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SURGICAL TREATMENT AS SEX CRIME PREVENTION MEASURE

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Increased attention is being paid lately in psychiatric and penological circles to the therapeutic and prophylactic values of surgical treatment as a sex delinquency prevention measure. Psychiatric, psycho-analytic and endocrinological disciplines in medical science and more knowledge of the social implications of sexual aberrations have brought about more understanding of the scope and extent of the problem and of the primary and secondary factors of sexual abnormalities of conduct: disinclination, overexcitation and perversion of sex desire.

Surgical treatment is intended not only as a crime prevention measure, but its chief aim is to offer relief to the sexually abnormal, whose mental suffering is a cause to untold unhappiness not only for himself but to his family and to the community in case of sex delinquency. Efforts to devise the more modern measures to deal with the problems of sexual aberrations in their social implications have been under way for half a century, but there is still a groping about here and abroad for ways and means effectively to handle the problem satisfactorily for the individual and for society. Both private and official agencies have inadequate means to undertake a systematic follow-up over a span of year from both the medical and sociological angles so as to discover the inadequacies of the present measures. The vast amount of material gathered by the various lay, medical and government agencies, should, if coordinated and correlated, give many leads for correcting existing inadequate and therefore often ineffective medical, sociological and penal measures.

The Purpose and Effect of the Surgical Treatment.

It should be made clear, to the non-medically trained reader, that the much discussed sterilization for the purpose of preventing procreation on therapeutic, eugenic or other grounds is, in the light of newer discoveries believed to be inadequate as corrective, therapeutic or prophylactic treatment in extreme cases of sexual abnormalities of conduct. The sterilization operation is undertaken to prevent procreation, by means of resection, occlusion or severing

of the seminal duct of the male and the oviduct of the female, without interfering with the endocrine balance, sex desire or response, or any other physical and nervous functions. The castration operation, in addition to rendering a person unable to procreate, is specifically undertaken for the purpose of diminishing the sexual urge, e. g., libido and potency, believed to be in part centered in the testes and ovaries. To tap the biological field with the deeply seated evolutionary and unconscious mechanisms through desexualization in any form is and will always have to be regarded as a very far reaching undertaking especially in view of our present meager and in many instances lack of knowledge of the underlying causes of some of the disorders and abnormalities. Furthermore, the serious mental state of a person who may submit to or request desexualization, unless as a measure actually to save his life, must be kept in mind, when the unknown phases of the biological field are tapped to alleviate or correct existing difficulties. Gland removal, castration, asexualization, desexualization, gonadectomy and oophorectomy are terms used for the excision of the testes or ovaries. Students of the socio-medical problems of sex abnormality must at all events be fully aware of the psychological components, not amenable to surgical treatment, which form a very important part of the sex problem complex.

Both castration and sterilization operations, designed to serve two entirely different purposes, are very recent additions to the armamentarium of preventive medicine though castration for other purposes is centuries old. Castration as a crime prevention measure serves the existing generation and indirectly posterity, while sterilization's chief social purpose lies in the prevention of offspring unfit by reason of mental or physical disease to meet the requirements of ordinary life adjustments and thus reduce the number of defective social individuals in future generations. The very arguments upholding sterilization operation are ineffective against its use for the prevention of sex crime. They are two totally different issues, although one single person might present both issues, that of a sex criminal as a danger to himself, a menace to society and to say the least, an undesirable parent, and that of a mental defective with strongly vicious and criminal propensities so often the important factor in the asocial conduct.

The people are only aware of the existence of these abnormalities when some sex crime has made the neighborhood unsafe for children, youth and women. Studying sex crime records in various

countries and under a variety of social and racial mores one finds that sex crimes run in cycles, often unwittingly stimulated by publicity of unnecessary detail. A systematic news suppression of such occurrences can, on the other hand, lull the public into a false sense of security. It is very difficult to point out the causal factor or factors of a seeming increase in sex delinquency in any country. The alarmist may easily make it appear as if there was a sudden increase in sex delinquency and crime. It must, however, be remembered that a systematic suppression of news has led the public to underestimate specific phases of the ever present problem, which needs primarily socio-medical attention.

