nineteenth and twentieth centuries, underwent significant development in the Czech Lands. Its history reflects a growing awareness of the specific needs of mental health care for children and the roles of various factors, including genetic, environmental, and educational ones.

The secondary literature on the history of child psychiatry and mental disease in children is not extensive. So far, the most thorough book on this topic is the work of the German physician Gerhardt Nissen,[3] who focuses on German-speaking lands and traces how both the understanding and treatment of mental disorders in children and adolescents developed over the centuries. Before the nineteenth century, mental disorders in children were usually either overlooked or ascribed to supernatural powers. Gradually, people began to seek natural causes, and more humane approaches to treatment were proposed. This contributed to the emergence of psychiatry and psychotherapy for children and adolescents as separate fields. In the Czech Lands, the subject (or topos) of so-called "feebleminded" children[4] has often been associated with an interest

2 Hort et al., *Dětská a adolescentní psychiatrie*; Hosák et al., *Psychiatry and pedopsychiatry*.

3 Nissen, *Kulturgeschichte seelischer Störungen*.

4 In the past, the term *slabomyslné dítě* (feebleminded child) was used to designate children with a mental or intellectual disability. The term is currently considered obsolete and denigrating, and phrases such as "a child with a mental or cognitive disability" are preferred. The term "mental disability" can refer broadly to limited learning capacity, inabilities to adapt to new situations, and difficulties with communication. Mental disabilities can be caused by a variety of factors, including genetic predispositions, *in utero* infections, traumatic birth, or brain damage in early childhood. The intensity of a mental disability can vary from mild to severe, and mental disabilities can affect various areas of children's lives, including their cognitive, social, and emotional abilities. Such individuals may need special support and services to reach their potential and have satisfying lives. In the text, for the most part, I use the terms in use in the given era. In many instances, an effort to translate them into terminology that would be more acceptable today might lead to inaccuracies.

in special education and therefore studied as part of the history of education and pedagogical analyses. Studies on educators dedicated to the education of mentally disadvantaged children are few and far between.[5]

Child psychiatry is thus a multidisciplinary subject. In the context of the Czech Lands, researchers can draw on sources in Czech, Slovak, and German, reflecting the linguistic and cultural landscape of the region during the historical periods under discussion.[6] For example, contemporary publications on special education in these languages offer valuable insights. An older summary of the history of care for "feebleminded" children was written by Karel Herfort.[7] Among the relevant primary sources for the late nineteenth and early twentieth century include the collection *Zemský výbor Praha 1874–1928* (Provincial Committee Prague, 1874–1928), kept in the National Archives of the Czech Republic. Here, one finds some sources pertaining to the Ernestinum, the first institution dedicated to caring for "feebleminded" children, which was founded in 1871.[8] Unfortunately, all surviving sources relate only to a later period of this institute's existence, after 1909. For the earlier phases of its existence, one must rely on various published bulletins and other publications by the Ernestinum's directors, Karel Slavoj Amerling (1807–1884)[9] and the aforementioned Karel Herfort (1871–1940).[10]

Terminology and Basic Definitions

In the nineteenth century, research on mental disorders in children was based primarily on the knowledge at the time of psychological disorders in adults. Only much later did physicians realize that, in mentally disturbed children, symptoms do not correspond to what is found in adults and therefore require specific diagnostic methods and therapeutic approaches.[11] For a long time, there was no clinical definition of the concept of "feeblemindedness."[12] In German, we find it

5 Titzl, *To byl český učitel*; Titzl, *Postižený člověk ve společnosti*.

6 Baier, *Bibliografie zur Geschichte der Sonderpädagogik*.

7 Herfort, *Historický vývoj péče o slabomyslné u nás*; Zeman, *Dějiny péče o slabomyslné*.

8 Národní archiv, Zemský výbor Praha 1874–1928, Box 8229, Inventory no. 5185; Boxes 8230, 8231, 8232, 8233, 8234, Inventory no. 5187.

9 Amerling, *Ernestinum*.

10 For particular relevant publications, see further in the text.

11 Nissen, *Kulturgeschichte*, 13–15.

12 This pertains to other terminology describing psychic anomalies. See Gstach, *Kretinismus und Blödsinn*, 160–92; Garz, *Zwischen Anstalt und Schule*, 14–18.

described with a number of terms, such as *Minderwertigkeit* (inferiority), *Schwachsinn* (feeblemindedness), and *Abnormität* (abnormality). In the Czech language of the late nineteenth century, physicians described children with the words *slabomyslný* (feebleminded), *úchylný* (deviant, i.e., not conforming to the norm), and eventually *duševně vadný* (mentally defective).[13] In psychiatry, the term "oligophrenia" was later used with the same meaning.[14] *Ottův slovník naučný* (Otto's Encyclopedia), published in Prague by the publishing house Ottovo nakladatelství between 1888 and 1909, is a comprehensive Czech-language reference work consisting of 28 volumes. It continues to serve as a reliable source of historical data within Czech academic discourse, particularly concerning the late nineteenth and early twentieth centuries. The encyclopedia characterizes intellectual disability using the term "stupidity,"[15] defined as a deficiency in cognitive capacity. At the time, congenital mental impairment was commonly attributed to factors such as parental alcoholism,[16] consanguinity, hereditary predisposition,[17] or perinatal brain injury. Furthermore, childhood mental disorders were frequently believed to be associated with physical impairments, including hearing loss and other somatic disabilities.[18]

These assumptions were part of a broader historical context in which the medical supervision of reproduction began to take shape. The foundations of such oversight were laid in the nineteenth century, particularly during the Enlightenment and within the Habsburg Monarchy, when the state started to regard public health as a strategic concern. Gradually, the idea emerged that fertility, population health, and the perceived "quality" of the citizenry should be subject to expert and political regulation. In the latter half of the nineteenth century, physicians increasingly positioned themselves as authorities on both the human body and society, which significantly influenced reproductive discourse. At the turn of the century, eugenic ideas gained traction in the Czech lands, largely due to neurologist Ladislav Haškovec, who founded Česká eugenická společnost (the Czech Eugenic Society) in 1915.[19]

It was assumed that feebleminded individuals focused mainly on satisfying their basic instincts. Feeblemindedness was defined as a "less severe form of

13 Baier, *Bibliografie zur Geschichte der Sonderpädagogik*, 10–15.

14 Chlup, *Pedagogická encyklopedie*, 610.

15 "Slabomyslnost" [Feeblemindedness] in *Ottův slovník naučný*, vol. 23 (1905), 325.

