STILBOESTROL IN OUT-PATIENT TREATMENT OF SEXUAL OFFENDERS

A CASE REPORT

BY

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The following case raises points of theoretical and practical interest.

Case Report

A man aged 33 had locked himself in a first-floor room of his parents' house for the past 15 years, and he had barricaded the door of his room for the past two years. He used a ladder, which he built, to enter and leave his room through the window. All his food was put into a basket, which he pulled up through his window with the help of a rope. With the exception of a few months at the beginning of this period he had not done any work since his nineteenth year. Although he left his room sometimes, he was afraid of going out or mixing with people, especially with members of the other sex.

Our first impression was that of a man who was excessively shy, who looked away—never straight into one's eyes—and who appeared to be much younger than his real age. He gave the picture of a schizoid living an idle life, dreamy, lacking attention and concentration. He was hesitant in answering questions, but his answers were intelligent and to the point, and there was no obvious sign of delusions or hallucinations. He is, however, aware that people talk about him and make fun of him.

Psychiatric Social Worker's Report

Information on the patient was given by his mother, a small tired-looking woman aged 62 who has a great sense of humour. She is even-tempered, tries to be cheerful, is hard-working, and at present is employed as a factory cleaner. She was in a mental hospital three months after her second son's birth. Her maternal grandfather was a drunkard. The father is a skilled labourer, aged 60, given to gambling, but relying on his wife to cope with difficulties. The patient had a brother two years and a sister four years younger than himself. The brother was invalided from the R.A.F. about 1944, diagnosed "psychoneurotic."

During the patient's life the family had lived at seven different addresses. For the past five years they have occupied a two-story house on an unmade road on the outskirts of a small town. It is ill kept and overcrowded, housing also the patient's brother and the latter's wife and child.

Personal History.—He had been breast-fed and weaned early. As a child he was precocious, and walked and talked before his second year. His mother stimulated him to learn and showed him off to neighbours. He played with other children, especially a little girl next door. When he was 4 or 5 his mother saw this girl leave the chicken-house with her knickers under her arm, followed by the patient. She was very shocked, and scolded him into a state of contrition. There was a similar incident later. Being shy, he was rather afraid of going to school. At elementary school he seemed to be happy and eventually well adjusted to his fellows. When he went to a secondary school (on a scholarship) he was unhappy. The level of his work varied from high to low, and he would try to evade school by pleas of ill-health when nothing was wrong with him. Worried by this, his mother went to seek the advice of the headmaster, who went to the class-room, called the patient up, and publicly told him how naughty he was. The patient thereafter hated school more than ever. Soon the family

moved to a home far from any secondary school. The patient then attended an elementary school again, leaving at the age of 14. For one year he worked with a market gardener, and three years as electrician's mate with a sarcastic artisan who "had no time" for the patient's shyness. He had done no work since his nineteenth year. He did not go out with girls, though he admired them from afar, and would speak to his sister's girl friends. His health was good.

Personality.—He was very shy and retiring, and had had few friends before he was 18. He never got on well with his siblings, but tried to boss them. He did not get on well with his father either, and could not bear his mother. He was kind to animals, had always been very clean and tidy, and whatever he did he did extremely well. He tried to do things to perfection, but did not stick to it. His interests were mainly reading and politics, and it seemed that he was inclined to favour Fascism.

History of Mental Illness.—When the patient gave up work at 18 he became more and more retiring. He decided to have his meals in his room, and locked the door so that nobody could get in. He made contraptions to find out if his mother did go into the room in his absence. Later on he barricaded the room completely and entered it by a ladder through the window. His meals had to be put into a basket, which he dropped through the window and pulled up. He knocked at the door from the inside when he wanted to speak to his mother, and communicated with her through the door. During the war he sided with Hitler. Twice when his mother reproved him he hit her violently. The patient seemed to have attended a London psychotherapeutic clinic before 1939, and to have made a brief stay in the local mental hospital as a voluntary patient.

Difficulties of Treatment

After a few sessions the patient admitted that his inability to mix was covered by the strong obsessional compulsive feeling to rape women. He had been in the mental hospital for a week, but had run away and refused any form of in-patient treatment. Psycho-analytical treatment produced no result: he had difficulty in attending for out-patient treatment, and social psychotherapy was out of the question, as female company aroused his compulsive ideas of rape with an affective tension too strong for him to endure. Moreover, the danger of his actually committing rape was felt to be an acute problem. Taking into consideration this possibility, along with the psychotic symptoms, the great social burden the patient provided, and the difficulties in the way of effective treatment, another physician called in the duly authorized officer with a view to certification. After discussion this step was not taken because grounds for it were not unassailable and because the patient might have reacted with irrevocable deterioration. In this dilemma it was decided to use stilboestrol. We hoped that the patient might lose the raping obsession if the drug eliminated his sex feelings; there might then be an interval free from the worst tension in which we could initiate his re-socialization and a better psychological adaptation.

Treatment and Progress

The talk of certification had made the patient realize that the *status quo* was menaced and had aroused his interest in the idea of treatment. He was seen once a week, and stilboestrol treatment (5 mg. thrice daily) was started on October 28, 1948.

He continued with this regularly up to December 13. His interest in girls and his compulsive feelings weakened, and on December 9 he was induced, after a lot of encouragement, to go to London to attend a therapeutic social club. He would not go in by himself, but waited till his doctor arrived, when he hid himself in a corner and did not take part in any activity. We did not persuade him to do so, but introduced him to one or two people.