The American student of penology will be interested to learn that an increase in the number of commitments for sex delinquency and crime is noticeable on the dockets of the criminal courts throughout Europe since the conclusion of the World War. Data recently collected by the Geneva Institute of Legal Medicine in Switzerland,¹ reveals a steady increase in the number of indictments, convictions and sentences for sex delinquency and crime. Naville estimates that there are 40,000 commitments per year for sex offenses today to replace the 20,000 yearly quota for 1920, 1921, etc. Among these are some 15,000 recidivists on moral charges each year, constituting the really serious problem. Not included in this accounting are the sex delinquencies and crimes committed by the recognized mentally defective and pathological inmates of prisons, reformatories and insane asylums or other custodial institutions. It is well known to the psychiatrist and penologist that sex delinquency is inordinately high among the institutional inmates, because of the segregation of the sexes, the insufficient amount of physical work to dispose of superfluous energy, a lack of incentive to work and long hours of enforced idleness. And likewise unaccounted for are sex delinquencies not known to the authorities.

The increase in criminal court commitments for sex delinquency for the 15 year period since the conclusion of the World War has been lowest for Europe in England, with but a 20 per cent increase, while Hungary, with the largest increase, has five times as many sex crimes brought to court as there were in 1920, 1921. This increase in sex delinquency, as based on court records, is by no means confined to the participants in the World War since Holland and the Scandinavian countries show likewise a large increase, ranging

¹ Naville, Francois, La castration thérapeutique et préventive des délinquants et pervers sexuels, *Journal de Médecine de Lyon*, 1935, No. 381, pp. 711-722.

from a low in Denmark of 85 per cent to a high in Holland of 100 per cent with Sweden and Norway in between. The most recent statistics from England and Wales² show an increase in sex crime, known to the police, for the 15 year period from 1920 to 1935. The increase is especially noticeable in the group of unnatural offenses against the male, 73 per cent and the increase for rape and other offenses against the female is 25 per cent. The increase in both items is reported to be in the age group under 16, showing a 61 per cent increase since 1929, while no appreciable increase is reported among any specific older group. An increase in serially occurring criminal offenses, following specific patterns of abnormal sex conduct, such as rape, homosexuality, abuse of minors, etc., are reported from a number of European cities during the last 15 years.

Sex crime in the United States of America has likewise increased, judging from the reports of the Federal Bureau of Investigation, Washington, D. C.³ The police reports show an increase of about 32 per cent in rape cases since 1931 and some increase in other types of sex crimes. The number and proportion of the so-called sex crimes in this country, from available statistics covering but a six year period, is very much smaller than it is in the various countries in continental Europe. The problem also seems to be of more recent date and the data indicates an acceleration within the last year. When comparing the frequency of sex crime according to the statistics from this country and continental Europe it should be borne in mind that procuring and performing abortions, concealment of birth, procurement and abduction, prostitution and bigamy are listed as sex crimes in European statistics, while in many countries outside of Europe, unnatural offenses, and attempts, indecencies with males, rape and indecent assault of females, defilement of girls under 16 years of age and incest only, are listed under the sex crime statistics. The most important factor in the difference in increase in continental European countries and in the United States is the difference in reporting and the difference in the legal procedure. Under continental European criminal procedure, a criminal is guilty in the eyes of the law until he can prove his innocence,

² Criminal Statistics for England and Wales, 1935. His Majesty's Stationary Office, London, 1937.

³ Hoover. J. Edgar. Uniform Crime Reports. Federal Bureau of Investigation. U. S. Department of Justice, Government Printing Office, 1937, vol. 8, No. 1, Washington, D. C.

while under American laws a criminal is not guilty until the people have proven their case against him.