16 Novotný, *O alkoholismu*, 17–24.

17 See for example: Herfort, *Mendelismus*.

18 Herfort, "Úvod do studia dítěte slabomyslného," 32.

19 Lacinová Najmanová, "Reproduction between Health and Sickness."

innate idiocy" that found manifestation in a reduced ability to comprehend the world. Children with this affliction, it was posited, could nevertheless be brought up so that, in adulthood, they would be capable of managing in the general environment thanks to their ability to imitate proper, "normal" behaviors. Even so, any nonstandard situation demanding independent decision-making would immediately reveal their helplessness.[20] Herfort used the following classification:

1) Feebleminded incapable of education (that is, neither work nor schooling). In this case, one should speak of *idiots*.
2) Feebleminded capable of education, that is, *imbeciles*, who can be either
   a) capable of work
   a) capable of both schooling and work; these are referred to as *debilové* (morons).[21]

To describe intellectual and mental anomalies, terms such as *idiocy* or *imbecility* were used, and children with this diagnosis could be put in a mental institution, though for a long time only among adults. They were considered ineducable and untreatable, and no personality progress was expected. What physicians nevertheless assessed was the level of children's cognitive abilities, differentiating between "stupidity," "idiocy," "imbecility,"[22] and "cretinism."[23]

Nevertheless, as German psychiatrist Herman Emminghaus (1845–1904) reported, for instance, the English psychiatrist Henry Maudsley (1835–1918) also diagnosed other disorders in children, such as manias, melancholy, epileptic and choreic psychoses, as well as either affective or moral madness linked to inherited predispositions. The latter included some behaviors which today we would not include among mental disorders, such as egoism, various bad habits that can lead to destructive behaviors, violence, murderous inclinations, or premature sexual desires. According to views at the time, "morally mad children" were characterized by mental laziness which found expression in an unwillingness

20 "Blbost" [Stupidity] in *Ottův slovník naučný*, vol. 4 (1891), 157–58.

21 Herfort, "Úvod do studia dítěte slabomyslného."

22 Garz, *Zwischen Anstalt und Schule*, 12.

23 A developmental disorder caused by lack of iodine. Cretinism does not necessarily lead to mental retardation, however. Persons suffering from this disorder tend to be characterized by nonstandard appearance, loss of hearing, and disorders of coordination of movement and speech, which may have been interpreted as "feeblemindedness."

and inability to be educated, and they had a tendency to cheat and lie.[24] Various experts, including Herfort, also investigated possible links between mental and physical handicaps in children, and patients in his institution were carefully examined and treated also regarding their physical health.[25] Herfort is regarded as the founder of child psychiatry in the Czech lands. In 1902, he began to serve as a physician at the Ernestinum, the first institution in Prague dedicated to the education of individuals with intellectual disabilities, located in the Šternberk Palace in Hradčany. He later served as its director. I touch on further details concerning his work and legacy in the discussion below.

Another important concept in this context is "special education." This term was first used in Czechoslovakia in 1954 and has been in regular used since 1972 (between these years, experts used the term "defectology"). In earlier times, terms such as "remedial education" and, in the German-speaking lands, "Heilpädagogik" (therapeutic education) were used.[26] In the late nineteenth and early twentieth centuries, we can also see the development of paedology, a theoretical approach to new trends in education, and pedo-pathology, which focused on children who did not meet the generally accepted norms.[27]

The Beginnings of Pediatric Psychiatry

Child psychiatry started to develop as a specific discipline in the nineteenth century, when physicians and educators started to study mental disorders in children systematically. In the early nineteenth century, a children's ward was created in Paris at the psychiatry clinic in Bicêtre. This approach to care focused mainly on children with mental retardation and problematic behaviors, such as delinquency. Of key importance was Philippe Pinel's 1811 study on oligophrenia, which described the case of a feral child found in Aveyron. The cases of the Bavarian Kaspar Hauser and Victor of Aveyron,[28] as this boy came to be known,

24 Emminghaus, *Die psychischen Störungen des Kindesalters*, 25–26. See also a later study: Haškovec, *Děti nervově choré*.