On December 13 he received phenobarbitone from another doctor by mistake, and took it believing it to be his usual tablets.

On December 22 he reported a return of his feelings of tension and compulsion. From that day until December 17, 1949,

he took altogether only sixteen 5-mg. tablets of stilboestrol—and none since. He continued to attend one or two social clubs from December 9, 1948, with one or two short spells of relapse.

Since February 17, 1949, his inability to mix, especially with the opposite sex, his feelings of tension in the company of girls, and his compulsion to rape them have completely disappeared. He mixes freely in the club with both sexes and takes an active part in the club activities. He now enters the house in the normal way.

Psychopathology

The patient was a placid self-contained (in the words of his mother, a "marvellous") baby who provided no difficulty. He was extremely intelligent—"as advanced at 18 months as his cousin at 5 years." He was good-looking and admired by everybody, but at the same time so sensitive that he was unable to stand criticism.

He was twice severely reprimanded by his mother before he was 5 years old—in both cases in connexion with girls. He was always sensitive to his parents' low economic and social standard. His strong desire to over-compensate was best expressed in his own words: "I wanted to do something spectacular to impress the women, I suppose." His hatred towards one of his male teachers is pathological, mainly because he was caned in front of girls between the ages of 7 and 11 years. "It was an unbearable blow to my pride to be caned before my adored ones—one in particular being, as I then thought, perfectly lovely, and she must have witnessed my shame."

Although he got his scholarship, topping 200 boys and girls, he soon afterwards dropped to 28th in a class of 31 boys; yet at that time he was top of his class in geography, possibly because the mistress who taught this subject was a pretty girl of 18.

Discussion

Dunn, using oral stilboestrol, has caused the disappearance of the hypersexual state and a total lack of sexual impulse in a male sexual criminal aged 27, and in a precociously developed boy aged 12: 375 and 565 mg. of stilboestrol, respectively (in the main 5 mg. daily), produced moderate and advanced degenerative changes in the seminiferous tubules (resulting in a temporary sterility) in the human testicle. Discontinuance of stilboestrol therapy for 9 to 16 weeks resulted in regenerative reaction of the degenerated seminiferous tubules and reappearance of sexual impulses at a subnormal level. In view of the serious social problem involved in these cases, stilboestrol therapy was resumed as a precautionary measure when the patients showed interest in sexual matters and the associated restlessness and activation of the hypersexual state. In these experiments the abnormal sex impulse, the interest exhibited in sex matters, or the associated restlessness and hypersexual state reappeared a short time after the administration of stilboestrol was discontinued. Stilboestrol therapy may be maintained until from 300 to 400 mg. has been administered.

In our case the sexual desire and interest reappeared too, but the attached pathological mental symptom—the compulsion to rape women—did not reappear, and his complete inability to mix with members of the other sex disappeared entirely.

Summary and Conclusion

A case of a 33-year-old schizoid is described. He had locked himself away and not worked for 15 years.

It was found that his reason was that he did not want to give in to a strong compulsion to rape women and children.

After the failure of some other forms of treatment stilboestrol was given, with the result that this compulsion disappeared.

Resocialization through therapeutic social clubs was then possible.

This patient has regained his ability to mix with both sexes after 15 years of seclusion.

Nothing can be concluded from the treatment of one case. However, it is reported to encourage others to experiment with the use of stilboestrol in the out-patient treatment of potential and actual sexual offenders as an adjunct to various methods of psychotherapy and re-socialization.

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EARLY RISING FOR PUERPERAL WOMEN

BY

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From time immemorial it has been considered desirable among civilized races for recently delivered women to remain in bed for periods varying from 10 to 28 days. This old regime certainly has the merit of enforcing rest in the puerperium, and has strong advocates in Jardine (1910), Berry Hart (1912), and Peel (1947). An effort to strike the balance between complete rest in bed and early rising has been made by Balfour Marshall (1912) and Shaw (1947), who consider that exercises and movement in bed should be encouraged.

The advantages, both physical and psychological, of early rising are, however, such that this method is displacing the older methods of treating the puerperal woman. The present position is well reviewed by Pocock and Kark (1947) and in a leading article in the *British Medical Journal* (1948). In this country de Soldenhoff (1948) reported favourably upon a series of women allowed to rise from the third day of the puerperium. He failed to follow up his cases in the post-natal period, however, and it is mainly to fill in this gap in our knowledge that the present study, based on one year's experience, is presented.

Material

The women studied were those who normally receive in-patient treatment at University College Hospital. Owing to the shortage of accommodation selection was essential, preference being given to women with a history of difficult labour or caesarean section, women with gross obstetric or medical abnormality, normal primigravidae, those with parity greater than four, and complicated labour cases admitted as emergencies.

Within these groups the women comprised a representative cross-section of the child-bearing population. Ages varied from 15 to 44 years and parity from 0 to 17. Many nationalities and races were represented. The majority of the women came from the Registrar-General's categories II, III, and IV, and had attended the antenatal clinic at this hospital, although a few had attended L.C.C. clinics outside.

After delivery the women were unselectively distributed between two wards, C1 and C2. Complicated cases (some of which are discussed briefly), in addition to the "normal" series in this paper, were nursed on Ward E.

Ward C1.—The women in this ward were permitted early rising. The regime was as follows:

1st day: The mother sits up and swings her legs over the edge of the bed for about five minutes, morning and evening.

2nd day: As above, but gets out of bed and stands for about three minutes.