The large cities and industrial centers here and abroad are the places where sex crime is most conspicuous. They have large proportions of unattached persons, both male and female, and more of the restless and unstable persons who migrate from place to place in search of work. The marked difference in the proportion of sex crimes reported from rural and urban districts may be due to a considerable degree to more widespread and better organized social work, to increased vigilance of the police authorities and to many other factors which cannot be dealt with in the rural sections as in the cities. Furthermore undesirable notoriety would deter many parents to report such crime to the police and efforts to save a minor from the ordeal of a court investigation likewise is a factor in the smaller number of crimes reported from the rural sections. Many of the sex criminals are of a low grade mentality coupled with little sense of responsibility toward anyone; many of them are without family ties or have deserted their families; many present definitely psychological problems in their conduct and behavior apart from their abnormal desire and urge for sex expression.

The increase of sex crime on the dockets of the criminal courts in this country and in Europe may represent an actual increase in the number of sex crimes. Better understanding of the social implications of this type of abnormality, which is not confined to any class or race, may very materially swell the number of cases brought to court or apprehended by the police. It would certainly be premature to draw conclusions from the statistics quoted above because of the inadequacy of reports on the social factors which undoubtedly play a part and which can hardly be overlooked.

An increase in the number of commitments and the long prison terms imposed on recidivists; that is, persons convicted several times on moral charges, constitute a serious problem in penal and other custodial institutions. The humane desire to bring about effective coordination of the medical profession, the penologists, psychiatrists and the public health officials is that these abnormal individuals may be protected from harming themselves and from harming the community. Many sexually abnormal persons need treatment and help in their struggle against the odds of nature which is often aggravated by nurture.

The History of the Movement Here and Abroad.

The purpose of this paper is to show the historical development of the socio-medical measure, without an evaluation of measures so recently put to practical application. It must be course be kept in mind that additional psychiatric, psychological and endocrinological research is badly needed before socio-legal provisions can or should be considered for specially selected cases. Sex delinquency as a social problem has here and abroad brought about increased attention to an age old problem and some remedial efforts are under way from a variety of agencies.

Castration was first recommended as treatment for sexual over-excitation by Dr. Johann Peter Frank in Speyer, Germany,⁴ toward the end of the eighteenth century. It was, however, Dr. Harry O. Sharp⁵ in Jeffersonville, Indiana, who around 1889 utilized sterilization for the purpose of reducing sexual over-excitation, a serious problem among the inmates of the State Institution for Delinquent Boys. Vasectomy, a resection or severing of the seminal duct in the male, was his method through which he hoped to bring about a degeneration of the testes and thus the reduced urge. The eugenic purpose, contrary to the generally accepted belief, was therefore of secondary importance. His aim was essentially therapeutic.

The practical application of the eugenic principle in dealing with state wards or public charges was made in the United States in 1889 when Dr. Isaak N. Kerlin,⁶ superintendent of the State Training School for Delinquent Boys in Elwyn, Pennsylvania, obtained parental consent for the castration of a feebleminded inmate on eugenic grounds.

The principal center of eugenic sterilization prior to regulation by statute was the State Reformatory for Delinquent Boys at Jeffersonville, Indiana, where Dr. Sharp beginning, as mentioned before, in 1889 and continuing until 1907, without legal authority but guided by humanitarian and eugenic purposes, performed several hundred operations of vasectomy upon men before their release from custody.⁷ Similar practices existed in the Institution for

⁴ Frank, Johann Peter, *System einer vollstaendigen medizinischen Polizey*, Mannheim, 1779.

⁵ Sharp, Harry O., *Human Sterilization*—J. A. M. A., 1909, vol. 4, No. 12.

⁶ Kerlin, Isaak N., Presidential address, Am. Association for Mental Deficiency, 1892.

⁷ Laughlin, Harry H., *The Legal Status of Eugenic Sterilization*, Supplement to the Annual Report of the Municipal Court of Chicago, 1929.

Feeble-minded Children in Winfield, Kansas, where Dr. F. Hoyt Pilcher vasectomized 58 boys on avowed eugenical grounds, and later in Massachusetts in the State Home for Epileptics⁸ 24 inmates were subjected to sterilization or castration before regulation by statute.