25 Herfort, *Příspěvky k pathologii vzrůstu u slabomyslných*.

26 In Germany, the term *Sonderpädagogik* is commonly used today.

27 Renotiérová et al., *Speciální pedagogika*, 5–173.

28 Victor of Aveyron was a boy discovered in late eighteenth-century France who had lived for an extended period in the wilderness without human contact. His case attracted the attention of physician Jean-Marc Gaspard Itard, who attempted to educate Victor and assess the potential for developing his cognitive and linguistic abilities. Kaspar Hauser appeared in Germany in 1828, allegedly having been confined in isolation for most of his life, and his origins remain shrouded in mystery. Both cases became pivotal in the

both involved children who grew up in extreme isolation. Victor also suffered from severe mental and emotional retardation: he was severely oligophrenic and mostly incapable of verbal communication. Pinel considered this child ineducable and inferior even to domestic pets. He believed that Victor had a chronic and untreatable mental disorder. The French physician who specialized in otology, Jean-Marc Gaspard Itard, on the other hand, dedicated five years to Victor's care and managed to achieve some improvement in his social behaviors. Victor learned how to put on his clothes, he stopped urinating in public, he was able to differentiate between hot and cold, and he developed an emotional attachment to his caregiver. Nevertheless, despite various efforts, he did not learn how to speak.[29]

The development of child psychiatry went hand in hand with advances in education. For instance, in the late nineteenth and early twentieth century, the Italian educator Maria Montessori focused on the treatment and education of children with mental handicaps, developed methods of educating children with various developmental disorders, and later trained special education teachers.[30] A little earlier, in 1887, the aforementioned Emminghaus, the founder of developmental psychopathology, published the first textbook of child psychiatry, *Die Psychischen Störungen des Kindesalters* (Mental Disorders of Childhood).[31] In this volume, he highlighted the differences between the mental lives of children and adults and emphasized that these differences must be taken into consideration in both diagnostics and treatment. Nevertheless, until approximately the mid-nineteenth century, the education of so-called feebleminded children took place in charitable institutions that were not part of the general educational system.

Emminghaus noted that child psychiatry is closely related to pediatrics:[32]

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study of child development in the absence of social stimulation and were examined as potential examples of intellectual disability. They highlighted the critical role of environment and early education in shaping mental capacities. These historical accounts continue to inform contemporary debates on the distinction between congenital cognitive impairment and the consequences of extreme social deprivation.

29 Nissen, *Kulturgeschichte*, 82–105.

30 Montessori, "Norme per una classificazione dei deficienti," 144–67.

31 Emminghaus, *Die psychischen Störungen des Kindesalters*. For other systematic studies in German on so-called remedial pedagogy see Fuchs, *Schwachsinnige Kinder*.

32 The first book on pediatrics was published in 1544 in England. Its author was the lawyer and physician Thomas Phaer. Cf. Phaer, *The Boke of Chyldren*. In the fifteenth and sixteenth centuries, we find more descriptions of children with mental disorders, such as sleep problems, epilepsy, and bedwetting. Phaer describes various illnesses in children including anorexia, sleeplessness, epilepsy, enuresis (bedwetting), and mental retardation. See Still, *The history of paediatrics*. Cf. also Nissen, *Kulturgeschichte seelischer Störungen*, 36.

> Nowadays, a pediatrician is both an anatomist and physiologist, a pathologist and child hygienist. He knows children healthy and ill, in all situations of life […] He works ahead of the psychotherapist, as required by his profession. Without giving it a second thought, he develops psychology suited especially to children, and it is a natural, not systematic but intuitive psychology, which […] grasps the main aspects of pathological psychic states of children. […] A psychiatrist is also an anatomist, physiologist, and pathologist in the area of central organs of the nervous system. Detailed psychological work, where he investigates and proposes clinical diagnoses, has become second nature to him. […] In any case, however, a physician is more familiar with the anatomical and physiological properties and diseases of the central organs of adults. Although he is well acquainted with the psychological characteristics of childhood, he does not live with them as a pediatrician does, because he is the first person to whom they reach out. […] The mental life of children, both healthy and ill, is quite incommensurable with that of adults.[33]

Emminghaus's study opened the door to a systematic study of psychic disorders of children in Central Europe. By emphasizing the differences between the mental lives of children and the mental lives of adults, he laid the foundations of child psychiatry as a separate field. He noted that, in children, intelligence, morality, and free will are not yet fully developed, and the behaviors of children are driven by desires and emotions, not by rational motivations.[34] Contemporary physiological psychology did not pay sufficient attention to the specific features of a child's psyche, leading to an absence of suitable diagnostic methods. Emminghaus also stated that the psychological development of children involves various stages of natural deviations, whereby significant abnormalities, such as premature intellectual or sexual maturity on the one hand or developmental delays on the other, can indicate a mental disorder. In practice, however, it is difficult to draw a clear distinction between a significant abnormality and behavior that is still part of the natural developmental process. Emminghaus also remarked that children have not yet reached their full intellectual potential, have

33 Emminghaus, *Die psychischen Störungen*, 2.

34 Hermann Emminghaus addressed issues of developmental psychology and pedagogy in his doctoral dissertation. However, it remains unclear when his theories were formally incorporated into the professional education of physicians. Today, he is widely regarded as the founding figure of child psychiatry in Germany. Regarding his academic career, in 1880 he was appointed Professor of Psychiatry at the University of Tartu, where he led the first independent department of psychiatry. From 1886 onward, he taught at the University of Freiburg.

little moral sense and free will, and they have some other specific psychological characteristics that disappear in adulthood.

Differences between children and adults can be observed not only in their thinking and emotions but also in the physiological aspects of mental disorders. Psychic disorders in children can persist into adulthood, but in some cases, they are in short duration, for instance in the case of pathological affects or a fit of rage. Still, such manifestations cannot be explained as mere temporary deviations from normal development. In many cases, they reflect deep changes in the child's psyche and require comprehensive treatment. Emminghaus also stressed the need for more case studies, since such material would contribute to a more systematic understanding of psychoses in children.