The first attempt at legal regulation in this country was made in Michigan in 1897, but the bill was vetoed by the governor. In 1907 the first statute on eugenical sterilization in the world became law in the State of Indiana. It was later revised to remove constitutional objections. Some 32 states of the Union have had eugenic sterilization laws enacted to date. Some 25,403 persons have been surgically treated under legal provisions up to January 1, 1937.⁹

Dr. August Forel is credited with the pioneer work in Switzerland¹⁰ where he advised the removal of the generative organs to cure a hysterical woman in 1886.¹¹ He likewise advised in 1892 the removal of the testes of a sexually abnormal feeble-minded patient to avert the threatened self-castration of the unfortunate man.¹²

The first castrations as psychiatric-therapeutic and prophylactic treatment and for the protection of the commonwealth from undesirable offspring was undertaken in Switzerland in 1907, in Wil, at the St. Gall Asylum for the Insane, upon medical opinion of Dr. E. Bleuler on two male and two female patients. The patients' consent and that of the State Supervisory Committee for the Insane had previously been secured. The 1901 Swiss Law for the Protection of the Insane and Feeble-minded authorized the physicians to employ whatever therapy they deemed necessary to improve the patient's condition. Thus the first European experiments came only at the time when statutory regulation was undertaken in Indiana.

America's pioneer experience exerted the greatest influence upon the Swiss medico-legal and psychiatric groups as well as upon the authorities through the report on the American laws and practices to prevent offspring among the criminal and the insane, by Dr. Hans W. Maier,¹³ the the Zuerich Society of Forensic Medicine

⁸ Barr, M. W., Some Notes on Asexualization, with a report of 18 cases, *Journal of Nervous and Mental Diseases*, 1920, vol. 51, No. 3.

⁹ Gosney, E. S., *Human Sterilization Today—Human Betterment Foundation*, Pasadena, California, 1937.

¹⁰ Forel, August, *Zur Heilung der Hysterie*, *Korrespondenzblatt der Schweizeraerzte*, 1886, vol. 16, p. 476.

¹¹ Forel, August, *Die Sexuelle Frage*, Muenchen, 1905.

¹² Schallmayer, W., *Vererbung und Auslese im Lebenslauf der Voelker*—Jena, 1903.

¹³ Maier, Hans W., *Die Nordamerikanischen Gesetze gegen die Vererbung von*

in 1910. This movement was hailed as one of the most progressive measures of our day. Since the report was also read at the International Congress of Criminal Anthropology in Frankfurt, Germany, in 1911, it marks the beginning of the practical application of negative eugenic measures on the continent of Europe. At about the same time, the first series of 19 case histories of persons sterilized or castrated was published.¹⁴ The subjects of this study were inmates of Swiss state prisons or custodial institutions who had been committed to life long imprisonment on the ground of constituting a menace to the community because of their sexual aberrations. The medical and legal groups as well as the authorities, both municipal and state, were consulted in regard to the legality of such a procedure in relation to the right of the community to interfere in body intactness, the most sacredly guarded individual rights of the citizen. The surgical treatment of the hypersexed or pervert male and female inmates of state institutions for the feeble-minded and the criminal insane was undertaken in Switzerland without statutory regulation on therapeutic and prophylactic grounds, but with the patients' consent and that of the guardian or rightful authority.

European Experiences With and Without Statutory Regulations.

In practical application, the private practice relationship of the physician to the patient was adopted for the care of mentally and morally diseased wards of the community, who in terms of the law of the land are a menace to the community. This seemingly strange procedure is workable in a small country with a homogeneous population under considerable social control and where a close cooperation between authorities and the medical and legal professions exists. Dr. Hans W. Maier¹⁵ believes that this procedure affords better opportunities for individualized psychiatric treatment than hard and fast schematized statutory regulation, which permit little consideration of the innumerable physical and environmental factors, so important in this type of socio-medical practice.

Switzerland has no uniform Penal Laws, and in the opinion of Verbrechen und Geistesstoerung, Juristisch--Psychiatrische Grenzfragen, 1911, vol. 8, p. 1.

¹⁴ Oberholzer, Emil, Die Kastration und Sterilization von Geisteskranken in der Schweiz, Juristisch--Psychiatrische Grenzfragen, 1911-12, vol. 8, pp. 25-144.

¹⁵ Maier, Hans W., Zum gegenwaertigen Stand der Frage der Kastration und Sterilization aus psychiatrischen Indikationen, Zeitschrift fuer die gesamte Neurologie, 1925, vol. 98, p. 200.

most of the 25 Cantonal Departments of Justice, an operation carried out as a therapeutic and prophylactic measure, even though it is not specifically undertaken to save the life of the patient, does not constitute mayhem (a mutilation of the body) if consent of the patient or that of the rightful authority has previously been obtained. This legal interpretation applies to both sterilization and castration.

The most recent publications of about 300 case histories of patients that voluntarily underwent castration operations to correct sexual abnormalities of conduct reveal that the reason for the operative procedure was in some cases the duty to protect the patients against self-inflicted physical injury and the suffering resulting from the ever-present fear of the danger of becoming delinquent. In others, the community had to be protected from sexually abnormal individuals with asocial characteristics and some were treated so that they could be released from custodial institutions to live self-respecting lives in the community and in the family without being dependent on state funds for maintenance and without being a danger to any one. The best results with these operations were obtained through surgical treatment in the age groups of 21 to 45. For instance, the Wolf¹⁶ study of 80 carefully followed-up cases, about one-half from his own observations and the remaining collected from the Swiss and foreign medical and forensic literature, shows the method of treatment, the selection of cases and the importance of psychiatric pre- and post-operative treatment, which in the opinion of most of the Swiss psychiatrists determines to a considerable degree the mental and physical post-operative adjustment. The majority of cases show a very considerable diminution of libido and potency. A reasonably normal adjustment was reached in 16 cases in less than six months, in 10 cases in less than 2 years and the remaining group needed more time. Some sixty per cent of the total group are now free among the community without being a danger or a burden to anyone. Recidivism on moral charges among the total group was only in 7 per cent, a remarkably small proportion in 80 cases when one realizes that the highly selected group is composed of men with long and serious sex crime records and for whom the treatment was recommended after all other methods had failed to bring relief. In 27 cases the men expressed themselves as very satisfied, 25 were reasonably satisfied and the remaining group of about 10-15 per cent were, subjectively speaking,

¹⁶ Wolf, Charles, *Die Kastration bei sexuellen Perversionen und Sittlichkeitsverbrechen des Mannes*, Benno Schwabe and Co., Basel, 1934.

failures. Among the sexually abnormal groups 45 per cent were found morally defective and the majority have also mental defects: psychopathy, feeble-mindedness, epilepsy and schizophrenia. The most frequently occurring delinquency in this group was exhibitionism, then rape, perversion of sex desire, and crime against the morals of minors, boys and girls.

Other studies recently published in medical and forensic literature report experiences, practices and results similar to those in the Wolf monograph.

A report on 32 cases from the University Hospital in Berne, Switzerland,¹⁷ shows a careful study and follow-up covering a number of years, that the libido was, as a result of the surgical treatment, considerably reduced. The potency in 14 cases was completely eliminated and in 12 cases very materially reduced, and 4 showed little or no change. Two-thirds of the men who had been castrated stated that they were satisfied with the results of the operation. The social adjustment was reported as good; recidivism in sex delinquency occurred in 2 cases. Schlegel¹⁸ from the Moabit Prison Hospital, Berlin, reports on the after effect in 38 castration cases. Desexualization was ordered by the criminal court in 3 cases for repeated rape, in 20, for assault of girls, in 6, for unnatural offenses against boys and in 9 for exhibitionism. In two-thirds of the cases a reasonably normal adjustment was reached shortly after the operation and in one-quarter of the cases in 8 days and the remaining group needed more time. The observation period could at best have been very short. The after effect in 310 castration operations described by Lange¹⁹ carried out on men injured in the world war show serious mental and physiological after effects, when, such operations of necessity, had to be done without the benefits of pre- and post-operative psychiatric treatment.