"Feebleminded" Children in the Czech Lands and Their Treatment in the Ernestinum

The 1863 law on the right of domicile made explicit the legal obligation to provide care for so-called feebleminded children. According to this law, the inhabitants of a city, town, or village were eligible for charitable funds to alleviate social issues and poverty. These funds were to be provided by the given municipality.[35] In the late nineteenth and early twentieth centuries, the Czech Lands reinforced various measures to link treatment with education, that is, to rehabilitate handicapped persons and to (re)integrate them into society. If children were incapable of such improvement, they gradually fell under institutional care. An important organ that advocated improvements in public care for the mentally ill was the Provincial Committee, which was elected by the Bohemian Diet.[36]

In the last third of the nineteenth century, special schools and institutes for children with mental disorders were opened in the Czech Lands. The Ernestinum, which as mentioned above was founded in 1871 in Prague, was one of these institutions. It was headed by Amerling, who remained in this unsalaried position until his death. The institute was initially located in Kateřinská Street in Prague, but it later acquired a permanent seat in the Sternberg Palace in Hradčany, the castle district of Prague. Between 1871 and 1898, the institution bore the name Ústav idiotů Jednoty paní sv. Anny v Praze (Institute for Idiots of the Association

35 Ludvík, *Dějiny defektologie*, 21.

36 As of 1861, such councils were the supreme executive organs of state power in the provinces of the Austrian Empire and later Austria-Hungary. A provincial council was elected by the parliament of the province. In the Czech Lands, it had eight members and a president.

of Ladies and Maids of Saint Anne in Prague). Until 1879, Countess Maria Anna Franziska Desfours-Walderode, née Mayer von Mayersbach (1819–1879) was the leading figure and president of the society, as well as a generous sponsor. She also left the association and the institute a financial bequest in her will. Following her death, Countess Ernestina von Auersperg, née Festetics of Tolna (1831–1908), assumed leadership. In her honor, the institution was renamed Ernestinum in 1898. In the 1890s, Ernestina von Auersperg played a key role in modernizing both the building and the institute's facilities, as well as its therapeutic approaches.[37] At her initiative, Karel Herfort was appointed to the staff. A commemorative volume published by the Saint Anna Women's Association offers words of strong praise for Countess Ernestina: "Ernestina was, is, and remains the helmswoman who, with trust in God, steered the vessel of the institution for forty years—whether it sailed smoothly across oceans under clear sunshine and favorable winds, or whether the skies were shrouded in heavy clouds and fierce storms raged."[38] The third president of the association was Ernestina von Auersperg (1862–1935), the namesake niece of her predecessor, whom she succeeded in 1901.[39] After Amerling's death, the institute was headed by his wife, Františka Svatava Amerlingová (1812–1887), then by their nephew Čeněk Amerling, and after his resignation, by Herfort.[40]

In his institution, Amerling advocated for the integration of education, medical care, and nature as a comprehensive approach to nurturing the development of children with intellectual disabilities. He believed in the healing power of nature, which he regarded as a fundamental element of mental balance and regeneration. Playful forms of instruction and practical activities were incorporated into the daily routine, thereby fostering the active engagement of the children in the learning process. He placed particular emphasis on manual skills, intended to promote future self-sufficiency and social integration. His methods were grounded in the principles of moral therapy, which emphasized a calm environment, respect, and human dignity. Elements of Amerling's

37 The association focused on providing specialized care and educational support for children with intellectual disabilities, reflecting early efforts in the field of special education. Cf. *Výroční zpráva spolku paní Svaté Anny za rok 1895*, 8–9; *Festbericht des St. Anna – Frauen – Vereines für das Jahr 1911, Zur Feier des vierzigjährigen Bestehens der Anstalt zur Erziehung und Pflege von Schwachsinnigen "Ernestinum" in Prag am Hradschin Nr. 57*, ÖStA HHStA SB Auersperg XXVII-100-12. Familien (Herrschafts-) Archiv (Depot).

38 *Festbericht des St. Anna – Frauen – Vereines für das Jahr 1911,* 10.

39 Ibid.

40 *Jahresbericht des Frauenvereines St. Anna, der Gründer und Erhalter der Anstalt für Schwachsinnige in Prag,* (Styblo, 1888); *Festbericht des St. Anna – Frauen – Vereines für das Jahr 1911.*

approach can be seen today in ecotherapy, horticultural therapy, and therapeutic play, with the combination of nature, movement, and creativity aligning with contemporary trends in child psychiatry. His vision was ahead of its time and continues to inspire modern therapeutic and educational practices. In 1883, the institute cared for 60 children and adolescents. Perhaps unsurprisingly, children who were aggressive, impulsive, or in other ways engaged in dangerous behaviors required increased supervision. Increased supervision was required for very quiet children, whose behavior normally gave no reason for concern, which is why it was all the more shocking when they suddenly did something dangerous. Amerling also noted that the children at the institute often took to music and arts but only rarely managed to learn to read, write, or count well.[41] The scope of the institute's activities was nevertheless limited by the fact that it was operated not by the state but by a private association of wealthy women. It thus could not count on systematic or long-term financial support.[42]

For comparison, at the time of its founding, the Ernestinum was the only institution in all of Austria dedicated to children with intellectual disabilities. This was preceded by two attempts by Austrian physicians to establish institutions for the mentally impaired, one in Salzburg in 1828 and another near Vienna in 1856.[43] These institutions, however, did not remain open for long. The emergence of institutions specializing in children with intellectual disabilities in Austria can be observed only in the 1890s, such as the Kierling-Gugging institute near Klosterneuburg.[44] In Hungary, specialized institutions for children with intellectual disabilities began to appear only at the turn of the nineteenth and twentieth centuries, often under the influence of German and Austrian models. A key figure in this development was Jakab Frimm (1852–1923), a physician and educator who played a significant role in introducing pedology and special

41 Amerling, *Ernestinum: Ústav idiotů*.

42 The Association of Ladies and Maids of St. Anne was responsible for the operation of the Ernestinum Institute until 1939. The occupation of Czechoslovakia by Nazi German forces in 1939 led to the dissolution of numerous civic associations, including the Association of Ladies and Maids of St. Anne. Care for the institute for children with intellectual disabilities was subsequently assumed by the Congregation of Scholastic Sisters of III. Regulated Monastic Order of St. Francis. During the communist era, on September 25, 1950, the institute was nationalized, and its name was officially changed from Ernestinum to "Special Children's Home." Over the course of the twentieth century, the institution was relocated several times. It is currently found in Dlažkovice (Litoměřice District), where it functions as a children's home integrated with a primary school. Both entities are dedicated to serving children with special educational needs.