THE OUTSTANDING CONTRIBUTION OF THE SWISS EXPERIMENT IS THE COMBINATION TREATMENT METHOD: Resorting to psychiatric, surgical, medicinal and social welfare measures is considered indispensable to bring about a reasonably tolerable life adjustment for these abnormal and often psychopathic persons.

¹⁷ Quervain, F. de. Resultate der Kastration bei Sexualabnormitaeten, Schweizerische Medizinische Wochenschrift, 1929, vol. 41, p. 252.

¹⁸ Schlegel, A., Die Chirurgie im Deutschen Strafrecht und in der Rassenpolitik, Die Deutsche Zeitschrift fuer Chirurgie, 1935, vol. 224, p. 663.

¹⁹ Lange, Johannes, Die Folgen der Entmannung Erwachsener. George Thieme Verlag, Leipzig, 1934.

The Swiss experience has, there is little doubt, had a considerable influence on the preliminary work toward recent legislative enactments in Northern European countries on socio-medical problems. The American example of statutory regulation offered on the other hand solutions to problems that are, because of the quantitative magnitude, difficult to solve on an individualistic basis. With increased mobility of the population, the waning social control in the family and the considerably reduced influence of the clergy in dissuading mentally, and physically defective persons from marriage and procreation, statutory regulation offered the most likely effective way to protect the people against the abuses of some irresponsible citizens.

A number of European countries have during the last decade enacted eugenic sterilization laws to prevent procreation by those unfit for parenthood, by virtue of disease, mental or physical abnormality, or inability to provide.²⁰ It is very obvious, that the European legislators profited by the experience gained in the United States of America with the statutory regulations of socio-eugenic measures partly applied for some years. The socio-eugenical indication in the more recently enacted European eugenic laws are more specifically defined for each type of surgical treatment in its relation to the reason, purpose and effect.

The sexual abnormalities and perversions come under specific legislative enactments in a number of countries. Under these legal provisions sexual abnormality of conduct, the hypersexed and perverts can receive surgical and psychiatric treatments to correct or minimize their abnormal conditions. Such laws have recently been enacted under Social Welfare and Public Health laws in some countries and in others under the Penal Code.

The statutes covering surgical castration as a therapy and crime prevention measure were enacted as follows:

1. As amendments to the Penal Code:
In Denmark, on June 1, 1929, and revised and amended by decree of May 11, 1935.
In Germany, on November 24, 1933.
In Finland, on June 13, 1935.
2. As an integral part of the Public Health and Social Welfare Laws, section on eugenical laws:
In Germany, on June 14, 1935, amended on July 18, 1935.
In Sweden, on June 18, 1934.

²⁰ Kopp, Marie E, Eugenic Sterilization Laws in Europe, American Journal of Obstetrics and Gynecology, 1937, vol. 34, No. 3, p. 499.

In Norway, on July 1, 1934.
In Finland, on June 13, 1935.
In Denmark, on May 4, 1935.
In the Swiss Canton of Vaud, on October 5, 1935.
In the Free City of Danzig, on May 25, 1936.
In Esthonia, on November 10, 1936.

In the Canton of Berne in Switzerland since 1930, by order of a circular letter from the attorney general's office, surgical treatment is to be provided at state cost, e. g., sterilization or castration, for impecunious sex abnormals or perverts as therapeutic and prophylactic measures. Holland is seriously considering legislative enactments for the care and treatment of sex aberrations.²¹

All European legal provisions specify that castration operations must not be undertaken before the age of 21, excepting under circumstances which necessitate such treatment to save the patient's life. In Denmark and Germany the criminal court can impose such surgical treatment, and in Norway and Finland upon recommendation of the police authorities, the Department of Justice, Social Welfare and Public Health can order surgical treatment for sex delinquent recidivists. The imposing of a sentence of castration is mandatory under both German and Finnish laws, with the discretionary powers left to the judge of the criminal court. Such a sentence is imposed if according to medical and psychiatric opinion and testimony the delinquent can be benefitted by such a surgical treatment to make a better physical and emotional adjustment, and if the interest of the community is protected from delinquencies of this type of abnormal person.²² All data relating to the individual or his family are zealously guarded as strictly confidential, since medical, legal and governmental authorities are obliged to divulge necessary information regardless of the tenets of professional secrecy. No one aside from the authorities, the patient, the marriage partner or guardian in the case of the mentally incompetent need know of the treatment. Castration, when imposed by the criminal court does not take the place of the prison sentence ordinarily imposed for the specific type of crime, nor does it take the place of part of the sentence. In Denmark and in Finland the surgical treatment can only be executed with the delinquent's consent, while under the German law, the withholding of consent is immaterial if sentenced to this method of reform treatment. Such a sentence can

²¹ Dr. J. Sanders, Alkemaadelaan, The Hague, Holland. Private communication letter, 1937.

²² Bauer and Mikulicz-Radecki, *Praxis der Sterilisierungsoperationen*, Verlag Ambrosius Barth, Leipzig, 1936.

be imposed if the delinquent has previously been convicted and sentenced to at least two terms of six months each on moral charges if his character record also shows moral defects, aside from his sexual abnormality. Under the German Penal Law a so-called sex murderer may be sentenced to life imprisonment as penalty for his crime and he may also be committed to undergo psychiatric and surgical treatment.

Every one of the European laws provides that surgical treatment, be it castration or sterilization, must be carried out by licensed specialists, and a detailed report must be deposited with the authorities. In some countries such operations can only be carried out in state hospitals and for the criminal cases in specially equipped and manned penal institutions. Surgical treatment must not be undertaken if the operation would endanger the inmate's life. The cost for penal cases is borne by the state, while the cost for the voluntary request for such surgical treatment must be borne by the individual, the sickness insurance funds, or by the state in the cases of public charges.

Sexual aberrations of conduct, that is hyper-sexuality and perversion, come under the provisions of the eugenical laws, section on bodily deformities and anomalies. These provisions apply in Germany to the hereditary forms only. In Sweden, under the Poor Law, a sexually abnormal delinquent may come under the compulsory provisions of the sterilization law because of his inability to provide for maintenance and because he constitutes a menace to the community. In Norway the protection of the community constitutes a valid reason for the compulsory application of the law.

Statutes regulating voluntary castration as therapeutic and prophylactic measures have been enacted in most northern European countries. Such statutory provisions were specially desirable because many countries specifically mention the destruction of the procreative powers as a criminal offense. These enactments are designed to protect the surgeon from criminal prosecution.

Under statutory provisions castration operations have been reported from the following countries:

In Denmark, for the five-year period since enactment of the law, June, 1929, to August, 1935, 63 castrations.²³

In Germany, since the enactment of the laws in 1933 to August, 1936, 1116 castrations.²⁴

²³ Sand, Knut, *Das Daenische Sterilisierungsgesetz vom 1. June 1929 und seine Resultate*, Monatsschrift fuer Kriminalpsychologie und Strafrechtsreform, 1935, vol. xxv, p. 51.

²⁴ Kopp, Walter, *Die Kastration in Deutschland*, Deutsches Aerzteblatt, Quoted in the A. J. M. A., Feb., 1937.