43 *Festbericht des St. Anna – Frauen – Vereines für das Jahr 1911*, 9.

44 Danbauer, "Die Heil- und Pflegeanstalt Gugging während der NS-Zeit."

education in Hungary in the 1880s and 1890s. Frimm worked in Pest as a teacher and later as an inspector of schools for children with disabilities, where he advocated for the integration of medicine and pedagogy in the diagnosis and education of children with intellectual disabilities. His work emphasized the importance of systematic observation, individualized approaches, and the development of practical skills. His approach bore affinities with the efforts of Karel Herfort in the Czech lands. Frimm published methodological manuals for teachers and actively promoted the use of ability tests, while simultaneously warning against their mechanical application without consideration of broader contextual factors.[45]

The next important step was the foundation of so-called auxiliary schools. The first such institute was founded in 1896 in Prague, and further schools in other towns and cities soon followed. These schools not only educated children but also taught them practical skills needed for their integration into society. In the early twentieth century, physicians, educators, and psychologists also had an opportunity to discuss the subject of children's mental health at a series of conferences that took place in 1909, 1911, and 1913. At the turn of the nineteenth and twentieth centuries, several international congresses were held addressing the issue of children with intellectual disabilities. Among the most active participants in these events was Karel Herfort. The primary impetus for organizing Czech conferences on this topic was the Third Austrian Conference on the Problem of Intellectual Disability, which had taken place in Vienna three years earlier, in 1906. Here, Herfort served as vice-chairman.[46] Such initiatives supported the development of child psychiatry as a multidisciplinary field. They laid the foundations for modern approaches to the diagnostics and treatment of mental disorders in children and adolescents and contributed to the eventual creation of the modern organizational structure of care for "feebleminded" children and the field of special education.[47]

45 Lafferton, *Hungarian Psychiatry, Society and Politics*, 265–66.

46 *Prvý český sjezd pro péči o slabomyslné*; *Druhý český sjezd pro péči o slabomyslné*; *Třetí český sjezd pro péči o slabomyslné*. See also: Čáda, *Moderní péče o slabomyslné*; Čáda *Výsledky péče o slabomyslné*.

47 For the first comprehensive summary of the history of auxiliary education in Europe, see Frenzel, *Geschichte des Hilfsschulwesens*.

The Activities of Karel Herfort

As noted above, in the fields of medical and social care in the Czech Lands, the most notable pioneer of child psychiatry was Professor Karel Herfort. Herfort began his career as a physician in the provincial institute for the mentally ill in Dobřany[48] in the western part of Bohemia, where he had opportunities to observe patients and was thus able to formulate his own views on psychopathology. In 1902, he accepted a position in the Ernestinum in Prague, which specialized in providing care for "feebleminded" children. One year later, he was appointed director of the institute. His approach combined medicine, pedagogy, and psychology. He repeatedly emphasized that no child should be labelled "ineducable," and he called for an individual approach to each child.

The novelty and significance of Herfort's ideas lay in his emphasis on educating so-called feebleminded children. He highlighted the benefits of illustrative, entertaining, and practical education tailored to the needs of each child, and he stressed the beneficial effects of rural settings on the mental and physical health of children.[49]

Child psychiatry in the Czech Lands was characterized by close links between psychology and pedagogy, both in theory and in practice. Herfort, for instance, studied medicine, but he also worked as an educator, and he collaborated over the course of his life with teachers at the abovementioned auxiliary schools. The effort that went into providing a suitable education for "feebleminded" children was considerable. Herfort's insight into the pedagogical essence of the issue was admirable: his insistence on the notion that there was no child who could not benefit from an education was grounded on the idea that education ought to be understood in a broader sense, that is, as methods leading to improvement in an individual's mental and physical wellbeing.

48 The Psychiatric Hospital in Dobřany was established by a resolution of the Czech Provincial Assembly in 1874, with operations commencing in 1881. It functioned as a public institution, specifically a provincial asylum, dedicated to providing care for individuals with mental illnesses. Initially designed to accommodate 500–600 patients, the facility soon exceeded its capacity, housing over 1,400 patients by the end of the nineteenth century. This rapid growth necessitated the expansion of the hospital grounds with additional pavilions and technical infrastructure. The institution was constructed in accordance with contemporary European standards, emphasizing hygiene and a pavilion-based layout. For its time, it represented a progressive model of psychiatric care and quickly became one of the most prominent mental health facilities in the Czech lands.

49 Herfort, *Historický vývoj péče o slabomyslné u nás*.

Herfort advocated for the use of manual activities and physical education as the most effective approach to educating children with intellectual disabilities. He criticized attempts to apply standard curricula with merely reduced expectations, arguing that such methods failed to accommodate the specific cognitive limitations of these children and thus could lead to mental overload. Instead, Herfort promoted a practically oriented educational model focused on developing skills and competencies directly relevant to everyday life and future self-sufficiency. Physical education, in his view, served to enhance muscular strength and improve motor coordination. However, he placed particular emphasis on manual work, which he regarded not only as a means of cultivating technical proficiency and preparing children for potential engagement in craft-based vocations, but also as a multidimensional pedagogical tool. According to Herfort, manual activities foster concentration, attention, creativity, imagination, and inventiveness. They contribute to the development of both fine and gross motor skills and exert a formative and therapeutic influence. His pedagogical approach was grounded not in abstract theory but in experiential learning and active engagement. He believed that genuine progress in children with intellectual disabilities arises not from the accumulation of knowledge but from guiding the body and hands toward purposeful activity, autonomy, and practical applicability in real-life contexts.[50]

Herfort's case studies offer an overall impression of the children at the Ernestinum.[51] Each such study included the child's first name, sex, age, and family background, but any further information was anonymized. First, Herfort described some cases of "severe idiocy," that is, children in whom any considerable progress in their mental or physical state was considered very unlikely. Based on their behaviors, it was thought they could not be trained in a craft or any other activity that would enable them to support themselves and live independently. In the case histories, we find various complications, such as genetic disadvantage, illness in childhood, or various accidents. Alcoholism in the family is found only in one case. In several cases involving children with intellectual disabilities, Herfort investigated the potential impact of sexually transmitted infections (particularly syphilis and gonorrhea) that were present in

50 Herfort, *Děti duševně vadné*.

51 In 1932, a publication was released compiling the seminal studies and articles of Karel Herfort, including detailed case reports. This collection served as an essential resource for students of child psychiatry, enabling them to deepen their expertise in the field. See Herfort, *Soubor prací*.

the parents. Moreover, in each of these cases, the given patient's family members were incapable of providing care.

In its inaugural year, the Ernestinum admitted only ten children, despite overwhelming public interest in such an institution, as evidenced by 205 recorded applications for child placement. However, according to documents from the Association of Ladies and Girls of St. Anne, public financial contributions during the first year of the institution's existence were exceedingly rare, and efforts to persuade the public of the necessity of such a facility proved challenging. Subsequently, the institution was granted use of the Sternberg Palace in Hradčany, which enabled it to expand and take in more children. According to data from annual reports, the institution cared for a total of 906 children between 1871 and 1911. In 1911, 136 residents were housed at the facility. It is estimated that within the Monarchy, as many as 10,000 children in need lacked access to charitable institutions of other types (e.g., institutes for the blind, orphanages, general psychiatric hospitals, etc.). Most of these children came from the territory of Bohemia, with only a small proportion coming from other regions of the Monarchy.[52]

During Herfort's tenure at the Ernestinum, admission to the institution was restricted to children under the age of 13, provided they were deemed capable of personal development through education and had not been diagnosed with any infectious diseases. Emphasis was placed on individualized care, hygiene, and the assessment of intellectual capacity. Care was predominantly provided by female staff, primarily composed of religious sisters, although the exact staff-to-child ratio remains unknown. Funding was provided by charitable associations, notably the Association of Ladies and Maids of St. Anne, which organized philanthropic collections supported by prominent members of the House of Habsburg, including Empress Elisabeth of Austria, Dowager Crown Princess Stéphanie of Belgium, and Archduchess Marie Valerie of Austria. Sometimes, the children's families made financial contributions. However, Herfort advocated for solidarity and systemic state support, rather than differentiating care based on the financial means of individual families. For instance, thanks to subsidies from the Provincial Committee, the Ernestinum was able to admit 50 children from destitute backgrounds.[53]

52 *Výroční zpráva spolku paní Svaté Anny*, 12; *Festbericht des St. Anna – Frauen – Vereines für das Jahr 1911*, 14.
53 Herfort, *Děti duševně vadné*, 7; Karel Herfort, *Vrozené a časně získané choroby duševní.*

Moreover, in each of these cases, family members were unable to provide adequate care for the children. A typical scenario involved the child's mother having been abandoned by her partner, which, combined with the necessity of employment, rendered her incapable of ensuring appropriate care. In such instances, the Ernestinum functioned as "a respite facility." The shared characteristics of these children allegedly included apathy and a lack of interest in their surroundings or, in contrast, restlessness and aggressivity. Their language development is described as delayed or as having come to a full halt, and the same applied to their hygienic habits and social skills. Some of these children even had to leave the Ernestinum due to their alleged "unmanageability." They were then admitted to the Prague institute for the mentally ill. However, no information is available regarding the specific methods of treatment used for the children in the institute in Prague.

It is likely that these children suffered some form of moderate to severe mental retardation, in some cases accompanied by damage to the central nervous system. Generally speaking, therapy in these children may have focused on the development of basic self-care, social skills, and the reduction of aggressive behaviors. In children who were incapable of communicating clearly, therapeutic efforts sometimes aimed to nurture these skills, for instance through the use of visual or alternative methods (pictograms, gestures). In Herfort's times, nonverbal children were likely to be excluded from care due to their inability to communicate with a therapist and thus achieve further progress.[54]

These children came from different socioeconomic circumstances, but most were from lower to middle class families. In every case, the families were fully dependent on the Ernestinum as the only institution in Bohemia that could provide care for their offspring. Some of the children in the care of these Ernestinum were orphans who had no support from their families (or no family members to provide support), and some were from families that belonged to the lower social classes or families that had been affected by alcoholism and sexually transmitted diseases. These children also tended to suffer from various physical ailments, sometimes due to poor nutrition.[55] The cost of their care was fully covered by the Bohemian Provincial Council.