In the Swiss Canton of Vaud, 3 castrations were done under legal provisions since 1929 and 3 were done before legislative regulation.²⁵

In Finland, since enactment of the law of June, 1935, to September, 1937, 9 castration operations have been carried out on the ground of being a menace to the community.²⁶

The European countries with recently enacted laws for the purpose of preventing procreation by asocial and abnormal persons, for the prevention of sex crime and as therapeutic and prophylactic treatment, have made little use as yet of the statutory provisions, excepting Germany, where the compulsory phase under the eugenic sterilization law is applicable to everyone thus afflicted, irrespective of class, race and creed, provided the abnormality becomes manifest and known to the Public Health authorities. In all other countries the compulsory paragraph applies in the main to public charges only. This is unfortunate, because a sex criminal can injure the community, whether a public charge or not.

The sex criminals, who till now have come under statutory regulations under the penal laws are characterized as the aggressive type of sex criminal, who by reason of their abnormal urge coupled with a lack of sense of responsibility constitute a danger to their families and to the community. The castration provisions under the eugenical laws aim to reach the abnormal simple and more harmless type, who are chiefly sexually aggressive, but not criminally so and mentally and emotionally incapable of normal inhibitions and of ordinary social adjustments.

Segregation, prison and workhouse provisions are made for sex criminals who are not suitable for or amenable to psychiatric, medicinal and surgical treatment because of asocial characteristics. Segregation colonies exist in Denmark, Norway and Finland.

The social implications of sexual aberrations, especially from the penal point of view, has been a neglected field and it is only within the last few decades that attempts at treatment of any kind has been made.

A considerable number of cases have been studied here and abroad, more or less intensively, over varying lengths of periods in regard to physical, emotional and social adjustment after the surgical treatment had been undertaken. Unfortunately, however, there are no studies on hand showing the socio-psychiatric, longitudinal viewpoint of the total life reaction of these men, since the material

²⁵ Steck, H., La pratique de la stérilisation légale des anormaux psychiques dans le Canton de Vaud, *Revue Médicale de la Suisse Romande*, 1935, vol. iv, No. 13, p. 874.

²⁶ Mäkelä, Vaino, *Die Sterilisations- und Kastrationsgesetzgebung Finnlands*. Unpublished Report, 1937.

on hand shows only cross section impressions which do not allow attempts at evaluation of reactions and results. Numerous investigators of the medical, sociological and penological aspects of the problems present a variety of views and opinions in regard to the effectiveness of these and other measures to correct the sexual abnormalities but few have a sufficiently broad scope to overcome the limited specialist's point of view. The coordination of treatment by using all facets of medical, psychiatric and social sciences is the most immediate need to a solution of the problems of sexual abnormalities of conduct and asocial behavior in the forms of sex criminality.

In conclusion it can well be said, that:

1. Coordinated medical and social approaches ought and can bring about more adequate treatment of the sex abnormalities of conduct for the benefit of the patient and society. Protecting the community is as important, as assisting the offender. Many sentimentalists overlook or forget this point. The most important factor of all is the mental and physical harm that these persons bring to unsuspecting and innocent children and youth. Recognition of the difficulties, and social welfare and medical psychiatric treatment at the time of the first sex delinquency, promise to be an effective and worth while crime prevention measure.
2. Legislative measures must provide protection to the people against sex crimes committed by abnormal persons. Surgical treatment for the correction and as prophylaxis ought to be available for those in need as a measure to help the person to reach a tolerably acceptable adjustment to difficulties.
3. Life-long commitments for segregation of persons unsuitable or, because of moral and mental defects, not amenable to treatments, would save the people costs of supervision when the abnormal person is at large, the cost of repeated court proceedings and the necessary costs for detention during the time of the investigation and the trial.
4. Provisions under statutory regulations should prove to be beneficial and satisfactory to all concerned if the abnormally sexed person who has violated the laws of society could voluntarily and of his own free will choose between segregation as long as his abnormality constitutes a menace to society or surgical treatment, if suitable, and release to live in freedom without being a burden or a danger to any one.
5. In European countries there is increasing emphasis through legislative enactments on crime prevention through the prevention of parenthood among the mentally defective, the morally defective and the physically abnormal persons. This course is chosen because it is felt to be inadvisable to place the burden of responsibility for such a decision upon the shoulders of one physician.