In the second group, Herfort included children whom he described as suffering not only from severe idiocy (like the children in the first group), but

54 Herfort, *Úvod do studia dítěte slabomyslného*, 7–10.

55 Herfort, *Děti duševně vadné*.

also from epileptic seizures of varying severity, which led to mental stagnation and delayed development. They were notable for fits of rage, inappropriate or dangerous behaviors, and poor hygienic habits. More generally, they demonstrated abnormal behaviors and an inability to react properly or predictably to common stimuli. Their backgrounds varied. Some were from families that belonged to the lower class (laborers or small farmers), while others hailed from upper-middle-class families (lawyers, professors), but socioeconomic background seemed to have little effect on their health. Children from wealthier families had access to better care (for instance, a university professor was able to pay for his son's stay in a private sanatorium in Grinzing, near Vienna), but even in these cases, the results were limited due to the severity of the children's health issues. In this group, the diagnostic reports indicate likely damage to the central nervous system after severe epileptic seizures, high fevers, scarlatina, or perinatal hypoxia. Herfort regarded these children as incapable of education (which admittedly contracted his belief, mentioned in the discussion above, that no child was unable to benefit from some education), but he did not indicate, in his records, whether they were dismissed from the Ernestinum. He may have thought that, with suitable care, they might improve.[56] At the time, however, physicians did not yet have at their disposal any anti-epileptic medication that could minimize the intensity of epileptic seizures in children. Bromide had been used since 1857, but only rarely and only in women, and after 1912, phenobarbital was also available,[57] but Herfort makes no mention of having prescribed such medication for his patients. Thus, the only thing he could do was to minimize the factors that might trigger epileptic seizures.

Herfort does not describe physical restraints as a standard method. Rather, they were used only in exceptional cases and only temporarily, primarily for safety purposes. Emphasis was placed on non-medical therapeutic approaches, such as psychotherapy, structured daily routines, physical activity, and occupational engagement. The primary triggers of seizures included stress, disorder, and weakened discipline, as well as the children's prior adverse family environments. Consequently, the staff sought to mitigate these factors by fostering a calm institutional atmosphere, implementing a restorative regimen, maintaining discipline, and providing firm yet compassionate guidance. Additionally, children

56 Herfort, *Úvod do studia dítěte slabomyslného*, 10–15.

57 See Eadie and Bladin, *A Disease Once Sacred.*

were engaged in purposeful activities, such as handicrafts and occupational therapy.[58]

Herfort also lists a number of cases of children and adolescents from a variety of socioeconomic backgrounds whose stay in the institute led to partial success. Some children and youngsters learned to read better and were better able to take care of themselves, but few were ready for independent life. In his notes concerning each of these individuals, Herfort mentions delayed development of speech and motor abilities as well as a limited ability to do basic math. Their shared characteristics included problems with aggression, anger, or inappropriate behavior in the company of others, as well as an inability to engage in more complex manual tasks. Nevertheless, Herfort's institute tried to provide them training based on their individual abilities. It tended to focus on manual skills, such as carpentry, basketweaving, bookbinding, and painting, as well as labor in the field, gardening, etc. The goal was to ensure that the patients would be able to find employment upon leaving the institute. Still, in many cases, the youngsters were not capable of independent life, even after having had intensive care.

For instance, with regards to a 15-year-old child named Vilém, Herfort notes that, although in the institute he functioned as a capable assistant of the head gardener, after leaving the institute, he was unable to keep any job for a longer period of time. People apparently ridiculed him and showed him little respect, which quite possibly made Vilém's feel isolated and led to aggressive reactions and loss of employment.[59]

Herfort also mentions three individuals who stayed in the institute voluntarily for their entire lives. In effect, they were unable to live outside the institute. In the case of one female, Johanna, this was associated with sexual abuse by various men, repeated pregnancies, and a number of illegitimate children. In each of these cases, the individuals had limited education, and their abilities were limited to simple or repetitive manual work.[60]

In the twentieth century, child psychiatry started to focus on newly identified psychic disorders and their treatment. Frequently debated subjects included, for instance, autistic disorders (which were initially considered a form of childhood schizophrenia), bipolar disorder, self-harm, and the consequences of sexual abuse. Considerable attention was also paid to more accurate diagnostics and the creation of standardized treatment methods. This shift was closely linked to

58 The source consists of case studies published in Herfort, *Děti duševně vadné*.

59 Herfort, *Úvod do studia dítěte slabomyslného*, 15–27.

60 Ibid., 27–31.

the development of biological psychiatry, which emphasized the neurobiological and genetic underpinnings of mental disorders. The standardization of diagnostic criteria, particularly through instruments such as the *Diagnostic and Statistical Manual of Mental Disorders* (or DSM, the first edition of which was published in 1952 by the American Psychiatric Association), enabled more precise differentiation of individual conditions and the formulation of targeted treatment protocols. Developmental psychology and trauma research also played a significant role, contributing to a deeper understanding of children's psychological development. As a result, child psychiatry evolved into an interdisciplinary field, integrating neuroscience, psychology, and the study of a given child's broader social context.[61]

An important phenomenon of this time was the emergence of pediatric pathology, which focused on children whose behaviors did not conform to the norm. The case studies from the Ernestinum present children whose behaviors significantly diverged from the societal norms of their time. A representative example is a girl named Anežka, who was described in school records as "very wicked." At the age of eleven, she was still attending the second grade of elementary school, where she exhibited aggressive behavior toward her peers, including hitting, kicking, frequently disrupting lessons, and negatively influencing other children through her inappropriate conduct. She was disobedient, repeatedly ran away from home, and committed theft, and her actions were considered not only pedagogically challenging but also morally deviant. From the perspective of society at the time, she was viewed as a child who defied standards of obedience and proper conduct.[62] Similarly problematic was a twelve-year-old boy named Antonín. From an early age, he displayed signs of restlessness, and he was virtually unmanageable during his school years, leaving his seat during lessons, causing disturbances, shouting, and drumming on his desk during communal prayer. His interactions with peers were inappropriate. He kissed classmates, stole money from home to buy sweets and toys, and occasionally engaged in public masturbation. He frequently started fires and destroyed property, such as setting curtains ablaze. His behavior was characterized as unrestrained and dangerous both to himself and to others and was thus deemed seriously socially unacceptable.[63] Both Anežka and Antonín offer archetypal cases of children who failed to respect the organs of authority,

61 Hort, *Dětská a adolescentní psychiatrie.*

62 Herfort, *Děti duševně vadné*, 16–17.

63 Ibid, 10–12.

school norms, or family expectations of their time. Their behaviors, which ranged from aggression and theft to destructive acts, were interpreted as moral and social failures. At the Ernestinum, they received care, and efforts were made to rehabilitate them through structured education, discipline, and engagement in manual labor.

The goal was to find ways to rehabilitate such children and integrate them into general society. Nevertheless, children with severe abnormalities were often institutionalized, and their care was combined with education and efforts towards socialization.[64] Child psychiatry in the early twentieth century was thus closely connected with psychology and pedagogy. Already in the nineteenth century, it was apparent that the effective treatment and education of children with mental disabilities requires cooperation among physicians, educators, and psychologists. In the Czech Lands, these kinds of collaborative effort took the form of professional conferences, special schools, and specialized courses for teachers.

In the nineteenth and twentieth centuries, child psychiatry underwent dramatic development. Though initially marginalized within the science of psychiatry, it evolved into a separate field that takes into account the specific features of the mental lives of children and adolescents. From the mid-nineteenth century, we can observe the beginnings of the emergence of forms of systemic care for "feebleminded" children. The first representatives of this field spurred the creation of dedicated institutions and the establishment of specialized conferences, thus creating a firm foundation for further developments in the field.

In the Czech Lands of the late nineteenth and early twentieth centuries, considerable progress was made in the field of child psychiatry. The establishment of the Ernestinum was an especially notable milestone, as was the work of Karel Herfort. Despite limited resources and social prejudice, which often hampered the effective social integration of youths who were leaving the Ernestinum, this initiative laid foundations for modern approaches to the diagnostics and treatment of children with specific needs, approaches which remain relevant to this day. As revealed in the discussion above, the Ernestinum, an institute initially founded by a private association and only later supported by the state, played a pivotal role in this process. It was a leading institution in this field, and soon, others followed. A similar institution, dedicated to the care of "feebleminded" boys, was founded in Bohemia by the Provincial Council in 1910 in Hradec Králové. Later, similar institutes were founded in Opařany, with the transformation of an

64 Zeman, *Sto let psychiatrické léčebny Opařany*, 21–25.

older institution dedicated to care for adults, in Hloubětín, at the initiative of the Association for the Care of the Feebleminded in the Czechoslovak Republic, and in Slatiňany, near Chrudim, with the creation of an institution which focused on providing care for children with severe mental handicaps.[65]

Conclusion

The case studies published by Karel Herfort show that the care children received in the Ernestinum led to the improvement of some skills. However, while the desired outcome was to prepare children to lead a fully independent life, few achieved this goal. A general review of the cases described by Herfort shows mixed results. In some areas, the children achieved partial success, for instance in basic work skills, reading, writing, counting, and core social skills. But we find no cases where the young adults who were leaving the Ernestinum were capable of independent life outside the institute. Many were able to engage in useful occupations within the institute. They worked as porters, gardeners, or assistants, doing undemanding manual work. Others became popular thanks to their joyful dispositions and the efforts made by the staff, who respected their limitations and helped them develop basic social skills. The staff, who were mostly nuns, also cared for and supervised the health of patients with more severe health conditions, such as epilepsy. The institute provided a safe environment. For instance, it offered a safe place to a woman who, due to deep naivety and poor orientation in space and time, often became the target of unwanted attention from random men and was generally susceptible to manipulation.

Nevertheless, the patients described in Herfort's case studies experienced failures after leaving the institute and during their attempts to transition to independent life. They remained dependent on supervision and were incapable of more complex tasks or independent decisions. In some cases, one can identify disorders of the autistic spectrum, which therapeutic methods of that time were unable to address. One of the most important lessons is that, in the early twentieth century, there were no support programs to help people leaving institutional care integrate into society at large, and the Ernestinum itself could not provide any support in this regard. Furthermore, young people who were leaving the Ernestinum often encountered intolerance on the part of society. Social prejudice and the absence of support programs thus hampered the

65 Ludvík, *Dějiny defektologie*.

effective integration of former Ernestinum patients. This was an aspect of care for young people with mental disabilities that would only begin to be addressed in subsequent decades.

Moreover, the Czech discourse on so-called feeblemindedness at the time, while influenced by dominant German terminology, such as *Schwachsinn* and *Minderwertigkeit,* developed its own linguistic and conceptual nuances. Czech terms like *slabomyslný, úchylný,* and *duševně vadný* were often vague and encompassed a wide spectrum of mental and behavioral deviations. Despite this imprecision, the Czech approach was marked by a greater emphasis on individualization and educational optimism. This was particularly evident in the work of Karel Herfort, who strongly advocated the view that no child should ever be considered uneducable. The relationship between medicine and special education in the Czech context was largely complementary rather than competitive. Physicians and educators collaborated closely, with medicine providing diagnosis and care, while pedagogy focused on practical education and social development. This interdisciplinary cooperation, manifested in joint conferences and shared institutional practices, underscores the Czech effort to create a more humane and inclusive framework for children with mental disabilities, even though the societal structures of the time remained insufficient to support their full integration. This development demonstrates that the Czech approach to "feeblemindedness" was not merely a passive recipient of foreign theories but actively adapted and reshaped these ideas in accordance with domestic needs and values.

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